UTAH DEPARTMENT OF HEALTH AND HUMAN SERVICES
Request for Statement of Qualifications
Solicitation #**DHS90961**
Pre-Admission Screening Resident Review ("**PASRR**") Level II Evaluations

Submission Instructions

Submit your response by emailing the required documentation to mfloor@utah.gov. Put DHS90961 PASRR and your business name in the subject line. DO NOT UPLOAD YOUR DOCUMENTS INTO SCIQUEST!

Responses should contain only documentation requested in this solicitation.

Response Content & Checklist

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	Submit the documents specified below. Complete forms as instructed. Vendors are encouraged to use this checklist to ensure that responses are complete.
	1. **Form #1: Substitute Form W-9** This form is not required if you currently hold a contract with DHHS and the information is still the same. Complete the form with the legal name of the business entity or individual applying for this solicitation.
	2. **Form #2a: Conflict of Interest Disclosure Statement** **OR** **Form #2b: Governmental Entity Conflict of Interest Certification** (for government agencies, political subdivisions, municipalities, public schools, etc.)
	3. **Form #3:** A completed and signed **DHHS Data Sheet**.
	4. A copy of the Vendor's **current business license** with the local municipality OR a **statement from the local municipality** indicating a business license is not required.
	5. A **description of the Offeror's process for recording and tracking incoming referrals** including the Offeror's capability to receive referrals 24 hours a day, 7 days a week and how it records and maintains the following information: the date the referral was received, the name of the individual referred for evaluation, the name and source of the referring party, all pertinent information regarding the individual referred for PASRR Level II Evaluations; and the date the collateral information was received. (**Limit: one page**)
	6. A copy of either an **actual or a sample PASRR Level II Evaluation** ("evaluation") **recommending long-term care** that was prepared by the individual. The submitted evaluation must have all names and other identifying information as well as all protected health information redacted (removed or blacked out) to protect client confidentiality. **Evaluations that have not been redacted will not be evaluated and may result in a non-award.** A. A sample evaluation form can be obtained at: https://dsamh-training.utah.gov/pasrr/SMI_Level_2_Form_9.21.21.pdf B. Acceptable PASRR Level II Evaluations must: i. Justify that the individual meets the medical criteria for NF services;

	ii. Use the individual's prior history and current presentation in meeting criteria to justify the SMI diagnosis; iii. Meet the diagnostic criteria for diagnosis of SMI; iv. Use collateral resources in justifying the diagnosis; v. Take ethnic, language and cultural circumstances into consideration; vi Include participation by the individual and family, or legal guardian when applicable; and vii. Include a review of the individual's current psychiatric, medical, functional and psychosocial status.
	7. **Documentation of Meeting Mandatory Minimum Requirements: Education, Licensing and Experience**: Submit documentation to provide evidence of meeting mandatory minimum requirements. A. Documentation verifying each of the Offeror's staff who are to perform the required services are **certified as a mental health professional** under the Utah Division of Occupational and Professional Licensing (DOPL) Mental Health Professional Practice Act. B. Documentation in the form of a **professional vitae** for **each** of the Offeror's staff who are to perform the required services demonstrating a minimum of two years' experience working with hospitals, NFs, and local mental health authorities providing mental health treatment, geriatric care, or medical care: i. Formulating diagnoses using Diagnostic and Statistical Manual (DSM) diagnostic criteria and ICD 10; ii. Understanding the array of mental health services provided in a NF, and recommending Specialized Services; and iii. Identifying if the need for inpatient hospitalization or crisis assessment is needed. C. If applicable, a request from the Offeror for an exception to paragraph 5.A. above may be submitted if there are no licensed mental health professionals who can perform the required services in a rural area, which may be in any county in Utah except Davis, Morgan, Salt Lake, Utah and Weber. At the discretion of DHHS, an exception may be approved with documentation establishing that each individual who can perform the required services meets the experience requirements in paragraph 5. B., i.-iii. above, and is: i. A certified mental health professional under the Utah Division of Occupational and Professional Licensing (DOPL) Mental Health Professional Practice Act; ii. Working towards licensure; and

	iii.	Working under the direct supervision of a licensed mental health professional.

Request for Statement of Qualifications

Purpose: The Utah Department of Health and Human Services ("DHHS", the conducting procurement unit) is issuing this Request for Statement of Qualifications ("RFSQ") for the purpose of establishing an open-ended Approved Vendor List ("AVL") with qualified vendors to provide PASRR Level II Evaluations for individuals seeking admission to, or residing in, Medicare/Medicaid Certified Nursing Facilities (NFs).

PART 1: RFSQ REQUIREMENTS AND SUBMISSION INSTRUCTIONS

Deadlines: This solicitation is open-ended, meaning vendors are invited to submit responses at any time prior to the close date posted in SciQuest. Vendor responses will be evaluated continuously as they are received. DHHS anticipates awarding contracts to all vendors who are placed on the AVL. Contract end dates are anticipated to coincide with the solicitation close date. It is anticipated that this solicitation will remain open continuously until the posted closing date, however, DHHS may close the solicitation upon 30 days' notice published in SciQuest if DHHS determines there is no longer a need for additional vendors. If the solicitation is closed and DHHS subsequently determines there is a need for additional vendors, DHHS may reopen the solicitation for a period of not less than 30 days.

Mandatory Minimum Requirements: The mandatory minimum requirements must be met for a response to be considered responsive. If at any time it is determined that a response does not meet these requirements, the response will be deemed non-responsive and disqualified. Vendors must demonstrate the ability to meet or exceed the mandatory minimum requirements by providing a response to each requirement below:

1. Be licensed as a mental health professional under the Utah Division of Occupational and Professional Licensing (DOPL) Mental Health Professional Practice Act.

2. Have a minimum of two years' experience working with hospitals, NFs, and local mental health authorities providing mental health treatment, geriatric care, or medical care:

    a. Formulating diagnoses using Diagnostic and Statistical Manual (DSM) diagnostic criteria and ICD 10;

    b. Understanding the array of mental health services provided in a NF, and recommending Specialized Services; and

    c. Identifying if the need for inpatient hospitalization or crisis assessment is needed.

3. At the discretion of DHHS, a request from Offeror for an exception to paragraph 2. above may be approved for rural areas, if there is no licensed mental health professional who can perform the required services. A rural area is any county in Utah other than Davis, Morgan,

Salt Lake, Utah and Weber. If the request for an exception is approved, services may be provided by an individual who meets the experience requirements in paragraph 3. a.-c. above, and is:

a. A certified mental health professional under the Utah Division of Occupational and Professional Licensing (DOPL) Mental Health Professional Practice Act;

b. Working towards licensure; and

c. Working under the direct supervision of a licensed mental health professional.

Document Submission: Submit required documents as stated on the Submission Instructions.

Evaluation: The evaluation criteria and any score thresholds are published in the Score Sheet.

Pricing: Vendors should not submit pricing for this solicitation. Pricing for contracts awarded pursuant to this solicitation will be based on rates established by DHHS. Rates are subject to change based upon legislative appropriations or DHHS budgetary action.

No Guarantee of Use: The award of a contract is not a guarantee that the contractor will be requested to provide any services.

Restrictions on Communication: From the issue date of this RFSQ until an AVL is published, vendors are prohibited from communications regarding this RFSQ with the evaluation committee members or other associated individuals EXCEPT for the DHHS procurement officer overseeing this RFSQ. Failure to comply with this requirement may result in disqualification.

Question and Answer Period: All questions must be submitted through SciQuest. The Question and Answer (“Q&A”) period closes on the date and time stated in SciQuest. Questions may include notifying DHHS of any ambiguity, inconsistency, scope exception, excessively restrictive requirement, or other errors in this RFSQ. Questions are encouraged. Answers from DHHS will be posted on SciQuest and may modify requirements. Vendors should review questions and answers prior to submitting a response. Exceptions taken by a vendor to the content of this RFSQ that have not been raised during the Q&A period may result in the vendor being rejected.

Addenda: Vendors are encouraged to check SciQuest for addenda. Any modification to this RFSQ will be made by addendum published on SciQuest. Addenda to this RFSQ may change the SOW, the schedule, the qualification requirements, the criteria, or other requirements of this RFSQ.

Protected Information: Any vendor requesting that a record be protected must include with its response a completed Claim of Business Confidentiality form

(https://purchasing.utah.gov/wp-content/uploads/confidentialityclaimform.doc) including a redacted copy of the response for public release that is clearly labeled "REDACTED COPY FOR PUBLIC RELEASE". An entire response cannot be identified as confidential and if submitted as such, will be considered non-responsive unless the vendor removes the designation.

Eligibility Limitation: Contracted support coordinators are ineligible for this solicitation (unless the support coordinator contract will be terminated).

PART 2: PROPOSAL EVALUATION & CREATION OF AVL

Stage 1: Initial Review: The conducting procurement unit will review all responses timely received. Non-responsive responses not conforming to RFSQ requirements or unable to meet the mandatory minimum requirements will be rejected and will not proceed to Stage 2.

Stage 2: Evaluation of Technical Criteria: The evaluation committee will score each vendor's response in accordance with the evaluation criteria stated on the Score Sheet. Responses that do not meet the minimum required score thresholds will be deemed non-responsive and rejected. Only responsible vendors whose responses meet the mandatory minimum requirements, evaluation criteria, and score thresholds will be included on the AVL. In the event a vendor's response is rejected for not being responsive, the vendor may resubmit a response during the period of time this RFSQ is open. Vendors are limited to three unsuccessful responses per calendar year.

AVL Placement: The AVL will include only responsible vendors who: (i) submit a responsive statement of qualifications; and (ii) meet the minimum mandatory requirements, evaluation criteria, and applicable score thresholds stated in this RFSQ.

AVL Period: Vendors approved through this RFSQ process may remain on the AVL for a period of 18 months after which time the vendor's qualifications must be re-verified for the vendor to remain on the AVL.

Secondary Process: After the AVL is created, DHHS may use a bidding, request for proposals, or small purchase process, or DHHS may award a contract to a vendor at established prices in accordance with UCA 63G-6a-507(6). Only vendors on the AVL will be able to participate in the procurements stated above. DHHS anticipates using the AVL to contract with multiple vendors.

PART 3: GENERAL TERMS

Debarment: By submitting a response the vendor certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction (contract) by any governmental department or agency. If the

vendor cannot so certify, it must attach a written explanation for review by DHHS.

Utah Tax Liens: By submitting a response, the vendor certifies that it does not have any outstanding tax liens in Utah which would prevent it from responding to this RFSQ under UCA § 63G-6a-905 or, if it does, it will notify the procurement officer.

Costs: All costs incurred by a vendor in the preparation and submission of a response, including any costs incurred during interviews or presentations, are the responsibility of the vendor and will not be reimbursed.

Service Changes: DHHS may change service elements during the term of any contract resulting from the RFSQ in accordance with the Utah Procurement Code.