

Michigan Department of Health and Human Services  
Bureau of Grants and Purchasing  
**GRANT REQUEST FOR PROPOSAL (RFP)**

Total Available	<b>\$2,090,000</b>	Estimated Number of Awards	<b>6-13</b>	RFP Number:	<b>CAHCE-2022</b>
Maximum Award:	<b>\$300,000</b>	Minimum Award	<b>\$170,000</b>	Department Bureau:	<b>Bureau of Health and Wellness</b>
Application Due Date: <b>Friday, April 15, 3:00 p.m. EST</b>				Funding Source	<b>State Restricted Funds</b>
				CFDA#:	<b>N/A</b>
Anticipated Begin and End Dates: <b>June 1, 2022</b>			through	<b>September 30, 2022</b>	

**Proposal Submission**

To gain access to the application and complete entry and submission, a step-by-step instruction manual is available for your use. Visit the MI E-Grants website at <http://egramms-mi.com/mdhhs>, and click the link "About EGrAMS" on the left-side panel to access the manual.

Geographic Area: **State of Michigan**

Title: **Child and Adolescent Health Center Program Expansion - 2022**

Program Purpose: The focus of the program is to expand the Child and Adolescent Health Center program through school-based or school linked health services. The models funded through this grant include Child and Adolescent Health Centers (CAHC) and School Wellness programs (SWP).

**Disqualifying Criteria:**

The applicant will be disqualified, and the application will not be reviewed if:

- A complete application is not submitted including, a completed 4-month budget to the EGrAMS website on or before the bid closing date and time specified.
- The budget does not stay at or below the maximum award amount per agreement year, if provided.

Applications from applicants who are current state of Michigan employees are also disqualified and will not be reviewed.

Applicants are encouraged to complete the grant application in advance of the grant application deadline to allow enough time to complete the application process and to receive technical assistance if necessary. The EGrAMS system will not permit applicants to submit applications that contain validation errors. Applicants must correct all errors before the system will allow submission of the application. Failure to correct all errors is not justification for a deadline extension.

**Pre-Application Conference:**

A pre-application conference will be held to discuss this funding opportunity and provide instruction on using the EGrAMS system. The pre-application conference will be held on March 17, 2022, at 9:00 a.m., and will last approximately 90 minutes. The conference can be accessed at <https://bit.ly/35COfv9>

**Additional Information (e.g., applicant eligibility criteria):**

**Eligible applicants:** Eligible applicants include public and non-profit entities such as local health departments, community health centers, community mental health agencies, Federally Qualified Health Centers (FQHC), non-profit hospitals/health systems, school districts, federally recognized tribes and other health care or social service organizations qualified to provide school-based or school-linked health care services. Applicants must demonstrate collaboration between the local school district, health care providers and sponsoring agencies in the application.

**Future funding:** Successful applicants will be invited to apply for annual renewals based on availability of funds and acceptable performance.

**Authority:** P.A. 2080 of 1939.  
**Completion:** Mandatory.  
**Penalty:** Agreement Invalid

The Michigan Department of Health & Human Services (MDHHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a MDHHS office in your area.

## **Table of Contents**

This Request for Proposal (RFP) provides interested applicants with enough information to prepare and submit applications for consideration by the Michigan Department of Health and Human Services (MDHHS) and contains the following sections:

Section I .....	Request for Proposal Policy
Section II .....	Grant Program Specifications
Section III .....	Evaluation Criteria

## Section I

### REQUEST FOR PROPOSAL POLICY

#### 1. RFP Timeline and Deadlines

Pre-application conference	Wednesday, March 17, 2022 9:00 a.m.
Deadline for submitting questions regarding the grant application	Friday, March 18, 2022
Q & A Posted on MI E-Grants	Tuesday, March 22, 2022
Agency EGrAMS registration, agency profile and project director request deadline to gain access to Application	Friday, April 8, 2022
Last day to receive EGrAMS technical assistance	Friday, April 15, 2022 12:00pm EST
Grant application deadline	Friday, April 15, 2022, 3:00 p.m. EST
Notification of Award/Denial	Monday, May 9, 2022
Grants Awarded modification deadline	Monday, May 23, 2022

#### 2. Application and Submission Information

##### a. Application Guide

Applicants are responsible for reading and complying with this RFP and Competitive Application Instructions, which can be found by visiting the MI E-Grants website at <http://egramms-mi.com/mdhhs> under 'About EGrAMS'.

##### b. EGrAMS Registration

Applicants are responsible to visit the EGrAMS websites to create a user profile and submit a Project Director Request.

1) Registering an agency and creating a user profile through the EGrAMS PORTAL at <http://egramms-mi.com/portal>.

- Applicants **NEW** to EGrAMS must register their agency on or before April 8, 2022, by going to the EGrAMS portal website.
  - a) Applicants must also have a DUNS number.
  - b) Applicants must have a Unique Entity ID (UEI) registered at [SAM.gov | Home](https://sam.gov)
- Applicants **NEW** to EGrAMS are required to create a user profile by going to the EGrAMS portal website.

2) Submitting a Project Director Request through the [MI E-Grants website](#).

- **ALL** applicants are required to submit a Project Director Request on or before April 8, 2022.
- Requests will be processed within two business days.

c. Application Submission

Two applications may be accepted from each applicant. The application and any related materials and attachments must be submitted by the applicant's Authorized Official electronically using the [MI E-Grants website](#). For technical assistance when entering the application, contact the MI E-Grants Helpdesk at 517-335-3359. Technical assistance related to the submittal of the proposal and all attachments will be available until 12:00 P.M EST on the day of the proposal deadline. Responsibility for a complete submission lies with the applicant.

Applicants are encouraged to complete the grant application in advance of the grant application deadline to allow enough time to complete the application process and to receive technical assistance if necessary. The MI E-Grants system will not permit applicants to submit applications that contain validation errors. Applicants must correct all errors before the system will allow submission of the application. Failure to correct all errors is not justification for a deadline extension.

To gain access to the application and complete entry and submission, a step-by-step instruction manual is available for your use. Visit the [MI E-Grants website](#) and click the link "About EGrAMS" on the left-side panel to access Grantee Competitive Application Instructions.

d. Pre-Application Conference – Optional

A pre-application conference will be held to discuss this funding opportunity and provide instruction on using the EGrAMS system. The pre-application conference will be held on March 17, 2022, beginning at 9:00 a.m., and will last approximately 90 minutes. The conference can be accessed at <https://bit.ly/35COfv9>

3. Questions/Inquiries

This solicitation is competitive; therefore, staff cannot have individual conversations with prospective applicants. Any questions concerning the content of this RFP must be sent via email to [MDHHS-CAHC@michigan.gov](mailto:MDHHS-CAHC@michigan.gov) on or before March 18 2022. Questions may be discussed verbally at the pre-application conference. MDHHS will compile all relevant questions and answers and post these as well as any other clarifications or revisions to the initial RFP by March 22, 2022, on the [EGrAMS website](#).

4. Incurring Costs

The State of Michigan is not liable for any cost incurred by the applicants prior to issuance of an agreement.

5. News Releases

News releases pertaining to this RFP on the service, study, or project to which it relates may not be made without prior MDHHS approval.

6. Disclosure of Proposal Contents

Proposals are subject to disclosure under the Michigan Freedom of Information Act (PA No. 442 of 1976).

## 7. Subcontracting

Subcontractors shall be subject to all conditions and provisions of any resulting agreement.

If subcontracting, the Grantee must obligate the subcontractors to maintain the confidentiality of MDHHS' client information in conformance with state and federal requirements.

If portions of the services are being subcontracted, the applicant must identify the services the subcontractor will perform and provide all information requested, as it applies to both the applicant and the subcontractor(s). A subcontractor budget and statement of work must be provided for subcontractor services for \$50,000 or more. If the subcontractor's price is based on a fee schedule, the fee schedule must be included.

MDHHS may, at its discretion, require information on the process of an awarded subcontractor application.

A Grantee is responsible for the performance of any subcontractors. Subcontractors shall be held to the same standard of quality and performance as the Grantee. Evaluators of applications will consider the qualifications of both the Applicant and subcontractor when making agreement award recommendations.

## 8. Evaluation Process

Only applications receiving a minimum of 70 points are eligible to receive funding through the grant program. An application will be evaluated based on the evaluation criteria identified in the RFP.

- A committee will review, evaluate and score the applications against the RFP requirements.
- The applications are ranked by score.
- MDHHS reserves the right to establish the criteria by which it will evaluate each applicant's response, and by which it will determine the most responsive, capable, and qualified applicants. In addition to cost, other principal factors may be considered in evaluating applications relative to:
  - Reliability
  - Applicant's past performance
  - Applicant's ability to respond to all requirements outlined in the RFP
  - Applicant's ability to maintain a presence in providing services
  - Financial stability
  - Continuity and stability in provision of service
  - Knowledge transfer activities

If MDHHS determines in its sole discretion that contracting with or awarding a grant to an applicant presents an unacceptable financial risk to MDHHS, MDHHS reserves the right to not award an agreement to that applicant.

### Clarifications

MDHHS may request clarifications from one or more applicants. MDHHS will document, in writing, clarifications being requested and forward to the applicants affected. This request may include any changes to the original application and will provide an opportunity to clarify the application submitted.

After reviewing the clarification responses, MDHHS will re-evaluate the applications using the original evaluation method.

### 9. Reservations

MDHHS reserves the right to:

- a. Discontinue the RFP process at any time for any or no reason. The issuance of an RFP, preparation and submission of an application, and MDHHS's subsequent receipt and evaluation of an application does not commit MDHHS to award an agreement, even if all the requirements in the RFP are met.
- b. Consider late applications if: (i) no other applications are received or (ii) no complete applications are received.
- c. Consider an otherwise disqualified application, if no other qualified applications are received.
- d. Disqualify an application if it is determined that an applicant purposely or willfully submitted false information in response to the RFP. The applicant will not be considered for award, the State may pursue debarment of the applicant, and any resulting agreement that may have been established may be terminated.
- e. Consider prior performance with the State in making its award decision.
- f. Consider overall economic impact to the State when evaluating the application pricing and in the final award recommendation. This includes but is not limited to: considering principal place of performance, number of Michigan citizens employed or potentially employed, dollars paid to Michigan residents, Michigan capital investments, job creation, tax revenue implications, economically disadvantaged businesses.
- g. Consider total cost of ownership factors (e.g., transition and training costs) in the final award recommendation.
- h. Refuse to award an agreement to any applicant that has failed to pay State taxes or has outstanding debt with the State of Michigan.
- i. Enter into negotiations with one or more applicants on price, terms, technical requirements, or other deliverables.

- j. Award multiple agreements, or award by agreement activity.
- k. Evaluate the application outside the scope identified in Section I.8, Evaluation Process, if MDHHS receives only one application.
- l. Evaluate applications using a method that establishes the relative importance of each deliverable.

10. Award Procedure

MDHHS will notify applicants recommended for funding via the MI E-Grants system. Applications selected for funding will either be approved as submitted or approved with revisions required.

For any applications approved as submitted, the applicant will be notified that the agreement document is available for signature in the MI E-Grants system.

For any applications approved with revisions required, the applicant will be notified that the application is ready for revisions in the MI E-Grants system. After successful completion of required revisions and subsequent review, the applicant will be notified that the agreement document is available for signature in the MI E-Grants system.

The Authorized Official for the applicant must electronically sign the agreement in MI E-Grants.

11. Protests

Award decisions are discretionary and are not subject to protest or appeal.

12. Acceptance of Proposal Content

The contents of the application of the successful applicant may become contractual obligations if an agreement ensues. Failure of the successful applicant to accept these obligations may result in cancellation of the award.

13. Standard Terms

Awards made as a result of this RFP will require execution of an agreement with MDHHS. A copy of the boilerplate agreement language for this program is available on the [MI E-Grants website](#) for reference. All rights and responsibilities noted in the boilerplate agreement language will become the rights and responsibilities of the indicated parties if the application is approved for funding. Applicants should review this agreement in advance of submitting an application.

14. Options to Renew

At the discretion of MDHHS, an awarded agreement may be renewed in writing by an award notification not less than 30 days before its expiration.

15. Registering on the SIGMA Vendor Self Service Website

To receive payment from the State of Michigan, a Grantee must be registered on the [SIGMA Vendor Self Service website](#), which links to the Statewide Integrated Governmental Management Application system (SIGMA).

16. State of Michigan Employees

State of Michigan employees may not act as applicants. Proposals from applicants who are current State of Michigan employees will be disqualified and will not be reviewed.

Policy in Civil Service Rule 2-8, Ethical Standards and Conduct, states an employee cannot represent or act as an agent for any private interests, whether for compensation or otherwise, in any transaction in which the State has a direct and substantial interest and which could reasonably be expected to result in a conflict between the employee's private interests and official State responsibilities.



## Section II

### GRANT PROGRAM SPECIFICATIONS

#### Introduction

This Request for Proposal (RFP) provides the information necessary to submit an application to the **Child and Adolescent Health Center Program** to establish new sites under the following models: Child and Adolescent Health Centers (CAHC) or School Wellness Programs (SWP). The specifications described in this RFP, the reference documents provided in Section II.10 of this RFP and the Attachment E – Program Specific Requirements, provide helpful information for developing the application. The documents required for the completion of this application are available on the [MI E-Grants website](#) and [www.michigan.gov/cahc](http://www.michigan.gov/cahc).

Successful applicants will be invited to apply for annual renewals based on availability of funds. Funding will be available up to the full allocated amount per model type.

#### 1. Future Match Requirements

CAHC and SWP programs have a match requirement for future continuation cycles. There is no match requirement in FY22. Beginning in FY23, a minimum local match of 30% of the amount requested will be required (i.e., an award of \$150,000 will require at least \$45,000 in match). The match can be reached either through cash contributions (hard match) or in-kind resources such as donated space or time (soft match). Billing revenue can be included as part of the 30% match requirement.

#### 2. Purpose of the CAHC Program

The focus of the CAHC program is to provide a safe and caring place for children and adolescents to learn positive health behaviors, prevent diseases, and receive needed medical care and support, resulting in healthy youth who are ready and able to learn and become educated, productive adults. Clinical CAHC and SWP program models assist eligible children and adolescents with enrollment in Medicaid and provide access to Medicaid preventive services.

School-based and school-linked health center services have been provided in Michigan through the CAHC program since the 1980s. State funding for such services began in 1987 through the Michigan Department of Public Health (now the Michigan Department of Health and Human Services [MDHHS]). The CAHC program is jointly managed by MDHHS and the Michigan Department of Education (MDE).

State funding for the CAHC Program is authorized under Michigan Compiled Law (MCL) 388.1631a(7).

#### 3. Definitions

**Adolescent** refers to youth ages 10 through 21.

**Alternative Clinical CAHC: School-based model** provides services that includes comprehensive primary care and preventive health services (including well care and

diagnosis and treatment for both acute and chronic illness), psychosocial and health promotion/disease prevention services, Medicaid outreach activities and access to Medicaid preventive services in a manner and atmosphere friendly to eligible children and adolescents.

**Alternative clinical CAHC school-based sites** are located in a school or on school grounds year-round and have signed agreements with the host school and/or local school district. School-based CAHCs serve ages 5-21 years old and the children (birth and up) of the adolescent population and can be in elementary, middle, high, or alternative schools. Services must be provided for a minimum of 24 hours per week at a minimum of three consistent days per week and have arrangements for 24/7 after-hours coverage. Alternative clinical CAHCs must serve a minimum of 200 unduplicated children and adolescent users per year. Medical services must be provided by a medical provider (nurse practitioner, physician assistant, or physician). Mental health services must be provided by a licensed master's level mental health provider (i.e., counselor or social worker) under appropriate supervision. School-based sites must follow school code regulations. Funding may be used to provide clinical and mental health services to students receiving special education services up to 26 years of age.

**Alternative Clinical CAHC: School-linked model** provides services that includes comprehensive primary care and preventive health services (including well care and diagnosis and treatment for both acute and chronic illness), psychosocial and health promotion/disease prevention services, Medicaid outreach activities and access to Medicaid preventive services in a manner and atmosphere friendly to eligible children and adolescents.

**Alternative clinical CAHC school-linked sites** are available year-round and are not located on school property. A school-linked health center is located in the community at an accessible location and has strong ties to area schools. School-linked CAHCs serve ages 10-21 years old and the children (birth and up) of the adolescent population. Services must be provided for a minimum of 24 hours per week at a minimum of three consistent days/week and have arrangements for 24/7 after-hours coverage. Clinical CAHCs must serve a minimum of 200 unduplicated children and adolescent users per year. Medical services must be provided by a medical provider (nurse practitioner, physician assistant, or physician). Mental health services must be provided by a licensed master's level mental health provider (i.e., counselor or social worker) under appropriate supervision. School-linked sites are not required to follow school code regulations. Funding may be used to provide clinical and mental health services to students receiving special education services up to 26 years of age.

**Child or Children** refers to youth ages 5 through 9.

**Clinical CAHC: School-based model** provides services that includes comprehensive primary care and preventive health services (including well care and diagnosis and treatment for both acute and chronic illness), psychosocial and health promotion/disease prevention services, Medicaid outreach activities and access to Medicaid preventive services in a manner and atmosphere friendly to eligible children and adolescents.

**Clinical CAHC school-based sites** are located in a school or on school grounds year-round and have signed agreements with the host school and/or local school district. School-based CAHCs serve ages 5-21 years old and the children (birth and up) of the adolescent population, and can be located in elementary, middle, high, or alternative schools. Services must be provided for a minimum of 30 hours per week at a minimum of five days/week and

have arrangements for 24/7 after-hours coverage. Clinical CAHCs must serve a minimum of 500 unduplicated children and adolescent users per year. Medical services must be provided by a medical provider (nurse practitioner, physician assistant, or physician). Mental health services must be provided by a licensed master's level mental health provider (i.e., counselor or social worker) under appropriate supervision. School-based sites must follow school code regulations. Funding may be used to provide clinical and mental health services to students receiving special education services up to 26 years of age.

**Clinical CAHC: School-linked model** provides services that includes comprehensive primary care and preventive health services (including well care and diagnosis and treatment for both acute and chronic illness), psychosocial and health promotion/disease prevention services, Medicaid outreach activities and access to Medicaid preventive services in a manner and atmosphere friendly to eligible children and adolescents.

**Clinical CAHC school-linked sites** are available year-round and are not located on school property. A school-linked health center is located in the community at an accessible location and has strong ties to area schools. School-linked CAHCs serve ages 10-21 years old and the children (birth and up) of the adolescent population. Services must be provided for a minimum of 30 hours per week at a minimum of five days/week and have arrangements for 24/7 after-hours coverage. Clinical CAHCs must serve a minimum of 500 unduplicated children and adolescent users per year. Medical services must be provided by a medical provider (nurse practitioner, physician assistant, or physician). Mental health services must be provided by a licensed master's level mental health provider (i.e., counselor or social worker) under appropriate supervision. School-linked sites are not required to follow school code regulations. Funding may be used to provide clinical and mental health services to students receiving special education services up to 26 years of age.

**Expanding, Enhancing Emotional Health (E3)** is defined as a program located in a school or on school grounds that provides on-site comprehensive mental health services from mild to moderate severity of need. It includes internal/external referrals, tracking and follow-up throughout the year.

**School Wellness Program (SWP)** services include clinical nursing services, mental health, individual health services, individual and group health education and training, and professional development to school staff. SWPs are located in a school or on school grounds and have signed agreements with the host school and/or local school district. SWP services can be provided to two schools and must not supplant existing school nurse or mental health services. SWPs serve ages 5-21 years old and can be in elementary, middle, high, or alternative schools. The SWP is expected to provide services 30-40 hours per week at a minimum of five days/week throughout the school year. SWPs must serve a minimum of 350 unduplicated children and adolescent users per year. The 30-40 hours of clinic services must be provided by licensed registered nurse (RN) working under the supervision of a physician. The 30-40 hours of mental health services must be provided by a licensed master's level mental health provider (i.e., counselor or social worker) under appropriate supervision. Funding may be used to provide clinical and mental health services to students receiving special education services up to 26 years of age.

**Service Area** is defined as a geographic area with precise boundaries (e.g., county, school district).

**Target Population** is defined as a subset of the entire service area population (e.g., school building, city, or other). For the purpose of this program, the eligible target population for school-based sites is 5-21 years of age (up to age 26 years for students receiving special

education services) and the children (birth and up) of the adolescent population. The eligible target population for school-linked sites is 10-21 years of age (up to age 26 years for students receiving special education services) and the children (birth and up) of the adolescent population.

**Unduplicated user, or user**, is a child or adolescent who has presented themselves to a health center program site for service with the medical provider (nurse practitioner, physician assistant, or physician) or the mental health provider, and for whom a record has been opened. Opening a record includes documenting an assessment, diagnosis and treatment plan. Once per year, the user is counted to generate the number of unduplicated children and adolescents utilizing the health center services for that year.

**Youth Advisory Council, or YAC**, is a formal group of youth, typically adolescent aged, that are users of the CAHC clinical or SWPs and are interested in adolescent health. The Youth Advisory Council is a mechanism for youth to both provide input to implement improvements at their CAHC or SWP as well as extend their impact to the community at large. Through their involvement, youth members gain skills, knowledge and confidence while positively impacting conditions for themselves and their peers.

#### 4. Funding Priorities

Applicants may submit no more than **two** total competitive proposals of the following models in any combination. Note that only one funded program per school is allowable

- **CAHC**
  - Clinical CAHC - School-Based
  - Clinical CAHC - School-Linked
  - Alternative Clinical CAHC - School-Based
  - Alternative Clinical CAHC - School-Linked
- **SWP**
  - SWP - School-Based

Priority points will be given to proposed sites in counties with no current, state-funded CAHC program model as listed on the map in Section II. 10 of this RFP.

Funding for successful proposals, available in full for the four-month period and annually, are as follows:

#### **Clinical CAHC**

- Clinical CAHC school-based sites will receive base funding of up to **\$245,000** per year.
- Clinical CAHC school-linked sites will receive base funding of up to **\$300,000** per year.
- Federally Qualified Health Centers (FQHC) may have school-linked or school-based clinical CAHCs and will be eligible for up to **\$245,000** base funding allocation per year.

#### **Alternative CAHC**

- Alternative clinical CAHC school-based sites will receive base funding of up to **\$160,000** per year including those that are sponsored by FQHCs.
- Alternative clinical CAHC school-linked sites will receive base funding of up to **\$215,000** per year.

- FQHCs that are alternative clinical CAHC school-linked sites will be eligible for up to **\$190,000** per year.

### SWP

- SWP school-based sites will receive base funding of up to **\$170,000** per year.

<b>Model</b>	<b>Max Annual Grant Amount</b>
<b>Clinical CAHC Models</b>	
School-Based	\$245,000
School-Linked	\$300,000
FQHC (School-Based or School-Linked)	\$245,000
<b>Alternative CAHC Models</b>	
School-Based	\$160,000
School-Linked	\$215,000
FQHC School-Linked	\$190,000
<b>SWP</b>	
School-Based	\$170,000

### 5. Unallowable expenses

Funds must be used in a manner that is consistent, reasonable, and necessary to meet program requirements as outlined in this RFP.

The following costs are not allowed with this funding:

- The purchase or improvement of land;
- Fundraising activities;
- Political education or lobbying, including membership costs for advocacy or lobbying organizations; and
- Indirect costs.

Additional restrictions to note:

- Funds may not be used to refer a student for an abortion or assist a student in obtaining an abortion (MCL §388.1766).
- Funds may not be used to prescribe, dispense or otherwise distribute a family planning drug or device in a public school or on public school property (MCL §380.1507).
- Funding may not be used to serve the adult population (ages 22 years and older), with the exception of students up to 26 years of age who are receiving special education services.
- Funds may not be used to supplant or replace an existing program supported with another source of funds or for ongoing or usual activities of any organization involved in the project.

### 6. Program Requirements

In addition to the boilerplate agreement, successful applications are required to comply with all requirements contained in Attachment E Program Specific Requirements, including the following:

**Target Populations to be Served**

Proposals should focus on the delivery of health services to ages 5-21 years at school-based sites, and 10-21 years at school-linked sites, in geographic areas where it can be documented that health care services (medical and/or mental health) that are accessible and acceptable to children and adolescents require enhancement or do not currently exist. The children (birth and up) of the adolescent target population may also be served where appropriate. Funding may be used to provide services to students up to 26 years of age who are receiving special education services.

**Eligible Applicants**

Eligible applicants include public and non-profit entities such as local health departments, community health centers, community mental health agencies, FQHCs, non-profit hospitals/health systems, school districts, federally recognized tribes and other health care or social service organizations qualified to provide school-based or school-linked health care services. Applicants must demonstrate collaboration between the local school district, health care providers and sponsoring agencies in the proposal.

To be eligible for funding, all applicants must provide signed assurance that referrals for abortion services or assistance in obtaining an abortion will not be provided as part of the services (MCL §388.1766). For programs providing services on school property, signed assurance is required that family planning drugs and/or devices will not be prescribed, dispensed or otherwise distributed on school property as mandated in the Michigan School Code (MCL §380.1507). Applicants must assure compliance with all federal and state laws and regulations prohibiting discrimination and with all requirements and regulations of MDE and MDHHS.

**Technology**

Each funded applicant is required to have an accessible electronic mail account (email) to facilitate ongoing communication between MDHHS and grantees. All funded applicants will be added to appropriate program model list serves, which is the primary vehicle for communication from the State.

Successful applicants must have the necessary technology and equipment to support billing and reimbursement from third-party payers. Refer to, Attachment E – Program Specific Requirements, which describes the billing and reimbursement requirements for all grantees.

**Technical Assistance and Training:** MDHHS has a lead consultant to provide technical assistance to successful applicants. Each successful applicant will receive a comprehensive site review to ensure that all minimum program requirements (Attachment E – Program Specific Requirements) are being met. If minimum program requirements are not being met, technical assistance and follow-up will occur, as needed. After this initial site review, subsequent reviews will occur at least once every five years, and more frequently if necessary.

In addition, the CAHC program provides training opportunities for program staff throughout the year. The annual coordinator meeting, typically held in the fall, is a required training for all successful applicants. Additional trainings may be required. Attendance at other sponsored trainings is highly encouraged.

## 7. Credentials

Successful applicants shall assure that appropriately credentialed or trained staff under its control, including employees and/or subcontractors, shall perform functions under this Agreement. See Attachment E – Program Specific Requirements, for staffing requirements by model type.

## 8. Expected Performance Outcomes

Performance outcomes should be included in the workplan section of the application. During the Agreement, successful applicants shall demonstrate measurable progress toward the achievement of the outcomes listed below. Detailed instructions will be given to successful applicants for full completion of the plans listed in the objectives.

In FY22, each successful applicant will have a planning period to convene their partners and undergo the necessary work to begin implementation with either limited or full services by September 30, 2022. These services may include health education programming, child and adolescent recruitment and enrollment activities, Medicaid outreach activities and community advisory council meetings. Successful applicants must provide certain documents prior to the onset of providing services. For the planning period, each successful applicant must include the required objectives, which are provided below.

The overall work plan must align with the proposed program plan, meet the needs of the target population(s), and include the following required objectives:

- Objective 1: By June 30, 2022, a Community Advisory Committee (CAC) will be formed or designated.

The following items will be requested to be submitted to CAHC Program staff via email to satisfactorily complete this objective:

1. CAC meeting agenda
  2. CAC meeting minutes, if meeting(s) have occurred by this date
  3. CAC roster with names and representation clearly designated
  4. Copies of emails, letters of invitation, articles/public notices, etc. soliciting membership
  5. Description of planned opportunities/activities to engage members outside of meetings
- Objective 2: By June 30, 2022, the location of the CAHC/SWP will be finalized, with a detailed plan and timeline for construction and renovation, including anticipated costs, along with a financial plan with sources secured for construction.
  - Objective 3: By July 31, 2022, a comprehensive service delivery plan that is responsive to both the minimum program requirements (Attachment E – Program Specific Requirements) and the health needs of the target population will be developed and approved by the CAC.
  - Objective 4: By July 31, 2022, a finalized staffing plan with a timeline for hiring new staff will be submitted to CAHC Program staff via email

- Objective 5: By August 21, 2022, sample documents and forms for administration and clinic operations will be submitted to CAHC Program staff via email. This includes:
  1. Interagency agreement
  2. Consent form (including minor consent)
  3. 4 required policies and procedures
    - Parental consent policy
    - Requests for medical records and release of information that include the role of the non-custodial parent and parents with joint custody
    - Confidential services as allowed by state and/or federal law
    - Disclosure by clients or evidence of child physical or sexual abuse, and/or neglect).

*Note: other items may be requested in FY23.*

- Objective 6: By September 30, 2022, limited services will be made available as detailed in the Attachment E – Program Specific Requirements.

In annual renewals, successful applicants must serve a minimum of unduplicated clients per year as follows:

- Clinical CAHCs (school-based or school-linked) must serve a minimum of 500 unduplicated users per year.
- Alternative clinical CAHCs (school-based or school-linked) must serve a minimum of 200 unduplicated users per year.
- SWPs must serve a minimum of 350 unduplicated users per year.

## 9. Reporting Requirements

In addition to the boilerplate agreement, successful applicants are required to comply with all the requirements contained in Attachment C Reporting Requirements.

## 10. Reference Documents

Reference documents for download in EGrAMS for this RFP include:

- A. Medicaid Bulletin, MSA Bulletin 04-13
- B. Michigan county list and map with no current state-funded program
- C. Program coversheet template



**Section III****EVALUATION CRITERIA**

The total maximum number of points that an application can receive equals 100 points. Only those applications receiving a score of 70 points or more will be considered for award. The maximum number of points for each of the categories is as follows:

<b>Category</b>	<b>Total Points Possible</b>
<b>Narrative</b>	
Agency Description, Qualifications, and Capacity	9
Statement of Need	20
Program Plan	40
Financial Plan	5
Budget Narrative	5
Application Attachments	6
<b>Work Plan</b>	10
<b>Budget</b>	5
<b>Total</b>	<b>100</b>

Questions to be answered by the applicant, along with the criteria reviewers will use to evaluate the responses, are below. Unless otherwise specified, applicant responses are limited to 5,000 characters.

**Agency Description, Qualifications, and Capacity (Maximum 9 Points)**

1. Describe your organization, including its mission and primary services (1 point).

*Review Criteria:*

*(1 points) Did the applicant clearly describe their organization, mission, and services? Are they relevant to the proposed program?*

2. Describe your experience in planning or implementing similar or complementary health (medical and/or mental health) services for child and adolescents (2 points).

*Review Criteria:*

*(2 points) Did the applicant clearly demonstrate agency experience planning and implementing health programs for children and adolescents?*

3. Describe your experience in operating program(s) of similar or complementary services of similar size and complexity. Describe your current or prior experience in mobilizing, establishing, and maintaining a community-based, broadly representative community advisory council with a health-related mission. (4 points).

*Review Criteria:*

*(4 points) Did the applicant clearly demonstrate agency experience operating a program of similar size and with similar or complementary services? Did the applicant demonstrate*

*experience in mobilizing, establishing, and maintaining a community-based, broadly representative community advisory council?*

4. Describe your organizational structure and how the proposed program model (with community advisory council, if applicable) fits within this structure based on the organization chart that will be attached in the application attachment section. (2 points).

*Review Criteria:*

*(2 points) Did the applicant provide a clear description of the organization structure and how the proposed program model fits within this structure?*

### **Statement of Need (Maximum 20 Points)**

1. Describe the strengths and needs of the community or service area in which the proposed site will be located. Describe any neighborhoods, schools or sub-populations that are disproportionately affected (socioeconomic status, poverty, employment, resources, etc). Use data to support your descriptions and clearly explain what each piece of data you present says about the strengths of the community. Specify the source and date of any supporting data used. If local/district data is not available, provide data for the county (3 points).

*Review Criteria:*

*(3 points) Did the applicant provide a clear description of the strengths and needs of the community or service area? Did the applicant describe any sub-populations that are disproportionately affected? Did the applicant provide data to support description and citation?*

2. Describe the lack of health services (medical and mental health) in the area. Give examples of other agencies providing similar services and the distance to those services (2 points).

*Review Criteria:*

*(2 points) Did the applicant provide a clear description of other agencies providing similar or complementary services as those proposed, the distance to those services and lack of services in the service area?*

3. Describe the target population(s), including a breakdown of number of children and adolescents in proposed school/district, age, gender, race and any other relevant demographics, for which the proposed program is intended (2 points).

*Review Criteria:*

*(2 points) Did the applicant provide a description of the target population(s), including a breakdown of number of children and adolescents in proposed school/district, age, gender, race and any other relevant demographics, for which the proposed program is intended?*

4. Describe the strengths and assets of children, adolescents, and families to be served by the proposed program model (4 points).

*Review Criteria:*

*(4 points) Did the applicant provide a clear description of strengths and assets of children, adolescents, and families to be served?*

5. Describe the needs of children, adolescents, and families to be served by the proposed program model. Describe any sub-populations that are disproportionately affected. Use data to support your descriptions and clearly explain what each piece of data you present says about the needs of the youth and families. At minimum, identify and include the results of a health survey that has been conducted in the previous three years. Specify the source and date of any supporting data used (7 points).

*Review Criteria:*

*(4 points) Did the applicant provide a clear description of needs of children, adolescents, and families to be served? Did the applicant describe any sub-populations that are disproportionately affected? Did the applicant provide data to support description and citation?*

*(3 points) Did the applicant identify and include the results of a health survey that has been conducted in the previous three years to assess the target population's health strength and needs?*

6. Describe how your organization will deliver the proposed services to the target population in a diverse, equitable and inclusive manner without having a negative impact on race, sex, religion, age, national origin, color, height, weight, marital status, gender identification or expression, sexual orientation, partisan considerations, disability or genetic information (2 points).

*Review Criteria:*

*(2 points) Did the applicant clearly describe how the organization will deliver the proposed services to the target population in a diverse, equitable and inclusive manner without having a negative impact on race, sex, religion, age, national origin, color, height, weight, marital status, gender identification or expression, sexual orientation, partisan considerations, disability or genetic information?*

**Program Plan (Maximum 40 Points)**

1. Provide the location of the proposed program model including the county. If the selected site is a location other than on school property, justify the accessibility of the site for the target population (2 points).

*Review Criteria:*

*(2 points) Did the applicant provide location of the proposed health center or school wellness program and if school-linked, justification for the accessibility of the site for the target population?*

2. Indicate whether or not this site is located in a county that does not have existing CAHC funding (CAHC, SWP or E3) based on the provided reference of current state-funded program. (See Section II.10 Michigan County List.) (4 points).

*Review Criteria:*

*(4 points) Is the proposed health center or school wellness program located in a Michigan county with no current state-funded CAHC program as identified in (See Section II.10 Michigan County List.)?*

3. Describe the proposed location within the school building or location within the community that is being considered for the program model. Include any renovation or construction that is needed to ensure this space is fully operational. For clinical sites, this includes a minimum of two private exam rooms, lab space, waiting room, private office and accessible bathroom (1 point).

*Review Criteria:*

*(1 point) Did the applicant describe the physical description of the program space where services will be provided within the school building or location within the community? Did the applicant describe any needed renovation or construction? For clinical sites, this includes a minimum of two private exam rooms, lab space, waiting room, private office and accessible bathroom.*

4. Describe the proposed hours of operation and arrangements for 24/7 after-hours coverage. Clinical and mental health services must be provided for a minimum of 30 hours per week for full clinical (minimum of five days/week) and 24 hours per week for alternative clinical (minimum of three consistent days/week). SWP models must provide services full-time (30-40 hours/week). For SWP proposals, please include a plan for coverage during times of school closures. (3 points).

*Review Criteria:*

*(1 points) Did the applicant provide proposed program hours of operation which reflects the selected model?*

- *Clinical services provided at a minimum of 30 hours per week and five days/week).*
- *Alternative clinical at 24 hours per week for and three consistent days/week.*
- *SWP services are full-time (30-40 hours per week).*

*(2 points) Did the applicant provide a description of arrangements for 24/7 after-hours coverage including a plan of coverage during times of school closures?*

5. Indicate the number of unduplicated child and adolescent users proposed to be served in the course of a fiscal year after the program is established and implemented. See Attachment E – Program Specific Requirements and the Quarterly Reporting Element Definitions for CAHC and SWP programs reference document in Section II.10 of this RFP, on how unduplicated user numbers are reported (1 point).

*Review Criteria:*

*(1 point) Did the applicant provide an adequate number of unduplicated child and adolescent users to be served in the course of a year by proposed model?*

- . *Clinical health centers must serve a minimum of 500 unduplicated users.*
- . *Alternative clinical health centers, a minimum of 200 unduplicated users.*
- . *SWPs, a minimum of 350 unduplicated users.*

6. Describe how children and adolescents will be identified and recruited for services, including physical and mental health and health education programs (2 points).

*Review Criteria*

*(2 points) Did the applicant provide a clear description of how children and adolescents will be identified and recruited for services, including physical and mental health and health education programs?*

7. Describe strategies to be used for retention and return visits of children and adolescents (1 point).

*Review Criteria:*

*(1 point) Did the applicant provide a clear description of strategies to be used for retention and return visits of children and adolescents?*

8. Provide a description of the proposed services that will be provided at the center. See Attachment E – Program Specific Requirements, for the proposed model (2 points).

*Review Criteria:*

*(2 points) Did the applicant provide a clear description of the proposed services to be provided at the center that aligns with Attachment E – Program Specific Requirements for the proposed model?*

9. Describe key program staff appropriate for the program model applying for (e.g. program coordinator, mental health supervisor, medical director, clinical provider [nurse practitioner, physician assistant, or physician], mental health provider, medical assistant, front desk staff), including titles, percent of time committed to the program, and their roles and responsibilities in the proposed program. Describe the qualifications or credentials of staff who administer and provide key delivery of services. For each model's staffing requirements, refer to Attachment E – Program Specific Requirements (2 points).

*Review Criteria:*

*(2 points) Did the applicant provide a clear description of key program staff, including titles, percent of time committed to the program, and their roles and responsibilities in the proposed program? Did the applicant provide a clear description was provided of the qualifications or credentials of staff who administer and provide key delivery of services?*

10. Provide a description of how program coordination and effective communication with MDHHS will occur (2 points).

*Review Criteria*

*(2 points) Did the applicant provide a clear description of how program coordination will occur on site, with sponsoring agency, and with the MDHHS team?*

11. Describe staff development and training opportunities relevant to the provision of services, target population(s), program quality, etc., for staff. At least one staff member is

required to attend a yearly MDHHS CAHC Annual Meeting in the Fall, as announced by the MDHHS team (2 points).

*Review Criteria:*

*(2 points) Did the applicant provide a clear description of staff development and training opportunities relevant to the provision of services, target population(s), program quality, etc. that included at least one team member attending the yearly MDHHS CAHC Annual Meeting?*

12. Describe the formal referral process that will be used for services not provided by the program model, including follow-up procedures. Include the relationship the applicant has with community partners, as well as the attempts that have been made to meet the needs of the population the applicants are requesting to serve. (2 points).

*Review Criteria*

*(2 points) Did the applicant provide a clear description of the formal referral process that will be used for services not provided by the health center, including follow-up procedures?*

13. Describe how the proposed program will be delivered in an equitable manner to the target population, including activities that are culturally and linguistically relevant (2 points).

*Review Criteria*

*(2 points) Did the applicant provide a clear description of how the proposed program will be delivered in an equitable manner to the target population(s), including activities that are culturally and linguistically relevant?*

14. Describe how the proposed program will be welcoming, accessible and inclusive of all children and adolescents without regard to race, ethnicity, sexual orientation, gender, gender identity (or expression), religion, and national origin (2 Points).

*Review Criteria*

*(2 points) Did the applicant provide a clear description of how the proposed program will be welcoming, accessible and inclusive of all children and adolescents without regard to race, ethnicity, sexual orientation, gender, gender identity/expression, religion, and national origin?*

15. Describe the current and/or proposed collaborations or partnerships with other child and adolescent-serving entities in the community. Include a description of how the proposed program will interact with (e.g. program delivery, advisory council membership, formal referrals to/from) the other community stakeholders, programs, and organizations (4 points).

*Review Criteria*

*(2 points) Did the applicant provide a clear description of current and/or proposed collaborations or partnerships with other child and adolescent-serving entities in the community?*

*(2 points) Did the applicant provide a clear description of how the proposed program will interact with the other community stakeholders, programs, and organizations in aspects such as program delivery, advisory council membership, and formal referrals?*

16. Describe the proposed structure of the community advisory council, including membership, leadership, sub-committees, goals, activities, frequency of meetings (full coalition and subcommittees), meeting structure, and procedures. At a minimum, the following partners should be involved in the planning efforts that will need to occur over the first four months of the grant, including (3 points):
- Administrators and staff from the school building in which services are proposed, if planning a school-based site.
  - School health representatives such as the health education teacher, school nurse, school social worker, psychologist, counselor and/or special education teacher.
  - Medical service providers from the proposed provider agency.
  - Parents of school aged children or adolescents (see membership requirements in Attachment E- Program Specific Requirements).
  - Child and adolescents from the target population.

*Review Criteria (3 points total)*

*(1 point) Did the applicant provide a clear description of the proposed community advisory council membership, leadership, and sub-committees?*

*(1 point) Did the applicant provide a clear description of the proposed community advisory council goals and activities?*

*(1 point) Did the applicant provide a clear description of the proposed community advisory council meeting structure, frequency of meetings (full coalition and subcommittees), and procedures?*

17. Describe the methods for developing and maintaining child and adolescent input for the proposed program which is relevant to the needs of the target population and community and is ultimately focused on providing opportunities for meaningful youth engagement. The proposed structure could include membership on the established community advisory council, a youth advisory council, or through other formalized mechanism of youth involvement and input (2 points).

*Review Criteria (2 points total):*

*(1 point) Did the applicant provide a clear description of the methods for developing and maintaining child and adolescent input which is relevant to the needs of the target population and community?*

*(1 point) Did the applicant provide a clear description of the methods for developing and maintaining youth input which included youth membership on the established community advisory council, a youth advisory council, or other formalized mechanism of youth involvement and input?*

18. Describe how the site proposes to perform Medicaid outreach activities to eligible children and adolescents in their service area based on Medicaid Bulletin, MSA Bulletin 04-13 (found in Section II. 10 of this RFP) and Quarterly Reporting Element Definitions for CAHC and SWP programs (found in Section II.10 of this RFP) in terms of the following categories (3 points):
- i. Medicaid outreach and public awareness
  - ii. Facilitating Medicaid eligibility determination

- iii. Program planning, policy development and interagency coordination related to medical services
- iv. Referral, coordination, and monitoring of Medicaid services
- v. Medicaid-specific training on outreach eligibility and services (not required for SWP.)

*Review Criteria*

*(3 points) Did the applicant provide a clear description of how the site proposed to implement Medicaid outreach activities as required for the proposed model? CAHCs must provide outreach in outreach areas 1 through 5; SWPs must provide outreach in areas 1 and 2 only.*

**Financial Plan (Maximum 5 Points)**

1. Briefly describe all funding sources that will support the program including applicant financial contribution, in-kind resources, and fees and collection revenue estimates; the estimate funding level of each source; and, anticipated distribution of these funds. CAHC and SWP programs will have a minimum local match of 30% of the amount requested will be required in future funding years. The match can be reached either through all additional funding sources including billing revenue, cash contributions (hard match), or in-kind resources such as donated space or time (soft match) (2 points).

*Review Criteria:*

*(2 points) Did the applicant provided a clear description of all funding sources of the program?*

2. Describe the billing and fee collection system that will be used to generate and collect appropriate revenues for third-party payers, and provide assurances that revenue collected will be utilized for center operations. See Attachment E – Program Specific Requirements which states that services cannot be denied because of inability to pay (2 points).

*Review Criteria:*

*(2 points) Did the applicant provided a clear description of the billing system that will be used and assurance that revenue will be utilized for center operations?*

3. Describe how billing and fee collection processes will protect client confidentiality, including billing for confidential services to minors (1 point).

*Review Criteria:*

*(1 point) Did the applicant provided a clear description of how billing and fee collection processes will protect client confidentiality, including billing for confidential services to minors?*

**Budget Narrative (Maximum 5 Points)**

Provide a completed budget narrative for the period of June 1, 2022-September 30, 2022 that includes a detailed description of all planned program expenditures (state agreement and local



match), including the justification and rationale for such expenditures. The budget narrative must include the following:

- i. Budget narrative details must align with the line-item budget.
- ii. All line items, within a budget category must be described in detail, including how the valuation was determined.

*Review Criteria:*

*(3 points) Did the applicant provide a complete and clear budget narrative for the period of June 1, 2022-September 30, 2022 that matches the line item budget?*

*(2 points) Did the applicant provide a detailed description of all planned program expenditures including the justification (how the valuation was determined) and rationale for such expenditures?*

**Application Required Attachments (Maximum 6 points)**

1. Upload the following required documents:
  - A. Application coversheet template (found in Section II 10. of this RFP) (0 Points).
  - B. Organization chart that clearly shows the position of the proposed program model that may include the community advisory council, the sponsoring agency, program coordinator, medical director, proposed subcontractors (if applicable) and all related program personnel, within the organization (1 Point).
  - C. Provide copy of the proposed community advisory council roster, which includes the affiliation and characteristics of members that indicate the group is representative of the diversity of the target population(s) (1 point).

*Review Criteria:*

*(0 Point) Did the applicant attach a complete program coversheet template, with all program assurances checked (if applicable), and authorized agency signature?*

*(1 points) Did the applicant attach an organization chart, which shows the position of the proposed program within the organization*

*(1 point) Did the applicant attach a copy of the proposed community advisory council roster, which includes the affiliation and characteristics of members that indicate the group is representative of the diversity of the target population(s) of which 1/3 must be parents?*

2. Upload four signed letters of collaboration or commitment based on the model location. Full points will be granted for letters that are individualized and unique to the partner. (4 points).

**School-based** sites must include the following four letters:

- 1) Letter of commitment from a school district official
- 2) Letter of commitment from a school building administration
- 3 & 4) Two Letters of collaboration or support from community partner

**School-linked** sites must include 4 letters of collaboration or support from community partner.

The letters of commitment from the school district official and school building administration must be on school/district letterhead. Commitment letters must demonstrate assurance that school district and agency will collaborate to determine the

final location of the health center, administration of a health survey to enrolled students in the school, parental consent policy and services rendered in the health center program. If awarded, a formal written approval by the district administration and the local school board will be required within the first year of operation.

Letters of collaboration or support from community partner can include local health department, local community agencies, elected officials, businesses, clergy, healthcare systems/professionals, community collaboratives, or any entity with a role or influence in the community.

*Review Criteria:*

*(4 points) Did the applicant attach four unique letters from required agencies with required content?*

**Work Plan (Maximum 10 Points)**

Provide a detailed work plan for the period of June 1, 2022-September 30, 2022, which includes program objectives, activities to be completed, responsible staff, time frames, expected outcomes, and measurements that are associated with the model being applied for described in Section II 8 of the RFP.

*Review Criteria:*

*(4 points) Did the applicant provide a complete work plan for the period of June 1, 2022-September 30, 2022 that included the required objectives?*

*(3 points) Did the applicant provide detailed activities, actions or steps to be taken, that will reasonably result in the accomplishment of each objective? Did at least one activity extend the full project period?*

*(3 points) Did the applicant include responsible staff who are consistent with the project and budgeted staff?*

**Budget (Maximum 5 Points)**

Provide a complete line-item budget for the period of June 1, 2022-September 30, 2022 that includes all planned program expenditures.

*Review Criteria:*

*(3 points) Did the applicant provide a complete line-item budget for the period of June 1, 2022-September 30, 2022 for the appropriate amount based on the selected model?*

*(2 points) Did the applicant include all planned program expenditures that are consistent with the scope of program delivery and minimum program requirements (Attachment E – Program Specific Requirements)?*