

**State Funded Services
REQUEST FOR PROPOSALS
(RFP)**

For

Assertive Community Treatment Team (ACTT)

Community Support Team (CST)

Intensive In Home

Substance Abuse Targeted Case Management

**The Beacon Center
Local Management Entity**

RELEASE DATE: September 3, 2010

NOTE:

The Beacon Center RESERVES THE RIGHT TO MODIFY THIS RFP TO CORRECT ANY ERRORS OR TO CLARIFY REQUIREMENTS. Any changes will be posted on our website www.thebeaconcenter.net.

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KEY EVENTS AND DATES

Release of RFP	September 3, 2010
Deadline for Submission of Proposals	September 27, 2010 5:00pm

DEFINITIONS

LME: Local Management Entity

RFP: Request For Proposals

Contractor: A company or individual with a formal contract to do a specific job, supplying labor and materials and providing and overseeing staff and consumers.

Assertive Community Treatment Team (ACTT): See page 4

Community Support Team (CST): See page 7

Intensive In Home: See page 9

Substance Abuse Targeted Case Management: See page 11

I. PROJECT DESCRIPTION

A. Introduction

The Beacon Center Catchment Area Needed Services

Due to increased clinical needs there is a need for additional State Funded Services for consumers in our catchment area for Assertive Community Treatment Team (ACTT), Community Support Team (CST), Intensive In Home Services and Substance Abuse Targeted Case Management.

****Please note that you can apply to provide one, all or some of the services listed in this RFP.**

The funding for this RFP is State Dollars and therefore the services are for consumers who do not qualify for Medicaid. The Beacon Center seeks to forge a partnership or partnerships to provide State Funded Services to adults in our catchment area for this service. All aspects of the Service Definitions must be followed for the service. The Beacon Center seeks a contractor(s) who will provide these services either as described in this Request for Proposal or as identified as proposed ideas and presented. It is anticipated that a contract will be signed with the contractor(s) on a fiscal year basis with the understanding that the funding is Non-Recurring funds and when the funds are depleted there will not be other funding to continue the service(s). Submitted proposals must contain budgets for the remainder of the current fiscal year and for the following fiscal year.

Preference will be given CABHA agencies that have an existing presence in our catchment area.

All services must be provided in accordance with all elements of the Service Definitions and all aspects of the Service Record Manual must also be followed. Listed below is a summary of each Service Definition.

B. Services to be Provided by the Contractor Under This RFP

1. Assertive Community Treatment Team (ACTT) (Services for Adults)

This RFP is for approximately 10 consumers with an annual amount of \$144,648.00.

This service is provided by an interdisciplinary team that ensures service availability 24 hours a day, 7 days per week and is prepared to carry out a full range of treatment functions wherever and whenever needed. A consumer is referred to the ACTT Team when it has been determined that his/her needs are so pervasive and/or unpredictable that they cannot be met effectively by any other combination of available community services. Typically this service should be targeted to the 10% of MH/DD/SA consumers who have serious and persistent mental illness or co-occurring disorders, dual and triply diagnosed and the most complex and expensive treatment needs.

The service objectives are addressed by activities designed to:

- promote symptom stability and appropriate use of medication
- restore personal, community living and social opportunities
- promote and maintain the highest possible level of functioning in the community

ACT Teams should make every effort to meet critical standards contained in the most current edition of the National Program Standards for ACT Teams as established by the National Alliance for the Mentally Ill or US Department of Health and Human Services, Center for Mental Health Services.

This service is delivered in a team approach designed to address the identified needs of a specialized populations and/or long term support to those with persistent MH/DD/SA issues that require intensive interventions to remain stable in the community. These consumers would tend to be high cost, receive multiple services, decompensate to the point of requiring hospitalization before seeking treatment, seek treatment only during a crisis, or unable to benefit from traditional forms of clinic based services. This population has access to a variety of interventions 24 hours a day, 7 days a week, by staff that will maintain contact and intervene as one organizational unit. This team approach involves structured face-to-face scheduled therapeutic interventions to provide support and guidance in all areas of functional domains:

- adaptive
- communication
- personal care
- domestic
- psychosocial
- problem solving, etc.

This model is primarily a mobile unit, but includes some clinic based services.

Staffing

Assertive Community Treatment services must be provided by a team of individuals. Individuals on this team shall have sufficient individual competence, professional qualifications and experience to provide service coordination; crisis assessment and intervention; symptom assessment and management; individual counseling and psychotherapy; medication prescription, administration, monitoring and documentation; substance abuse treatment; work-related services; activities of daily living services; social, interpersonal relationship and leisure-time activity services; support services or direct assistance to ensure that individuals obtain the basic necessities of daily life; and education, support, and consultation to individuals' families and other major supports.

Each ACT team staff member must successfully participate in the DMH approved ACTT training. The DMH approved training will focus on developing staff's competencies for

delivering ACTT services according to the most recent evidenced based practices. Each ACT team shall have sufficient numbers of staff to provide treatment, rehabilitation, and support services 24 hours a day, seven days per week.

Each ACT team shall have a staff-to-individual ratio that does not exceed one full-time equivalent (FTE) staff person for every 10 individuals (not including the psychiatrist and the program assistant).

Team Leader: A full-time team leader/supervisor that is the clinical and administrative supervisor of the team and who also functions as a practicing clinician on the ACTT team. The team leader at a minimum must have a master's level QP status according to 10A NCAC 27G .0104.

Psychiatrist: A psychiatrist, who works on a full-time or part-time basis for a minimum of 16 hours per week for every 50 individuals. The psychiatrist provides clinical services to all ACTT individuals; works with the team leader to monitor each individual's clinical status and response to treatment; supervises staff delivery of services; and directs psychopharmacologic and medical services.

Registered Nurses: A minimum of two FTE registered nurses. At least one nurse must have a QP status according to 10A NCAC 27G .0104 or be an Advanced Practice Nurse (APN) according to NCGS Chapter 90 Article I, Subchapter 32M. The other nurse must have at minimum an AP status according to 10A NCAC 27G .0104. By July 1, 2005, it is expected that all team nurses will be have QP Status or be APNs.

Other Mental Health Professionals: A minimum of 4 FTE QP or AP (in addition to the team leader), with at least one designated for the role of vocational specialist, preferably with a master's degree in rehabilitation counseling. At least one-half of these other mental health staff shall be master's level professionals.

Substance Abuse Specialist: One FTE who has a QP status according to 10A NCAC 27G .0104 and is one of the following: CCS, CCAS, or CSAC.

Certified Peer Support Specialist: A minimum of one FTE Certified Peer Support Specialist. A Certified Peer Support Specialist is an individual who is or has been a recipient of mental health services. Because of life experience with mental illness and mental health services, the Certified Peer Support Specialist provides expertise that professional training cannot replicate. Certified Peer Support Specialists are fully integrated team members who provide highly individualized services in the community and promote individual self-determination and decision-making. Certified Peer Support Specialists also provide essential expertise and consultation to the entire team to promote a culture in which each individual's point of view and preferences are recognized, understood, respected and integrated into treatment, rehabilitation, and community self-help activities.

Remaining Clinical Staff: The additional clinical staff may be bachelor's level and Paraprofessional mental health workers who carry out rehabilitation and support

functions. A bachelor's level mental health worker has a bachelor's degree in social work or a behavioral science and work experience with adults with severe and persistent mental illness. A Paraprofessional mental health worker may have a bachelor's degree in a field other than behavioral sciences or have a high school degree and work experience with adults with severe and persistent mental illness or with individuals with similar human services needs. These Paraprofessionals may have related training (e.g., certified occupational therapy assistant, home health care aide) or work experience (e.g., teaching) and life experience.

Program/Administrative Assistant: One FTE program/administrative assistant who is responsible for organizing, coordinating, and monitoring all non-clinical operations of ACTT, including managing medical records; operating and coordinating the management information system; maintaining accounting and budget records for individual and program expenditures; and providing receptionist activities, including triaging calls and coordinating communication between the team and individuals.

2. Community Support Team (CST) (Services for Adults)

This RFP is for 3 approximately consumers with an annual amount of \$33,408. Funding for the remainder of the SFY11 will be one-half this amount.

Community Support Team (CST) services consist of community-based mental health and substance abuse rehabilitation services and necessary supports provided through a team approach to assist adults* in achieving rehabilitative and recovery goals. It is intended for individuals with mental illness, substance abuse disorders, or both who have complex and extensive treatment needs. The individual's clinical needs are evidenced by the presence of a diagnosable mental illness, substance-related disorder (as defined by the DSM-IV-TR and its successors), or both, with symptoms and effects documented in the comprehensive clinical assessment and the Person Centered Plan.

***Note:** The age at which a recipient is considered an "adult" is determined by the funding source. State funded services begin at age 18; Medicaid-funded services begin at age 21 unless the recipient is eligible through EPSDT.

This is an intensive community-based rehabilitation team service that provides direct treatment and restorative interventions as well as case management. CST is designed to

- reduce presenting psychiatric or substance abuse symptoms and promote symptom stability,
- restore the recipient's community living and interpersonal skills,
- provide first responder intervention to deescalate the current crisis, and
- ensure linkage to community services and resources.

This team service includes a variety of interventions that are available 24 hours a day, 7 days a week, 365 days a year and are delivered by the CST staff, who maintain contact

and intervene as one organizational unit. CST services are provided through a team approach; however, discrete interventions may be delivered by any one or more team members as clinically indicated. Not all team members are required to provide direct intervention to each recipient on the caseload. The Team Leader must provide direct clinical interventions with each recipient. The team approach involves structured, face-to-face, scheduled therapeutic interventions to provide support and guidance in all areas of functioning in life domains: emotional, social, safety, housing, medical and health, educational, vocational, and legal. The CST Licensed or Provisionally Licensed team leader drives the delivery of this rehabilitative service. In partnership with the recipient, the assigned CST Qualified Professional identified as the person responsible for the Person Centered Plan has ongoing clinical responsibility for developing and revising the Person Centered Plan.

Under the direction of the Team Leader, CST services are delivered to recipients, with a team approach, primarily in their living environments and include but are not limited to the following interventions as clinically indicated:

- Individual therapy
- Behavioral interventions such as modeling, behavior modification, behavior rehearsal
- Substance abuse treatment interventions
- Development of relapse prevention and disease management strategies to support recovery
- Psychoeducation for the recipient, families, caregivers, and/or other individuals involved with the recipient about the recipient's diagnosis, symptoms, and treatment.
- Psychoeducation regarding the identification and self-management of the prescribed medication regimen, with documented communication to prescribing practitioner(s)
- Intensive case management
 - o assessment
 - o planning
 - o linkage and referral to paid and natural supports
 - o monitoring and follow up
- Arranging for psychological and psychiatric evaluations and
- Crisis management, including

Staffing:

CST shall be comprised of three full-time staff positions as follows:

- One full-time equivalent (FTE) team leader who is a Licensed Professional who has the knowledge, skills, and abilities required by the population and age to be served (may be filled by no more than two individuals). A provisionally licensed or board-eligible Qualified Professional actively seeking licensure may serve as the team leader conditional upon being fully licensed within 30 months from the effective date of this policy. For provisionally licensed team leaders hired after the effective date of this policy, the 30-month timeline begins at date of hire.

AND

- One FTE Qualified Professional who has the knowledge, skills, and abilities required by the population and age to be served (may be filled by no more than two individuals).

AND

- One FTE who is a Qualified Professional, Associate Professional, Paraprofessional, or Certified Peer Support Specialist, and who has the knowledge, skills, and abilities required by the population and age to be served (may be filled by no more than two individuals).

For CST focused on substance abuse interventions, the team shall include at least one Certified Clinical Supervisor (CCS), Licensed or Provisionally Licensed Clinical Addiction Specialist (LCAS), or Certified Substance Abuse Counselor (CSAC) as a member of the team. The Team Leader shall meet the requirements specified for Licensed or Provisionally Licensed status according to 10A NCAC 27G. 0104 and have the knowledge, skills, and abilities required by the population and age to be served. Persons who meet the requirements specified for Qualified Professional, Associate Professional, or Paraprofessional status according to 10A NCAC 27G .0104 and who have the knowledge, skills, and abilities required by the population and age to be served may deliver CST services.

The **Certified Peer Support Specialist** shall be an individual who is or has been a recipient of mental health or substance abuse services and is committed to his or her own personal recovery. A Certified Peer Support Specialist is a fully integrated team member who draws from his or her own experiences and knowledge gained as a recipient to provide individualized interventions to recipients of CST services. The Certified Peer Support Specialist validates the recipients' experiences and provides guidance and encouragement in taking responsibility for and actively participating in their own recovery. Certified Peer Support Specialists also provide essential expertise and consultation to the entire team to promote a culture in which each individual's point of view and preferences are recognized, understood, respected, and integrated into treatment, rehabilitation, and community self-help activities.

3. Intensive in Home Services (For youth and their families)

This RFP is for approximately 10 consumers with an annual amount of \$123,936.00.

This is a time limited intensive family preservation intervention intended to stabilize the living arrangement, promote reunification or prevent the utilization of out off home placement such as a hospital, foster care or a residential facility. These services are delivered primarily to children in their family's home with a family focus to:

1. Defuse the current crisis, evaluate its nature, and intervene to reduce the likelihood of a recurrence;
2. Ensure linkage to needed community services and resources;
3. Provide self help and living skills training for youth;
4. Provide Parenting skills training to help the family build skills for coping with the youth's disorder;
5. Monitor and manage the presenting psychiatric and/or addiction symptoms; and
6. Work with caregivers in the implementation of home-based behavioral supports. Services may include crisis management, intensive case management, individual and/or family therapy, substance abuse intervention, skills training, and other rehabilitative supports to prevent the need for an out of home placement or more restrictive services.

The treatment services are structured and delivered face-to-face to provide support and guidance in all areas of functional domains: adaptive, communication, psychosocial, problem solving, behavior management, etc.

- This is for youth through the age of 20 and their families.
- This intervention uses a team approach and interventions are available 24 hours a day, 7 days a week.
- This service must provide First Responder Services
- This service is not provided in a group setting.
- The service must be ordered by a physician, licensed psychologist, physician's assistant or nurse practitioner.

Staffing

All treatment shall be focused on, and for the benefit of, the eligible recipient of IHH services. The service model requires that IHH staff provide 24-hour-a-day coverage, 7 days a week, 365 days a year. This service model is delivered by an IHH team comprised of one full-time equivalent (FTE) team leader and at least two additional full-time equivalent positions as follows:

- one FTE team leader who is a Licensed Professional who has the knowledge, skills, and abilities required by the population and age to be served (may be filled by no more than two individuals). A provisionally licensed or board-eligible Qualified Professional actively seeking licensure may serve as the team leader conditional upon being fully licensed within 30 months from the effective date of this policy. For provisionally licensed team leaders hired after the effective date of this policy, the 30- month timeline begins at date of hire.

AND

- one FTE Qualified Professional who has the knowledge, skills, and abilities required by the population and age to be served (may be filled by no more than two individuals).

AND

- one FTE Qualified Professional or Associate Professional who has the knowledge, skills, and abilities required by the population and age to be served (may be filled by no more than two individuals).

For IHH services focused on substance abuse interventions, the team shall include at least one Certified Clinical Supervisor (CCS), Licensed or Provisionally Licensed Clinical Addiction Specialist (LCAS), or Certified Substance Abuse Counselor (CSAC) as a member of the IHH team.

All staff providing Intensive In-Home Services to children and families must have a minimum of one (1) year documented experience with this population.

No IHH Team member who is actively fulfilling an IHH Team role may contribute to the staffing ratio

4. Substance Abuse Targeted Case Management

This RFP is for approximately 20 consumers with an annual amount of \$84,500.00.

Mental Health/Substance Abuse Targeted Case Management (MH/SA TCM) is a service for adults and children age three (3) and older who have a serious emotional disturbance, mental illness, or a substance related disorder and for recipients who have a serious emotional disturbance, mental illness, or substance related disorder and are pregnant. The MH/SA case manager is required to coordinate and communicate with Community Care of North Carolina (CCNC) [if the recipient is enrolled in CCNC], the recipient's primary care physician, and the recipient's OBGYN as necessary. CCNC and the primary care physician shall be responsible for coordination of the recipient's overall health care.

Note: The age at which an individual is considered an adult is determined by the funding source. State-funded services for adults begin at age 18; Medicaid-funded services for adults begin at age 21, unless the individual is eligible through EPSDT.

Case management (MH/SA TCM) is an activity that assists recipients to gain access to necessary care: medical, behavioral, social, and other services appropriate to their needs. Case management is individualized, person centered, empowering, comprehensive, strengths-based, and outcome focused.

The functions of case management include:

- Case Management Assessment;
- Person Centered Planning;
- Referral/linkage; and
- Monitoring/follow-up.

Staffing Requirements

Qualifications for individual Case Managers: Case Managers must meet one of the

following qualifications based on the target population being served:

1. currently licensed by the appropriate North Carolina licensure board as a Licensed Clinical Addiction Specialist, Licensed Clinical Social Worker, Licensed Marriage and Family Therapist, Licensed Professional Counselor, Psychiatrist, Licensed Psychologist or a Licensed Psychological Associate or
2. a graduate of a college or university with a Masters degree in a human service field and has one year of full-time, post-graduate degree accumulated MH/DD/SAS experience with the population served or a substance abuse professional who has one year of full-time, post-graduate degree accumulated supervised experience in alcoholism and drug abuse counseling or
3. a graduate of a college or university with a bachelor's degree in a human service field and has two years of full-time, post-bachelor's degree accumulated MH/DD/SAS experience with the population served or a substance abuse professional who has two years of full-time, post-graduate degree accumulated supervised experience in alcoholism and drug abuse counseling or a registered nurse who is licensed to practice in the State of North Carolina by the North Carolina Board of Nursing who also has four years of full-time accumulated experience in MH/DD/SAS with the population served.
4. a graduate of a college or university with a bachelor's degree in a field other than human services and has four years of full-time, post-bachelor's degree accumulated MH/DD/SAS experience with the population served, or a substance abuse professional who has four years of full-time, post-graduate degree accumulated supervised experience in alcoholism and drug abuse counseling.

Note: Degrees in a human service field include but are not limited to, the following degrees: psychology, social work, mental health counseling, rehabilitation counseling, addictions, psychiatric nursing, special education, and therapeutic recreation

C. Other Requirements for all Services

Contractors who provide these services must conform to certain standards, including:

- Be community based and culturally competent in service delivery.
- Adhere to all applicable State Statutes, Licensure Rules, and Accreditation Standards and Federal laws in the performance of this agreement. This includes maintenance of a Quality Assurance Plan that complies with Accreditation Standards of the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services and has been endorsed by the Area Program.
- Comply with APSM 95-2 Client Rights in Community Mental Health, Developmental Disabilities, Substance Abuse Services.
- Comply with application standards as promulgated by the Division of Mental

Health/Developmental Disabilities/Substance Abuse Services, APSM 30-1.

- Adhere to Public Law 103-227 also known as the Pro Children Act of 1994 (ACT)
- Comply with APSM 75-1 (Budgeting and Procedures manual).
- Comply with Title VI and VII of the Civil Rights Act of 1964.
- Comply with the Rehabilitation Acts of 1973, section 504.
- Assure that facilities are accessible to those with physical disabilities.
- Remain in compliance with OSHA regulations concerning exposure risks and controls to reduce risks of exposure to blood borne pathogens.
- Provide the LME's Client Rights Committee an annual report from the Provider's client grievance committee by the first Monday of August each year. This report will summarize the actions of the committee related to client grievances, alleged violations of rights including cases of abuse, neglect or exploitation, or failure to provide services.
- Follow all aspects of the State Contract and The Beacon Center's Provider Manual.

Documentation

Maintain documentation as required by the Service Records Manual.

D. Other Staff Requirements

The contractor will provide staff as stated in the Service Definition for each service.

All staff responsible for the provision of services to consumers under the terms of this contract must have:

- a. Verification of employment history of personnel.
- b. Criminal record check and if they have not been in the State of North Carolina for the last five years a national criminal records check must be done.
- c. Department of Motor Vehicles driving record check for personnel transporting recipients.
- d. Ensure staff providing transportation maintain emergency information on consumers in the event of an accident. Information should include but not limited to: client name, address, emergency contact, Dr.'s name, address and phone number, preferred hospital, and allergic information.
- e. Ensure staff providing transportation via private vehicle maintain annual inspections as required by North Carolina law.
- f. Minimum of two positive work related references on personnel.
- g. Employers may access the Health Care Personnel Registry voice response system by calling (919) 715-0562 for information regarding individuals with substantiated findings of abuse, neglect, misappropriation of property, diversion of drugs or fraud.

The Contractor will insure staff are clinically supervised and privileged to deliver all services. Record of such supervision and privileging are maintained by the Provider readily available for the Local, State or Federal review.

E. Eligible Bidders

Proposals may be submitted by any private for-profit, not-for-profit or public agency demonstrating the ability to complete the desired project and being approved by the LME and able to receive IPRS funding.

II. THE PROPOSAL

The proposal must outline the required services and deliverables, describe the applicant's proposed program(s) to complete these services and explains how the applicant organization is qualified to undertake this project. The proposal must include the following items:

- Cover letter – In the cover letter please indicate which services you are requesting to be considered to provide as there are 4 services listed in this RFP.
- Executive Summary
- Relevant Experience of Applicant (and subcontractors)
- Project Narratives(s)
- Staffing Proposal
- Reference List Form
- A copy of Provider agency's current operations budget and projections.
- A copy of the provider's most recently completed fiscal audit. If an audit has not been conducted a compilation report by an independent auditor is acceptable.
- A statement indicating any investigative actions by any Local, State or Federal entity indicating the dates of the investigation, the entity conducting the investigation and the outcome since July 1, 2009.

Required Forms:

- Bidder's Identification Form
- Letter of Intent

III. SUBMISSION OF PROPOSALS

The proposal must be delivered by hand or mail on or before the close of business (5 P.M.) on September 27, 2010. Proposals, late for reasons beyond the control of the bidder, may be considered at the sole discretion of The Beacon Center Area Director.

Submit four (4) copies of the proposal (no facsimiles or emails accepted) to:

Karen Salacki

The Beacon Center
500 Nash Medical Arts Mall
Rocky Mount, NC 27804

The following information must be indicated on the outside of each proposal submitted:

Bidder's name and address
Bid for the specific service or all services

In the event The Beacon Center Office is closed by means of a public announcement on the due date, the date will be postponed to 5pm on the next business date that The Beacon Center open for business.

IV. SELECTION OF AWARD

A. Proposal Review Criteria

The proposal will be reviewed by a panel convened by The Beacon Center and composed of persons with expertise in applicable areas and related fields. Remember it is important to indicate which services you are submitting the proposal for as there are 4 services described in this RFP. Scoring will be based on the rating of the written proposal as well as other evaluation criteria. Such activities may include reference checks and discussions with other funding organizations or clients, including subcontractors. Reviewers will consider the following factors:

- 1) Cover letter which will designate which services are being proposed to provide and Executive Summary
- 2) the relevant experience of applicant and subcontractors,
- 3) project narrative and start up timeframe,
- 4) staffing proposal,
- 5) the financial status of the entity
- 6) overall clarity, completeness, accuracy and feasibility of the proposal.

B. Final Selection of Contractor

The final selection of a contractor will be made by Management Team based on the recommendations of the panel described above. Each bidder will be notified in writing as to the outcome of the proposal submission.

V. PROJECT FUNDING AND CONTRACTS

A. Contract Content and Payment Process

When the award is announced for the successful proposal, the contract process will be initiated between The Beacon Center and the successful bidder. Negotiations will be conducted and based on the bidder's proposed budget in combination with the project narrative and start up timeframes.

B. Accounting Records

The contractor will be required to maintain current and accurate fiscal and accounting controls to show the status of costs incurred under this contract. Accounting records must be supported by documentation and show a clear “audit trail” for all funds received and disbursed. The contractor will maintain for a period of five years from the date of service, accounting records in accordance with generally acceptable accounting principles and Medicaid record keeping requirements and other records as necessary to disclose fully the extent of services provided and billed to the Medicaid Program. For providers who are required to submit annual cost reports, records including invoices, checks, ledgers, contracts, personnel records, work sheets, schedules, etc. such records are subject to review and audit and reviewed by Federal and State Representatives.

C. Monitoring

The project will be monitored by The Beacon Center on a regular basis throughout the life of the contract. Monitoring may include oral reports, site visits, and telephone contact and/or discussions of reports and vouchers. The goal of this monitoring will be to ensure that the terms of the contract are being met and to provide technical assistance, where necessary, to help the contractor meet these obligations. As a contract provider of services for The Beacon Center consumers, the contractor may be reviewed by any agency reviewing The Beacon Center.

VI. TERMS AND CONDITIONS GOVERNING THIS REQUEST FOR PROPOSALS PROCESS

The term of the contract shall be on a State fiscal year basis. Funds not earned by provision of services will not be carried forward and contracts will be pro-rated on a fiscal year basis. No services may be subcontracted without written approval of The Beacon Center.

1. The contract will be subject to The Beacon Center’s processing procedures for contracts of this type, including approval as to form by the Area Director and Finance Director. The successful bidder shall commence contract activities only after receipt of a fully approved copy of the contract.
2. The RFP does not commit The Beacon Center to award any contracts, to pay the costs incurred in the preparation of a response to the RFP, or to procure or contract for services.
3. The Beacon Center reserves the right to amend, modify or withdraw this RFP and to reject any proposals submitted, and may exercise such right at any time, without prior notice and without liability to any applicant or other parties for expenses incurred in the preparation of a proposal or otherwise. Proposals will be prepared at the sole cost and expense of the bidder.
4. The Beacon Center reserves the right to accept or reject any or all proposals which do not completely conform to the instructions given in the RFP.
5. The proposal of the successful bidder will serve as the basis for the contract, the

terms of which may be modified within the context of this RFP.

6. Submission of a proposal will be deemed to be the consent of the bidder to any inquiry made by The Beacon Center of third parties with regard to bidder's experience or other matters relevant to the proposal.

7. The Beacon Center reserves the right to request and consider additional information from any bidder beyond that presented in the initial proposal. The award of the contract, if any, may be made in reliance on additional information requested. Such information may include budget justification, program information, operation details, personnel information, or other funding source information.

8. All products, deliverable items, and working papers resulting from this contract will be the sole property of The Beacon Center and the bidder is prohibited from releasing these documents to any persons other than The Beacon Center or designee, unless authorized by The Beacon Center to do so.

9. The Beacon Center reserves the right to investigate the bidder's qualification, financial standing and ability to perform the proposed work. Should The Beacon Center determine that the bidder's qualifications, financial standing or ability to perform the work are inadequate, The Beacon Center may reject the proposal.

10. By submitting a proposal, the bidder agrees that it will not make any claims for or have any right to damages because of any misinterpretation or misunderstanding of the specifications or because of any misinformation or lack of information.

12. In order to enable The Beacon Center to acquire goods and services that represent the "best value", The Beacon Center reserves rights to:

- a. Establish evaluation criteria relating to quality, quantity, performance and cost; establish the relative importance of each criterion; and evaluate proposals as well as award contracts on the basis of these criteria;
- b. Provide that every offer shall be firm and not revocable for a period of up to sixty (60) days unless withdrawn in writing or unless otherwise specified in the solicitation; and
- c. Award a contract for any or all parts of a proposal and negotiate contract terms and conditions to meet agency program requirements consistent with the solicitation.

VII. REQUEST FOR PROPOSAL PROTEST

A. The following reasons shall be grounds for automatic rejection of an application due to failure to conform to the requirements of the RFP:

1. Applicant did not meet the required application deadline;
2. The application is not signed in the appropriate places. Signature(s) on attachments or other documents do not count as signature(s) on the application;
3. Application is incomplete;

4. Non-compliance with the administrative requirements, including but not limited to the absence of attachments, price verifications, and letters of intent to provide service;
5. Proof of eligibility, if applicable; and
6. Application submitted in an unacceptable manner, e.g., telephone, fax.

B. Nothing in this policy shall preclude The Beacon Center from notifying the applicant of any deficiencies in the application. However, all corrections must be completed and received by The Beacon Center by the application deadline as set forth in the RFP. The notification of discrepancies shall be uniformly made to all applicants in a timely manner.

C. The RFP shall become public information at the completion of the RFP process including the protest process, despite any other disclaimers submitted by the applicant to the contrary.

APPLICATION PACKAGE INSTRUCTIONS & FORMS

Proposal Instructions

The proposal must adhere to the outline described below. Proposals should be clear and well defined in describing the proposed deliverables and activities to achieve them.

A. Cover Letter

Complete all questions on the application pages. Also please note which of the 4 services you are proposing that your agency provide.

B. Executive Summary

This section should outline the required deliverables and provide an overview of the proposal including the use of any subcontractors.

C. Relevant Experience of the Applicant and Subcontractors

Proposals will be judged, in part, on the agency's relevant experience. The following information must be provided.

- Evidence of bidder's organizational ability to implement the program(s) described.
- Description of bidder's experience, if any, providing services for children, adolescents and adults with developmental disabilities.
- Quality improvement experience and procedures to be used by bidder to assure the quality and completeness of the services in accordance with this RFP.
- Description of bidder's experience, if any, working with The Beacon Center, provider organizations (hospitals, health centers, group practices, schools, juvenile justice and DSS etc.) which will support timely access to services.
- Reference checks will be done based on the completion of the required Reference forms. Three references must also be submitted for any bidder and subcontractor.

D. Project Narrative

This RFP seeks to perform quality services to consumers in our four county area. Proposals will be judged on the applicant's ability to provide the required service(s) and begin services in the required timeframe. Describe all the methods that your agency will use for completing all aspects of the project(s). This includes the projects mentioned in this proposal and any other innovative proposals. If a subcontract(s) will be used, identify the subcontractor(s) and their specific role in achieving the components. A letter and references from the subcontractor(s) must accompany the application specifying the qualifications of the subcontractor to provide the services to be supplied and the availability of the subcontractor(s) to perform the work during the contract period.

E. Staffing Plan

Applicants must include a staffing proposal that indicates all staff needed to complete the project(s) components. Provide a description of the applicant's organizational structure, including key positions and staff associated with the proposed project(s), and/or a plan to acquire such staff.

F. Budget Request

Applicants must complete the required budget request form and provide detailed descriptions and calculations used for each line item. Applicants will be judged on the compliance with the RFP service requirements and cost of services. The budget will be judged on comparisons with rates allowed by the State and Federal funding sources.

G. Fiscal Year Audit

Include a copy of your last Fiscal Year Audit with your packet. If an audit has not been conducted a compilation report by an independent auditor is acceptable.

H. Results of Investigations

A statement indicated any investigative actions by any Local, State or Federal entity indicating the dates of the investigation, the entity conducting the investigation and the outcome since July 1, 2007.

Budget Request Instructions

Summary Budget Request

The Budget Request summarizes all project costs.

Administrative Costs

The Beacon Center expects the contractor to minimize overhead expenses and maximize available funding for direct services. Therefore, indirect costs resulting from the application of an indirect rate are **not** allowable.

Excluded Costs

The following are illustrative of the types of items that will **not** be allowed:

- Advertising costs, except for recruitment of personnel; or those specifically relating to the RFP;
- Capital expenditures for improvement or acquisition of facilities;

- Staff entertainment costs, including social activities or cost of alcoholic beverages;
- Interest costs, including costs incurred to borrow funds;
- Costs of organized fund raising;
- Costs for attendance at conferences or meeting of professional organizations, unless attendance is necessary in connection with the project;
- Costs for preparation of continuation agreements and other proposal development costs;
- Equipment purchases

The Beacon Center Assertive Community Treatment Team (ACTT), Community Support Team (CST), Intensive In Home and Substance Abuse Targeted Case Management Services provided through Non-Recurring Funding

Proposal Cover Letter

1a. Name and Address of Bidder (Include name and title of official authorized to sign)

Name of Official

Title

1b. Type of Organization:

Not-for-Profit For-Profit Public

2. Contact Person

Name: _____

Title: _____

Telephone

Number: _____

Fax

Number: _____

Will this individual be directly in charge of the program ___ Yes ___ No

If no, who will be in direct charge?

Name/Title: _____

Telephone

Number: _____

Fax

Number: _____

3. Do you have a corporate seal? ___ Yes ___ No

4. Federal Payee Identification

Number: _____

5. Payment address (if different from #1) _____

7. Does your agency currently have a presence in our catchment area?
Yes ___ No ___

If yes, please describe:

8. Is any work to be accomplished by a subcontractor? ___ Yes ___ No

9. Please indicate which of the services in the RFP are you submitting a proposal to provide?

___ Assertive Community Treatment Team (ACTT)

___ Community Support Team (CST)

___ Intensive In Home Services

___ Substance Abuse Targeted Case Management

10. Is your agency currently a Certified CABHA agency? ___ Yes ___ No

11. If you are in the process of becoming a Certified CABHA Agency please explain your current status in this process.

12. Has your agency had any adverse fiscal, clinical or administrative actions from any regulatory agency in the past 12 months? If yes, please explain:

AGREEMENT:

It is understood and agreed to by the bidder that (1) Funds granted for this project must be used only for the conduct of the project(s) as approved. (2) The project(s) may be terminated in whole, or in part, immediately upon notice by The Beacon Center. Such termination shall not affect obligations incurred under the contract prior to the effective date of such terminations. (3) Any significant revision of the approved project proposal must be requested in writing by the contractor and approved by The Beacon Center prior to enactment of the change. (4) Progress reports must be submitted as required by The Beacon Center. (5) Necessary records and accounts, including financial and property controls, must be established and maintained by the Contractor for five years and made available to The Beacon Center for audit purposes. (6) All reports of investigations, studies, publication, etc. made as a result of this proposal must acknowledge the support provided by The Beacon Center (7) All personal information concerning individuals served or studied under the project is confidential and such information must not be disclosed to unauthorized persons. (8) The Beacon Center reserves a royalty-free, non-exclusive license to use and authorize others to use all copyrighted material resulting from this project.

The bidder certifies that to the best of his/her knowledge and belief the data in this application is true and correct, and that he/she will comply with the above agreement if the contract is received.

Signature of Official Authorized to Sign for Bidder Date

Reference Form

Complete one form for the agency and one form for each subcontractor agency

Names and telephone numbers of 3 references that can speak to your agency's and subcontractors qualifications to operate the project which you are applying for funding must be provided. Please include the description of work done, including the value of the contract, and the applicable contract manager(s) as a references(s).

A) _____
Name Telephone Number

Agency Name and Address

Description of Work Done

Value of Contract: _____

B) _____
Name Telephone Number

Agency Name and Address

Description of Work Done

Value of Contract: _____

C) _____
Name Telephone Number

Agency Name and Address

Description of Work Done

Value of Contract: _____

Additional Funding

Name of
Organization _____

List all funding received from any North Carolina State/Local Government Agency during the past three (3) years. Complete the following information including the name and telephone number of a representative of the state/local agency who can be contacted by The Beacon Center. Use additional pages if necessary.

State Agency	State Agency Representative (Name & Phone)	Purpose of funding	Time Period of funding	Funding Amount

Budget Request Form

Briefly describe how each proposed line item will contribute to the completion of the program component. Please include the maximum of funding requested as well as a detailed report of line items. Use additional sheets if necessary.