Alliance Health

Request for Proposal Evaluation Form

RFP Name	Day Treatment CMS
RFP Number	100-2024
Provider	
Reviewer	
Date Completed	
Total Score	0

Each response will be evaluated using the Score Values described below.

Score Value	Explanation
0	Not addressed or response of no value
1	Limited applicability
3	Some applicability
5	Substantial or total applicability

Section A	Section/Number	Evaluation Topic	Description of Topic to be Evaluated	Score (use drop down in each cell)	Comments
Section A **page max=3, max points=10**	A.1	Why the organization should be awarded the service contract	Describe why you believe that your organization, from a business, professional, clinical, administrative, financial and technical perspective, should be awarded a contract for the services requested. Describe any distinguishing features Alliance should know about your services and company as well as an overview of your proposal.		
	A.2	Scope	Describe generally what you are proposing to do under the scope of services.		
Section B **page max=2, max points=10**	B.1	Proposed or Pending Merger(s)	Disclose if your agency has any proposed/pending merger with another entity. Please note that an award of a contract to the organization making the proposal will not be assigned automatically to a new agency resulting from a merger or acquisition.		
	B.2	Affiliations	Disclose if the organization is affiliated by contract or otherwise, with any other provider (defined as any individual or entity providing behavioral health services).		
	C.1	Organization History	Provide a brief history of your organization, indicating how long your organization has been in business. Identify your current service location(s) with the physical address and services offered at each site. Also identify the types of funding you utilize (fee for service, non-UCR, IPRS, Medicaid, etc.).		
	C.2	NC DHSR license	Provide the NC DHSR License number(s) and license dates of each Day Treatment program your organization currently operates in North Carolina.		
	C.3	Day Treatment Experience	Describe a brief history including how long has your organization has provided Day Treatment Services.		

Section C **page max=10, max points=90**	C.4	Youth Enrolled	Provide the number of youth you have enrolled in Day Treatment, the average age of youth served and most prevalent clinical diagnosis.		
	C.5	Service Philosophy	Describe your service philosophy and models of service delivery for children and adolescents with Substance Use and/or Mental Health Challenges in the Day Treatment Setting.		
	C.6	School Setting Experience	Describe any experience your organization has providing Day Treatment or other clinical services in the school setting, your overall collaboration with the school system, and any current MOAs with a school system.		
	C.7	Implementation of NC Medicaid CPP 8A	Describe how you will address each of the required elements listed in the NC Medicaid Clinical Coverage Policy 8A including, but not limited to, what evidence-based model(s) your organization utilizes for this service. Please describe the model and its implementation particularly within a school and how might it look different when the program is embedded in the school.		
	C.8	Approach to Serving K-8	Describe and how your services cater to specific age groups and specifically how you will approach serving students K-8.		
	C.9	Youth and Family Engagement	Describe how youth and families will be involved in treatment and services. Describe the elements of how you engage the families in meaningful participation in day treatment.		
	C.10	Equity and Inclusion, SDOH, Trauma	Describe how you will address equity and inclusion, social determinants of health, and trauma within your programming.		
	C.11	CFTM School System involvement	Describe how you work with school system staff to involve them in Child and Family Teams.		
	C.12	Clinical Infrastructure and Staff Training	Describe the clinical infrastructure to address challenges in meeting specific youth needs (such as challenging behaviors or medical problems). Please also describe your staff training in addition to required state training. Describe your clinical supervision plan, and case escalation process.		
	C.13	Referral Process	Describe your organization's referral process for Day Treatment.		
	C.14	Transitions Plans	Describe how you develop and implement transition plans to and from Day Treatment. Please give specific examples.		
	C.15	Implementation plan	Provide a detailed implementation plan, including timeline, for the services requested.		
	C.16	Expansion Plan	If there is an opportunity to for expansion provide a detailed growth plan for expanding Day Treatment classrooms to additional school sites.		
	C.17	Organizational Chart	Please include an organizational chart of your current staffing.		
	C.18	Policies and Procedures First Responder Coverage	Please attach your policies and procedures for Day Treatment that address crisis response and first responder coverage.		

Section D **page max=5, max points=25**	D.1	Using Data to Improve Quality of Care	For this RFP, describe how your organization will utilize the data generated by performance indicators, outcomes, survey results, stakeholder feedback to improve the quality of care. Please provide a sample report of member satisfaction surveys for your Day Treatment services. Please provide outcome data 2 years for the service.		
	D.2	Outcomes	Please describe what outcomes you intend to track and report. Describe how you evaluate youth outcomes, including the expected clinical outcomes and how you determine whether youth are benefitting from your services.		
	D.3	Program Fidelity	Describe how you monitor the program for fidelity with the model you use. Include an example of the fidelity monitoring.		
	D.4	Recruitment and Retention Strategies	Provide information about your strategies for recruitment, retention, and support of qualified staffing.		
	D.5	Average Time to Fill Staff Positions	Provide your average time to fill staff positions over the last 12 months.		

Score Totals (DO NOT CHANGE ITEMS in This SECTION)

Section/Number	Score
A.1	Value not selected
A.2	Value not selected
B.1	Value not selected
B.2	Value not selected
C.1	Value not selected
C.2	Value not selected
C.3	Value not selected
C.4	Value not selected
C.5	Value not selected
C.6	Value not selected
C.7	Value not selected
C.8	Value not selected
C.9	Value not selected
C.10	Value not selected
C.11	Value not selected
C.12	Value not selected
C.13	Value not selected
C.14	Value not selected
C.15	Value not selected
C.16	Value not selected
C.17	Value not selected
C.18	Value not selected
D.1	Value not selected

	D.2	Value not selected
	D.3	Value not selected
	D.4	Value not selected
	D.5	Value not selected