



*4009 6th Ave., Suite 65
P.O. Box 2555
Kearney, NE 68848-2555
308-237-5113 office
308-236-7669 fax
www.region3.net*

**Request for Proposal
Community Support (MH & SUD),
Emergency Community Support,
SOAR Services**

Issue Date
April 20, 2026

Release Date:	April 20, 2026	Contact: Suzanne Davis
Submittal Deadline:	May 20, 2026	402-590-7873
	No later than 5:00 p.m. CST	sdavis@region3.net
Submit To:	Suzanne Davis, Network Director	
	Region 3 Behavioral Health Services	
	sdavis@region3.net	
RFP Funding Amount:	<u>\$571,096.00</u> available in State General Funds	

Region 3 Behavioral Health Services (Region 3) is pleased to announce the release of a Request for Proposal (RFP) for entities interested in providing **Community Support (MH & SUD), Emergency Community Support and SOAR** services for individuals across the lifespan in the following counties in central Nebraska: Adams, Blaine, Buffalo, Clay, Custer, Franklin, Furnas, Garfield, Greeley, Hall, Hamilton, Harlan, Howard, Kearney, Loup, Merrick, Nuckolls, Phelps, Sherman, Valley, Webster, and Wheeler. Priority consideration will be given to providers located in Hall County.

The “Request for Proposal” can be found at www.region3.net. The application must contain all required information. Proposals are due to Region 3 by Wednesday, May 20, 2026, no later than 5:00 p.m. CST. Proposals are to be sent electronically to Suzanne Davis at sdavis@region3.net

Region 3 reserves the right to request clarification or additional information from any Applicant. This solicitation does not obligate Region 3 to award a contract to any Applicant. Region 3, at its option, reserves the right to waive as informality any irregularities in and/or reject any or all applications.

No Applicant shall be excluded from participation in, denied the benefit of, subject to discrimination under, or denied employment in the administration of or in connection with this RFP because of race, color, creed, marital status, familial status, religion, sex, sexual orientation, national origin, disabled veteran’s status, age, or disability. The Applicant shall comply with all applicable federal, state, and local nondiscrimination laws, regulations, and policies.

SECTION I – INTRODUCTION

Region 3 Behavioral Health Services

Region 3, a political subdivision of the State of Nebraska, has the statutory responsibility for coordinating and supervising comprehensive mental health and substance use services in the Region 3 service area which includes twenty-two counties in central Nebraska covering approximately 15,000 square miles.

Region 3, one of six behavioral health regions in Nebraska, along with the state’s regional centers, make up the state’s public mental health and substance use disorder system, also known as the Nebraska Behavioral Health System (NBHS). See **Attachment 1**. Region 3 is governed by a board of county commissioners, who are elected officials from each of the counties represented in the Regional geographic area. The Regional Governing Board (RGB) is under contract with the Nebraska Department of Health and Human Services System (DHHS), the designated authority for administration of mental health and substance use programs for the state.

The purpose of Region 3 Behavioral Health Services is to provide coordination, program planning, financial and contract management, and evaluation of mental health and substance use services funded through a network of providers.

Current Region 3 Provider Network

Region 3 is responsible for the development and management of a provider network that serves the behavioral health needs of central Nebraska. Currently, Region 3 has 14 providers in its network to deliver a variety of behavioral health services.

Region 3 Population Served

Individuals receiving behavioral health services must meet the following eligibility criteria:

1. Meet the clinical criteria (have a serious mental illness or substance use disorder).
2. Be a resident of Nebraska and reside in one of the following counties: Adams, Blaine, Buffalo, Clay, Custer, Franklin, Furnas, Garfield, Greeley, Hall, Hamilton, Harlan, Howard, Kearney, Loup, Merrick, Nuckolls, Phelps, Sherman, Valley, Webster, or Wheeler.
3. Financial eligibility as determined by the Region's Financial Eligibility Policy and Financial Eligibility Fee Schedule.
4. Lawful presence requirements set forth in Neb. Rev. Stat 4-108 to 4-114.

The successful Applicant must be a member of a Regional Behavioral Health Provider Network or certify their willingness to become a member of the Region 3 Behavioral Health Provider Network prior to the issuance of a signed contract for services.

SECTION II - STATEMENT OF PURPOSE

The purpose of this Request for Proposal (RFP) is to seek qualified providers for the development and provision of Community Support, Emergency Community Support and SOAR services. It is the intent of this RFP to ensure that consumers receive access to high quality behavioral health services. The selected provider(s) will be responsible for delivering Community Support, Emergency Community Support, and SOAR services that align with best practices and adheres to established service guidelines. These services are intended to assist individuals in initiating and maintaining the process of recovery and resiliency to improve quality of life, increase resilience, and to promote health and wellness.

Through this RFP process, we are committed to enhancing access to behavioral health services that prioritize the unique needs of consumers. Our goal is to promote positive treatment outcomes, improve the quality of life for individuals living with mental health and/or substance use challenges, and ensure that services are culturally sensitive, accessible, and inclusive.

SECTION III - TARGET POPULATION / SERVICE AREA

Service Area

Region 3 is seeking qualified proposals for the provision of the aforementioned services covering the following 22 counties in central Nebraska: Adams, Blaine, Buffalo, Clay, Custer, Franklin, Furnas, Garfield, Greeley, Hall, Hamilton, Harlan, Howard, Kearney, Loup, Merrick, Nuckolls, Phelps, Sherman, Valley, Webster, and Wheeler.

SECTION IV - ELIGIBILITY CRITERIA

The Applicant:

1. May be a state, county, or community-based public, private not-for-profit, private for-profit agency, or faith-based organization.
2. Must be a legal entity already established and functioning with paid personnel and able to demonstrate experience in working with the identified target population.
3. Must be a member of a Region Behavioral Health Network Provider or, for new Applicants, must be able to demonstrate the ability to meet all the requirements outlined in the Region 3 Network Provider Enrollment & Minimum Standards.
4. Must hold national accreditation in the provision of behavioral health services. Accreditation must be with one of the following: 1) Joint Commission, 2) Commission on Accreditation of Rehabilitation Facilities (CARF), or 3) Council on Accreditation (COA). Any other accreditation body must go through an approval process.
5. Must hold relevant professional licenses for psychologist, licensed independent mental health practitioner, licensed mental health practitioner, or other related professional licenses through the Division of Public Health; and be legally able to provide programs/services within Nebraska.
6. Must have appropriate staff per the service definition.

7. Must possess appropriate state licensure and credentialing by appropriate State of Nebraska Departments, Divisions, or Boards, as approved by NE DHHS or have a plan in place to achieve such licensure/credentialing prior to the issuance of a signed contract for services.
8. Must demonstrate a sound financial position based on audited financial statements from the past year.
9. Must demonstrate the capacity to bill third party insurance, including private insurance and Medicaid for all interventions that can be reimbursed by third party insurance.
10. Must be enrolled as a Nebraska Medicaid Provider; or be eligible and willing to enroll as a Nebraska Medicaid Provider.
11. Must be able to provide services to consumers within the Region’s 22 county geographical area.
12. Must agree to provide data to Region 3, as well as agree to collaborate with the Region 3 Quality Improvement for further development of outcome measures as necessary and required.

SECTION V - SCOPE OF SERVICES

In Region 3, the selected provider will be responsible for the provision of Community Support, Emergency Community Support, and SOAR services as outlined in the service definition. Applicants must demonstrate the ability to assume responsibility for the administration, management, and provision of this behavioral health service as required in this RFP.

See **Attachments 4** thru **6** for Community Support (MH & SUD), Emergency Community Support and SOAR service definitions.

SECTION VI – USE OF FUNDS

Reimbursement Methods

Community Support services will be funded on a statewide rate. The current rate for Community Support services (MH) is \$33.51 /15 min. The current rate for Community Support services (SUD) is \$29.66 /15 min. **Emergency Community Support** services will be funded on an expense based reimbursement model. **SOAR** services will be funded on an expense based reimbursement model.

Non-Transfer of Funding Award

Any contract awarded to a successful Applicant may not be transferred or assigned by the Applicant /contractor to any other organization or individual.

Use of Subcontractors

The successful Applicant may be permitted to subcontract for the performance of certain required administrative or programmatic functions. Anticipated use of subcontractors must be clearly explained in the RFP identifying the proposed subcontractors and their proposed role. The request for the use of any subcontract must be submitted to Region 3 in advance of execution of any subcontract.

The successful Applicant is fully responsible for all work performed by subcontractors. No subcontract into which the successful Applicant enters with respect to performance under the contract will, in any way, relieve the successful Applicant of any responsibility for performance of its duties.

SECTION VII - APPLICATION PROCESS

Schedule of Events and Due Dates

- Release of RFP April 20, 2026
- Proposals Due to Region 3 by 5:00 p.m. CST May 20, 2026
- Review of Proposals and Recommendations for Funding May 29, 2026
- Selected Proposal Forwarded to the Division of Behavioral Health for Approval June 1, 2026
- Proposal Presented to RGB for Review and Approval TBD
- Written Allocation Announcements of Funding Disseminated/
Contract Negotiations Begin TBD

Contact Person

The contact person for all communication regarding this RFP is:

Suzanne Davis, Network Director
Region 3 Behavioral Health Services
4009 6th Ave., Suite 65
PO Box 2555
Kearney, NE 68848-2555
sdavis@region3.net

All notices, decisions, documents, and other matters relating to the RFP process will be electronically posted on Region 3's website at www.region3.net. Region 3 reserves the right to amend, modify, supplement, or clarify this RFP at any time at its sole discretion.

Limits on Communications

Questions to the identified contact person regarding this RFP may be made by email. Written responses to questions will be made by Region 3 personnel via email to the inquiring party within one business day.

With the exception of clarifying questions, Applicants are prohibited from contacting personnel of Region 3, the Department of Health and Human Services, members of Region 3 Behavioral Health Advisory Committee (BHAC), or Regional Governing Board (RGB) regarding this RFP solicitation during the period following the release of this RFP, during the proposal evaluation period, and until a determination is made and announced. Violation of these provisions may be grounds for rejecting a reply to this RFP.

Region 3 Behavioral Health Services will conduct a fair and comprehensive evaluation of all proposals in accordance with the criteria set forth in this document. Applicants must comply with all instructions and conditions and meet all requirements included in this document to be eligible for funding. Proposals that do not conform to the items provided in this document will not be considered.

SECTION VIII – RFP CHANGES OR TERMINATIONS

In the event that anticipated funds for the services described in this RFP are not available or are not approved by the Department of Health and Human Services, Division of Behavioral Health (DBH), Region 3 may add to, limit, reduce, or withdraw any part(s) or all of this RFP. Region 3 will notify all Applicants who submitted a RFP.

SECTION IX – RFP SUBMISSION INSTRUCTIONS

This RFP is designed to solicit proposals from qualified Applicants who will be responsible for providing Community Support, Emergency Community Support and SOAR services at a competitive and reasonable cost.

Emphasis should concentrate on the programmatic, operational functions of the program, conformance to the RFP instructions, responsiveness to requirements, and completeness and clarity of content.

Region 3 retains the right to seek additional proposals or not allocate funding for any or all of these services.

Rejection of Proposals

Prior to the full evaluation of the proposals by Region 3, a specific review of each proposal will be completed to determine if the submission has followed the basic standards for the bid. Reasons for rejection at this stage include:

- Proposal was not received by the deadline posted.
- The proposal was not submitted via email in PDF format using 11-point font or larger and was not numbered consecutively.
- The cover page (Attachment 2) was incomplete or the appropriate form was not used.
- All sections required in the Program Narrative were not addressed.
- Program Narrative exceeded the 10-page limit.

- BH-5 (**Attachment 7**) forms listing the goals and objectives for the development plan of this service were not included.
- A separate budget for start-up costs (**Attachment 9**) (if applicable) and an annual ongoing budget (**Attachment 8**) was not included in the proposal using the appropriate BH-20 forms as listed below.
- Budget forms (**Attachments 8 and 9**), BH-20 Summary, BH-20c1, BH-20c2 BH-20d, BH-20e, BH-20f, BH-20g, and BH-20h (if applicable) were incomplete and/or calculations did not balance. (An entire set must be completed for the start-up budget (**Attachment 9**) if applicable and a separate set of forms (**Attachment 8**) must be completed for the annual budget.)
- Budget Justification Narratives were not included. One narrative specific to start-up costs and another for the annual budget.
- A PDF of the Applicant’s financial audit was not included.
- “Assurances” (**Attachment 3**) was not present or was not signed by authorizing agent.
- Compliance with “Minimum Standards” requirements have not been included or are not complete (for providers not currently in a Regional Behavioral Health Provider Network) (**Attachment 10**).

Region 3 retains the right to reject any and all proposals. Region 3 shall provide written notice to the Applicant whose proposal was rejected during this stage of review at the time of notification of funding allocation by June 1, 2026.

Region 3 reserves the right to void its intent to select and negotiate with an Applicant if the Applicant’s proposal is not approved by DHHS-DBH.

Cost Liability

Region 3 does not assume any responsibility or liability for costs by the Applicant, or any Applicant prior to the execution of an agreement between the organization and Region 3.

Disclaimer

All the information contained within this RFP and its attachments reflect the best and most accurate information available to Region 3 at the time of the RFP preparation. No inaccuracies in such information shall constitute a basis for legal recovery of damages, either real or punitive. If it becomes necessary to revise any part of this RFP, a supplement will be issued on the Region 3 website: www.region3.net

Evaluation of Proposals

Each proposal will be independently evaluated by Region 3. The names of those conducting the review and any working documents, including Applicant’s proposal scores, will not become public information nor will be released to individual Applicants. Recommendations will be forwarded to the Regional Governing Board (RGB) or its designee for final determination.

Announcement of Funding Allocations

Applicants will be notified by e-mail of the final funding decisions. All final decisions regarding funding allocations will be made by the RGB.

Withdrawal of Application

The Applicant may withdraw its proposal, with written notification, at any time in the process. In such an instance, written notification via email must include the signature of an authorized officer/executive. Withdrawal of application should be sent to sdavis@region3.net

Appeal Process

An appeal of the decision must be submitted via email to sdavis@region3.net within five (5) business days of the award announcement. The appeal will be reviewed within three (3) business days and a response to the Applicant will be provided via email within five (5) business days.

SECTION X – GENERAL INSTRUCTIONS ON SUBMISSION OF PROPOSALS

All instructions, conditions, and requirements included in this document are considered mandatory unless otherwise stated. Proposals that do not conform to the items provided in this document will not be considered.

All Applicants must adhere to the following guidelines for submission of proposals.

1. All proposals must be emailed to Suzanne Davis by 5:00 p.m. CST, May 20, 2026.
 - Applicants shall not be allowed to alter or amend their proposals once they are received by Region 3.
 - No requests for extensions of the due date will be approved.
 - Region 3 accepts no responsibility for mislabeled/mis-sent emails.
 - Proposals received late will not be accepted and will be returned to the sender.
2. Applicants must submit their proposal via email in PDF format. It is recommended that Applicants use the “Request a Received Receipt” when emailing the proposal.
3. Proposals must be typed single-spaced in 11-point font or larger, on standard 8 ½” by 11” document, numbered consecutively on the bottom right-hand corner of each page, starting with the “Cover Page” through the last document, including required appendices and attachments. (Note: If the Applicant is not currently a member of a Regional Behavioral Health Provider Network, the “Region 3 Network Provider Enrollment Minimum Standards Application” See Section XII.)
4. All information must be provided on the forms included in this RFP (the attachments provided in this RFP) typed in 11-point font print or larger.

SECTION XI – PROPOSAL FORMAT

Proposals must be organized in the following sections in the following order:

1. **Cover Page (Attachment 2)**
Complete the entire “Cover Page” and obtain the signature of the Chief Executive Officer, Board Chairperson, or other individual with the authority to commit the Applicant to a contract for the proposed service.
2. **Executive Summary**
The “Executive Summary” should summarize the program narrative and budget justification narrative.
3. **Program Narrative**
The Program Narrative is a written plan that describes, in detail, how the Applicant will provide the services being proposed. Using 11-point font or larger, the Program Narrative should not exceed ten (10) typed pages. The Program Narrative shall cover the following points in a clear and concise manner, prepared in the following order using headings as listed below:
 - A. **Organizational Capability:** Describe the organization’s capability to provide the program/service, including:
 - Brief organizational history
 - Address of the provider and geographic location to be served
 - Explanation of current or previous experience in providing behavioral health services or why provider is capable of providing the program/service
 - Ability to collect demographic information
 - Cultural/gender competency
 - Identify the specific amount of time needed to develop the program/service
 - Ability to meet the eligibility criteria as listed in Section IV of the RFP

- B. **Purpose:** Explain the purpose of the program/service in terms of the result expected to meet the needs of the consumers.
- C. **Target Population and Service Area:** Describe the target population and geographic area to be served, including:
- Describe the **target population** to be served and provide specific details about gender, ages, ethnicity, geographic location, mental illness and/or substance dependence needs, medical needs and other relevant information about the persons to be served in this program
 - Describe the **need** for the program using current, valid data to justify why this program should be developed at the agency applying, in this geographic area, and for the purpose detailed above. Report the source and time period for the data. Include an explanation of why this need would logically lead to the development of the program being proposed
- D. **Goals:** List and explain the goals of the program/service
- Goals must be measurable and:
- Directly relate to the program/service purpose
 - Deal specifically with issues related to program/services delivered
 - Address expected short and long-term benefits
- Process indicators must:
- Measure the quality of program/service delivery
 - Focus on the efforts expended rather than the results achieved
 - Include measures of what service was delivered, to whom, by whom, for how long and how often
 - Ensure that the program/service will be implemented as intended
- Outcome indicators must:
- Measure the results achieved or the effectiveness of the program as related to the consumer and consistent with the program goals
 - Account for program effectiveness
 - Identify what consumers are expected to achieve as a result of the program/service
 - Be expressed in terms of behavior, condition, or thing that is attainable by an individual consumer who is served by the program/service being evaluated
- E. **General Overview:** A general overview of how the program/services will be organized.
- Include information about how the applicant's resources (facility space, personnel, equipment, etc.) and administrative structure are coordinated and directed to meet the needs of the consumers through the proposed program.
- F. **Admission Criteria:**
- Thoroughly describe procedures for consumers to access the program/service. Applicant must include assurances that no individual who meets the criteria for the service will be denied.
- G. **Assessment Process:**
- Describe the assessment procedures/tools that will be used in the service.

H. Specific Services:

- List and include explanations of the specific services to be provided directly to the consumer.
- Describe what is involved in the services to be provided within the program.
- Describe how the services will be coordinated with other programs as appropriate.
- The provisions for periodic reassessment and individual plan revision.
- Discharge planning procedures, criteria, and follow-up.

I. Consumer Involvement: Processes for direct consumer involvement in the program.

- How consumers will be informed about the program and consumer rights.
- How meaningful participation of consumers will be incorporated into the development, evaluation, and ongoing modification of the service.

J. Capacity:

- Discuss the capacity anticipated for the program. Program capacity means the total number of individual consumers considered “active” in the program at any given time. Daily census means the number of individual consumers who can be served on a single business day. Estimate the total number of consumers who can be served in a normal 12-month period.

K. Program Staffing: Describe program/service staffing proposed, including:

- An explanation of the qualifications and supervision of the positions which will provide any services (direct and indirect) in the program

L. Quality Assurance: Describe the quality assurance plan, which will be used for this program/service, including:

- How information and data will be gathered to evaluate the program/service, how it will be used, and who will be involved in making this happen
- What quality indicators will be used, how it will be used, and who will be involved in making this happen
- Details of the quality improvement functions the agency plans to use in this program/service

4. **Program Development and Implementation Schedule, BH-5 (Attachment 7)**

Several copies of the BH-5 form may be required to identify the goals and objectives necessary to develop and implement the service capacity. Complete a separate BH-5 for each program/service goal. Goals should address the following:

- 1) Development process/implementation schedule: Explain in detail a clear step-by-step plan of how the program/service will be developed over the given period of time. List reasonable and necessary goals and objectives needed to develop and implement the service capacity. Activities stated should be comprehensive, can be accomplished, and have clearly identified time frames, staff responsibility assigned, and outcome indicators
- 2) How the Applicant organization will complete a formal evaluation of the program/service, including steps in the process, and services provided
- 3) If start-up time is required, capacity development goals should include, at a minimum, how the Applicant will do the following:
 - Develop administrative structures and personnel for service

- Develop program plan, program operating policies and procedures, operation plan, authorization/referral system for service
- Develop reporting, financing, and quality assurance systems

5. **Budget and Budget Justification Narrative**

- When developing the budget for the service(s), the Applicant should include a budget that covers the program/service for a full one-year term (**Attachment 8**).
- If the Applicant needs a period of time to develop the service, this start-up period should not exceed 60 days. If a start-up period is needed a separate budget (**Attachment 9**) must be completed for this start-up period. Region 3’s fiscal year runs from July 1 to June 30.
- The use of funds provided by Region 3 are limited to the employment of personnel, technical assistance, operation of programs including purchases of necessary equipment, and for the initiation and continuation of the service.

A. **Budget Forms** (BH-20 Summary and BH-20c-h – **Attachments 8 and 9 (if applicable)**) – use forms BH-20c through BH-20h to develop the detailed budget for the program/service.

1) **Revenue Summary (BH-20 Summary)**

List the revenue requested from the Regions’ under Section (C) STATE FUNDS, on the MH-general line. List any other program/service revenue on the appropriate line.

2) **Expense Summary (BH-20 Summary)**

This form is a re-cap of detailed budget forms, BH-20c1, BH-20c2, BH-20d, BH-20e, BH-20f, BH-20g and BH-20h. The total from each detailed budget form will transfer to the BH-20 Summary, Expense Summary, on the appropriate expense category line. Unless your organization has a federally approved cost rate, administrative costs must be included as direct cost on the appropriate BH20c-g category form. Only use BH-20h form if your organization has a federally approved cost rate.

3) **Detailed Budget Forms (BH-20c1, BH-20c2, BH-20d, BH-20e, BH-20f, BH-20g, BH-20h)**

In the column titled, “Total HHS/BH Funds Requested,” show the funds you are requesting from Region 3 through this RFP process. In the column titled, “Total Project Funds (includes HHS and other),” show the total cost of the line item expense which may include revenue from another source.

The following outlines specific items to use within each expense category:

Personnel Wages/Salaries (BH-20c1): Personnel expenses that can be directly associated with the service being purchased (via time coding or time study).

- Permanent salaries/sages
 - Including Administrative (time study required)
- Temporary salaries/wages
- Overtime pay
- Compensatory time paid
- Vacation leave expense
- Sick leave expense
- Holiday leave expense
- Military leave expense
- Funeral leave expense
- Civil leave expense
- Injury leave expense

Fringe Benefits (BH-20c2): Employer taxes and fringe benefit expenses, other personnel expenses directly associated with the service being purchased.

- Retirement plans expense

- Social Security benefits expense
- Life/accident insurance
- Health insurance
- Unemployment compensation insurance
- Employee Assistance Program (EAP)
- Health Saving Plan/Flexible Spending Plan

Supplies/Operating (BH-20d): Operational costs that can be directly associated with a particular service being purchased with established methodology and consistent application.

- Postage
- Communication (i.e., phone/voice mail)
- Data processing/computer hardware/software
- Internet services
- Publications/newsletters/printing
- Training materials (booklets, pamphlets, curriculum, videos, etc.)
- Copying
- Professional dues/subscriptions
- Conference/professional development
- Job applicant expense
- Utilities (i.e., electric/water/gas)
- Rental expenses (i.e., building/equipment/vehicle)
- Insurance (liability, building, auto, etc.)
- Office supplies
- Office equipment (under capitalization threshold)
- Workshops/retreats/trainings/classes
- Program marketing advertising (necessary for program or recruitment)
- Equipment supplies
- Education services
- Accounting/auditing expenses
- Janitorial/security expenses
- Other operating expenses

Travel (BH-20e): Expenses for travel incurred while providing the service being purchased per agency travel policy and applicable state or federal requirements.

- Board and lodging (includes meals for longer than one day stay)
- Meals- on day travel
- Commercial transportation
- Agency owned transportation
- Personal vehicle mileage

Contracts/Consultants (BH-20f): Other expenses directly associated with the service being purchased.

- Consultants
- Contracts for other service (i.e., non-employee physicians, nurses, etc.)
- Other

Equipment Expense (BH-20g): Expenses for tangible personal property (including information technology systems) that has a useful life of more than one year and a per unit acquisition cost based on the organization's capitalization definition or \$5,000, whichever is less.

Indirect Administration (BH-20h): Pre-approved Federal Rate or Pre-approved DHHS indirect cost rate (copy of approval must be attached).

Unless your organization has a federally approved cost rate, administrative costs must be included as direct cost on the appropriate BH20c-h category form. Only use BH-20h form if your organization has a federally approved or DHHS approved cost rate.

4) Budget Justification Narrative – this narrative should explain in detail:

- Why the costs listed on the budget itemization forms are necessary
- How those costs were calculated

The following items should be addressed separately in the narrative:

- Specific start-up (one-time) costs
- Ongoing staffing needs by position, number of full time equivalents (FTEs), and their respective salary and fringe costs separately
- Explanation of how ongoing operational, travel, capital outlay, personnel, professional fees, and consultant needs and costs were determined
- Description of the organization’s facility and space requirements and explain why the amount is needed
- Include a description of other sources of funding currently committed to the program/service and other sources being pursued and how they are to be utilized in addition to the state and/or federal funds requested in this proposal.

Financial Audit

A PDF of the most recent audit of its financial operation by certified public accountants, using generally accepted auditing techniques, principles, and standards must be included with the submission of the RFP.

Assurances (Attachment 3)

Applicants must agree to all conditions of “Assurances,” which must be signed by a duly authorized representative of the Applicant and submitted as a part of the proposal.

SECTION XII– MINIMUM STANDARDS FOR ENROLLMENT IN REGION 3 PROVIDER NETWORK

The successful Applicant must be a member of a Regional Behavioral Health Provider Network. If the successful Applicant is not a member of a Regional Behavioral Health Provider Network, the Applicant must be willing to become a member of the Region 3 Behavioral Health Provider Network and shall meet the requirements of Region 3’s Network Provider Enrollment Minimum Standards. (**Attachment 10**).

SECTION XIII – RFP REVIEW AND EVALUATION PROCESS

Evaluation and Scoring

Contract award will be made based on the highest quality of service that meets Region 3’s requirements. The following shall be considered during the evaluation of the proposal submitted:

- A. Project Narrative (60 points)
- B. Program Development/Implementation Timeline (15 points)
- C. Budget/Cost Proposal (25 points)

Selection and Award

- A. The final decision regarding the award of the contract will be made by the Region 3 Governing Board or official designees and is subject to approval by DHHS. Notification of the final funding decisions will be e-mailed to applicants upon approval.
- B. Region 3 retains the right to seek additional proposals, approve a portion of a proposal, not allocate funding for a particular service, or provide the service directly.
- C. Region 3 reserves the right to void its intent to select and negotiate with an Applicant if the Applicant’s proposal is not approved by DHHS.

- D. Notification of contractor selection or non-selection will be made in writing by Region 3.
- E. Issuance of this RFP in no way constitutes a commitment by Region 3 to award a contract, to pay costs incurred in the preparation of a response to this request, or to pay costs incurred in procuring or contracting for services, supplies, physical space, personnel, or any other costs incurred by the Applicant.
- F. Region 3 reserves the right to reject any and all proposals or to make multiple awards.
- G. Region 3 reserves the right to withdraw the RFP at any time, including after an award is made and by doing so assumes no liability to any Applicant.

SECTION XIV – ATTACHMENTS

Attachment 1: Behavioral Health Regions

Attachment 2: Cover Page

Attachment 3: Assurances

Attachment 4: Community Support (MH/SUD) Service Definition

Attachment 5: Emergency Community Support Service Definition

Attachment 6: SOAR Service Definition

Attachment 7: BH5 Goals & Objectives

Attachment 8: RFP BH20 Annual Budget

Attachment 9: RFP BH20 Start-Up Budget

Attachment 10: Network Provider Enrollment Minimum Standards Application

Attachment 10a: Network Provider Enrollment Minimum Standards Overview

Attachment 10b: Network Provider Enrollment Minimum Standards IRS W-9