Muskingum Area Mental Health and Recovery Services Board
1500 Coal Run Road, Zanesville, OH 43701
740-454-8557
mhrs.org

INTRODUCTION

The Muskingum Area Mental Health and Recovery Services Board (MHRS Board) is a governmental agency established by Ohio Revised Code Chapter 340 to manage the County's public behavioral health system. As such, the MHRS Board serves as the local behavioral health authority. In this role, the MHRS Board envisions a six-county service catchment area (Coshocton, Guernsey, Morgan, Muskingum, Noble and Perry Counties) where people live and thrive in communities that promote and support behavioral health and wellness.

The MHRS Board is committed to enhancing the behavioral health and wellness of individuals, families, and communities through:

- The promotion of behavioral health and wellness, education, prevention, early intervention, treatment, and recovery.
- The creation and leadership of an integrated network of providers that promotes universal access to comprehensive, data-driven services; and
- Advocacy and leadership of behavioral health-related efforts to align resources, programs, and policy.

Through this Request for Applications (RFA), the MHRS Board is seeking qualified organizations interested in providing prevention programs, mental health and/or addiction services, and/or recovery support for residents of the six-county catchment area served. The MHRS Board is committed to selecting service providers that are particularly dedicated to providing high quality, culturally and linguistically competent care that is responsive to the diverse needs of vulnerable populations.

Providers will need to meet or exceed the Federal and State Medicaid standards for agreed upon services; adhere to the Requirements and Procedures for Mental Health Services provided by agencies spelled out in Ohio Administrative Code Chapter 5122-29; and fulfill the requirements of the MHRS Board as set forth in this RFA.

This RFA is open to governmental agencies, non-profit organizations, and for-profit organizations that provide prevention programs for children, adolescents, and/or adults, mental health and/or addiction services, and/or recovery supports. While preference will be given to governmental agencies and non-profit organizations, the MHRS Board may also consider for-profit organizations that demonstrate excellence in meeting the needs of their clients. The organization should be in southeast Ohio—ideally, Coshocton County, Guernsey County, Morgan County, Muskingum County, Noble County or Perry County—but the MHRS Board may also consider programs, services, and activities that benefit a major portion of the six-county catchment area. While preference will be given to contract applications, the MHRS Board may also consider grant applications from governmental agencies and non-profit organizations.

The MHRS Board does not endorse a particular evidence-based practice or list of practices but will give preference to applications that incorporate best practices. Applications should include evidence and rationale for the efficacy of their proposed approaches. The Board will only fund those services which are not otherwise reimbursable by Medicaid or any other third-party payer. Provider program must agree to keep the clinical records of each client accurate and up to date, maintain them in a format that readily facilitates verification of services billed to the Board, and cooperate with billing compliance audits conducted by Board representatives. Provider program must agree to cooperate with Board's client information requests and with utilization review activities for services reimbursed by the Board.

REQUEST FOR APPLICATIONS

The MHRS Board requests applications from qualified providers of programs, services, and facilities that can help the MHRS Board meet one or more of the essential elements of the community-based continuum of care required by the Ohio Revised Code, Chapter 340. These elements include the following:

1. Prevention and wellness management services consistent with the Future of Prevention Theory issued by the Ohio Department of Behavioral Health https://mha.ohio.gov/wps/portal/gov/mha/get-help/prevention-services/prevention-services Outreach activities—locate persons in need of mental health services or addiction services and inform them of available services and recovery supports
2. Engagement activities—help persons who receive mental health services or addiction services to obtain services necessary to meet basic human needs for food, clothing, shelter, medical care, personal safety, and income
3. Assessment services
4. Care coordination
5. Residential services
6. Outpatient services
   - Non-intensive
   - Intensive (e.g. partial hospitalization and assertive community treatment)
   - Withdrawal management
   - Emergency and crisis
7. Inpatient services (where appropriate)
   - Psychiatric care
   - Medically managed treatment
8. Recovery support
   - Peer support
   - A wide range of housing and support services, including recovery housing
   - Employment, vocational, and educational opportunities
   - Assistance with social, personal, and living skills
   - Multiple paths to recovery (e.g. twelve-step approaches and parent advocacy connection)

- Support, assistance, consultation, and education for families, friends, and persons receiving mental health services, addiction services, and recovery supports

9. Addiction services and recovery support for all levels of opioid and co-occurring drug addiction
10. Protecting the rights of persons receiving any elements of the community-based continuum of care
11. Ensuring that persons receiving care can utilize grievance procedures applicable to the elements they are receiving

SUBMISSION

The application package shall include:

- For programs and services effective January 1st, applications must be submitted by October 1st. For programs and services effective July 1st, applications must be submitted by April 1st. Special exceptions may be considered.
- An application cover letter is completed, signed, and dated by an authorized representative of the applicant organization. Please state the essential elements of the community-based continuum of care addressed in your application, and whether you are proposing a contract or a grant. Also, please state whether your application addresses mental health and/or addiction services, recovery supports, and/or prevention programs, and whether it targets children, adolescents, and/or adults. The cover letter must include the full legal name of the applicant organization, address, contact information, and the designated contact person.
- One original version of the full application, including all attachments.
- For the most expeditious consideration, please e-mail applications to sarahr@mhrs.org. If the application is sent by mail or commercial delivery service, the applicant shall be responsible for actual delivery of the application on or before the deadline. Regardless of if a copy is mailed or hand delivered, it is a requirement to submit an electronic copy to the Board. All submitted applications become the property of the MHRS Board.

REQUIREMENTS

To help you prepare for the application process, we have outlined the following elements that should be included in your application information. Your application submission MUST BE in the following order:

I. <u>Mission, Accomplishments, and Organizational Capacity</u>

A. Provide a brief history of your organization and/or department, current mission and goals, and a description of current services, past accomplishments, and experience with similar projects.
B. Describe your organization's capacity and resources to implement your proposed evidence-based practice, program, or service and the specific activities, efforts and steps taken to date to ensure readiness to implement.

II. <u>Purpose/Need/Population Served</u>

A. Provide a clear description of the proposed program or service and the rationale/need for it.
B. List essential elements of the community-based continuum of care addressed in the application.
C. Identify the age range of your target population, at-risk characteristics of the population, geographical area to be served, and the current and projected numbers of individuals to be served directly by the services.
D. Describe how your application will improve both the delivery of services and the behavioral health outcomes for the population served in the six-county catchment area.

III. Key Action Dates

A. Start date for programs and/or services.
B. Length of proposed budget (how long will the requested funding sustain program and/or services).
C. If requesting start-up funding, please include additional funding deadlines (other grant applications you may be submitting).

IV. Activities and Outcomes

A. Identify the Evidence-Based Practice (EBP) to be implemented and cite the specific source of credible research, evaluations, and literature that designates the practice as evidence-based.
B. Provide a description of how the organization plans to implement the program and incorporate EBP into your core services. The description should include names and titles of the persons responsible for implementation and a timeline identifying major activities that would occur during each year of the proposed contract or grant.
C. Describe the services and activities to be provided and the specific measurable results and outcomes that you wish to achieve during the proposed contract or grant.
D. If applicable, cite evidence that the proposed program, services, and activities are likely to lead to the desired outcomes. Such evidence may include, for example, research studies, proven models, and evaluations conducted by your organization.

V. Collaboration/Coordination with Other Resources

A. Identify collaborative partners and stakeholders and their roles in implementing your application.
B. Describe coordination with other resources required to implement the application and/or support broader systems/community changes.
C. If applicable, describe coordination with similar programs or services currently available for county residents.

VI. Evaluation

A. Explain how inputs, outputs, and outcomes of the program will be measured and reported, including the criteria and measures of success to be used in the evaluation.
B. Identify who will be responsible for performing the evaluation and describe how the results will be used and disseminated.

VII. Sustainability

A. Do you plan to continue the program following the end of the contract or grant?
B. If so, how?

VIII. Reimbursement

A. If applicable, explain how you will seek reimbursement for services, using information from the American Medical Association (AMA) and National Correct Coding Initiative (NCCI) to submit claims via Electronic Data Interchange (EDI) to match the new mental health and substance use disorder code sets and billing requirements for the State of Ohio.
B. Please see http://bh.medicaid.ohio.gov/ for more information.

IX. Attachments—The following four attachments are required to be included in the full application:

A. Attachment 1 – A copy of the current certification of the organization by the Ohio Department of Behavioral Health.

B. Attachment 2 – Proposed organizational chart, plans, budgets, and timelines, and a breakout of proposed staffing, facilities, equipment, supplies, and services required in your application. When applicable, include which claim codes will be used, code descriptions, number of proposed units of service to be rendered, reimbursement amount per unit, and total of unit multiplied by the reimbursement rate.

C. Attachment 3 – One or more letters of support that demonstrate strong collaboration efforts.

D. Attachment 4 – A copy of a 501C3 letter from the Internal Revenue Service, if applicable.

E. Attachment 5 – A budget prepared in the Uniform Cost Reporting format. The Board will be reviewing salary costs, units of service, and unit costs.

F. Attachment 6 - Other financial support that the organization expects to receive for the proposed initiative, including grants, in-kind services, and financial donations.

G. Attachment 7 - A copy of the last fiscal year audit for the organization and any required Plan of Correction.

Additional attachments are permitted.

REVIEW OF APPLICATIONS

The MHRS Board Program staff will make the recommendation as to the best use of funds available to support prevention, treatment, and recovery of children, adolescents, and adults at risk for mental illness or substance use disorders. The MHRS Board Program staff plans to review applications in the order received, negotiate changes to the applications as appropriate,

and recommend those applications deemed most responsive to the MHRS Board's priorities to the full MHRS Board for approval and funding. These priorities are subject to change based on the board's perceptions of the community's needs, the board's success in meeting the Ohio Revised Code requirements, and the board's available funding.

The MHRS Board is particularly interested in receiving applications for Prevention, Education, Treatment, and Recovery services which, if successful, will deter the need for treatment and recovery services in the future. Questions may be addressed to either the telephone number or, preferably, the e-mail address shown above.

The MHRS Board reserves the right to cancel, reissue or reject all responses to an RFP, in whole or in part, when:

(1) The supplies and/or services offered are not in compliance with the requirements, specifications, and terms and conditions set forth in the RFP; or

(2) Pricing offered is excessive in comparison with existing market conditions or exceeds the available funds of the MHRS Board; or

(3) It is determined that award of a contract would not be in the best interests of the six-county catchment area.

NOTIFICATION OF AWARDS

Notice of an award shall be provided to the successful offeror. Notice of an award shall be posted on the MHRS Board's website.

The MHRS Board reserves the right to modify or cancel this Request for Applications without notice at any time to accommodate the changing needs, priorities, or available funding of the MHRS Board. The meetings of the MHRS Board are announced publicly and are open to the public.

The MHRS Board greatly appreciates all applications submitted in accordance with this Request for Applications and looks forward to working with qualified providers of behavioral health programs and services to meet our community's needs.

THANK YOU!
Misty Cromwell, Executive Director
Muskingum Area Mental Health and Recovery Services Board