



**KALAMAZOO COMMUNITY MENTAL HEALTH  
AND SUBSTANCE ABUSE SERVICES**

**REQUEST FOR PROPOSAL**

**Behavioral Health Translation  
RFP 17-06**

**KALAMAZOO COMMUNITY MENTAL HEALTH AND  
SUBSTANCE ABUSE SERVICES (KCMHSAS)  
2030 Portage Street  
Kalamazoo, MI 49001**

**REQUEST FOR PROPOSALS FOR  
Behavioral Health Translation**

**I. INTRODUCTION**

**A. Purpose of the Request for Proposals**

Kalamazoo Community Mental Health and Substance Abuse Services (KCMHSAS) is requesting information from providers who are willing and able to provide Behavioral Health Translation Services for our quasi-governmental agency.

**B. Terms of Engagement**

As a result of this RFP, KCMHSAS may elect to contract with a selected provider for this service, or to not award a contract at this time. If a contract is awarded, the time period will be approximately 11/1/2017 through 9/30/2018 with an option for renewal.

**II. DESCRIPTION OF ORGANIZATION**

Kalamazoo Community Mental Health and Substance Abuse Services (KCMHSAS) has been delivering quality services and programs to improve the lives of those we serve for over 30 years. We provide a welcoming and diverse community partnership which collaborates and shares effective resources that support individuals and families to be successful through all phases of life. KCMHSAS works with youth, families, and adults with mental illnesses, intellectual/developmental disabilities, and substance abuse disorders to help them succeed.

We build on the strengths, hopes, and dreams of those who come in contact with KCMHSAS. We are fortunate to have dedicated and caring board members, families, individual's served, peers, staff, advocates, providers, and other collaborative partners.

**III. SCOPE OF SERVICES**

KCMHSAS is requesting information from providers who are able to provide Behavioral Health Translation Services. This service entails translating behavioral health appointments such as psychiatric appointments or psychotherapy sessions via face-to-face (in-person or on-site), over the telephone or via tele-health.

#### IV. RFP Timeline

Activity	Timeline
Issuance of RFP	9/15/2017
Vendor questions regarding the RFP submitted via e-mail in place of a bidder's conference. Questions should be submitted to <a href="mailto:cthomas@kazoozcmh.org">cthomas@kazoozcmh.org</a>	9/29/2017
Answers regarding the RFP posted on the KCMHSAS public website.	10/6/2017
Proposals due to KCMHSAS	10/13/2017
Scoring of proposals	10/20/2017
Notification of Award(s)	10/27/2017
Contract Begins	11/1/2017

#### IV. INSTRUCTIONS FOR PROPOSAL SUBMISSION

##### A. Response Date

- Seven (7) **hard copies** of the proposal must be sent to:  
KCMHSAS  
Attn: Charles D. Thomas  
2030 Portage Street Kalamazoo, MI. 49001
- Hard copies must be labeled "RFP 17-06" and include the name & address of the applicant on the envelope.
- An electronic copy of the proposal must be sent to [cthomas@kazoozcmh.org](mailto:cthomas@kazoozcmh.org)  
Documents should be in PDF format.
- All proposals are due to KCMHSAS **by 10/13/2017 by 3:00 P.M.**
- Faxed or late proposals will not be accepted.

##### B. Proposal Content

- A written response is required for each item unless otherwise indicated. Failure to answer any of the items will negatively impact the applicant's score.
- Applicants should be familiar with the exhibits referenced in this RFP.
- Sections should be clearly labeled
- An official authorized to bind the vendor to its provisions must sign all proposals.

##### C. Incurring Costs

Proposals should be prepared simply and economically to provide a concise description of the vendor's capability to perform the services required. KCMHSAS will not be responsible for any costs incurred in the preparation of proposals in response to this RFP. Nor will KCMHSAS be responsible for any costs incurred if the vendor agency is invited to make an oral presentation to the evaluation team.

##### D. Effective Period

All proposals submitted to this RFP must be valid for 90 days.

##### E. Withdrawal

The proposal may be withdrawn in person or by written request, unless KCMHSAS members have accepted the proposal in writing.

**F. Questions**

All questions relating to the preparation and/or submission of a response to this RFP should be directed to [cthomas@kazoocmh.org](mailto:cthomas@kazoocmh.org).

**G. Miscellaneous Provisions**

1. Acceptance of Proposal Content

Contents of the proposal may become contractual obligations. Failure to accept these obligations may result in cancellation of the selected vendor, who may be required to reimburse KCMHSAS for damages incurred.

2. Non-Discrimination

Vendors shall not discriminate against persons with respect to hire, tenure, terms, conditions or privileges of employment, or a matter directly or indirectly related to employment, because of race, color, religion, national origin, age, sex, height, weight or marital status, or disability that is unrelated to the vendor's ability to perform the duties of a particular job or position. The vendor shall observe and comply with all applicable federal, state and local laws, ordinances, rules and regulations which shall be deemed to include, but not be limited to, the Elliott-Larsen Civil Rights Act and the Persons with Disabilities Civil Rights Act.

3. Non-Collusion

The vendor certifies that this proposal has not been made or prepared in collusion with any other vendor and the prices, terms or conditions have not been communicated by or on behalf of the vendor to any other vendor and will not be so communicated prior to the official receipt of this proposal. This certification may be treated for all purposes as if it were a sworn statement made under oath, subject to the penalties for perjury. Moreover, it is made subject to the provisions of 18 U.S. C. Section 1001, relating to the making of false statements.

4. Freedom of Information Act

Information submitted in response to this proposal is subject to the Michigan Freedom of Information Act and may not be held in confidence after the proposal is opened. The proposal will be available for review after all proposals received have been evaluated and vendors selected.

**V. PROPOSAL CONTENT**

**A. Administrative Requirements**

**All applicants must submit the following with their RFP Response:**

1. Cover Page with the following information
  - Legal Business Name
  - Address
  - Telephone Number(s)
  - Fax Number(s)
  - E-mail/Web Page Address
  - Tax ID Number
  - Owner (name/title)
  - Person Authorized to Sign Contracts (name/title)
  - Billing Entity Authorized to receive financial reimbursement/payment
  - Billing Contact Person and Telephone Number
  - Billing Address if different than above
2. Articles of Incorporation and proof of provider's ability to conduct business in the

- State of Michigan, and in what business capacity (Corporation, Sole Proprietor, etc.)
3. A statement that the applicant is independent of KCMHSAS.
  4. Disclosure if the organization or any staff person currently working for the organization has been excluded from a Federal Healthcare Program. To find information on exclusions from a Federal Healthcare Program please consult the following sites:
    - <https://www.epls.gov/> (list of excluded parties/organizations);
    - <http://exclusions.oig.hhs.gov/> (list of excluded individuals/entities).
  5. Regulatory Issues: Disclosure of circumstances and status of any disciplinary action taken or pending against the business during the past 3 years with federal or state regulatory bodies.
  6. Proof of Insurance coverage to cover the work the vendor intends to perform. Insurance coverage shall include:
    - Workers compensation, if applicable.
    - Liability and property damage insurance – protection for claims for property damage which may arise from operations under this bid, whether such operations are conducted by the vendor or any subcontractor.
  7. Disclosure of any affiliation or subcontracting relationships, as applicable statements and/or other pertinent documentation identifying/describing parties that may be sub-contracted to provide services for the vendor.

## **B. Proposal for Services**

1. Business Demographics
  - Provide a description of your business; number of years in business, clientele, services available and experience providing those services.
2. Personnel
  - Vendor should identify personnel who would be working with KCMHSAS along with brief qualifications of key personnel.
  - Identify any professional consulting service(s) that will be utilized in proposed services for KCMHSAS and their expected role(s).
3. Relevant Experience

The proposal should list at least four similar projects completed over the last three (3) years. The list should include:

  - Name and location of business where service was provided.
  - Description of the project services.
  - References and contact information for each project.
4. Proposed Services for KCMHSAS
  - A. Describe why your services would benefit KCMHSAS over other competitor's services.
  - B. Provide the following information:
    1. Describe in detail what languages (including American Sign Language) you support and how you support them, e.g. face-to-face, over the phone, video translation.
    2. Do you support on-demand video translation? If so, explain how you meet HIPAA requirements. What platforms/operating systems do you support?
    3. Do you provide document transcription services? If so, include pricing structure in your bid sheet.
    4. How much notice and what is the process to schedule translation services: In person? Via phone? Via video translation?
    5. Attach a comprehensive bid sheet that includes the cost of service for

- each kind of translation you provide.
6. Describe how many interpreters you have for each language you support and how quickly another interpreter be assigned in the event of an interpreter being unable to attend an appointment. What other options are available.
  7. Will you accept appointment scheduling from our sub-contractors? If so, how would we ensure that all appointments are authorized?

## **VI. EVALUATION CRITERIA**

The proposals submitted will be reviewed and evaluated by a committee designated by KCMHSAS comprised of persons who have operational, administrative and technical knowledge of the specifications contained in this RFP. Evaluation criteria include, but are not limited to, the understanding of the proposed engagement as evidenced by the quality of the RFP response submitted, relevant experience, qualifications of the vendor and the approach/methodology.

## **VII. SELECTION PROCESS**

KCMHSAS reserves the right to request additional information or clarification from vendors, to allow correction of errors or omissions, and to waive irregularities and/or formalities when so doing may serve the best long-term interests of the organizations involved.

KCMHSAS reserves the right to reject any or all proposals and to proceed in any other manner selected by KCMHSAS. KCMHSAS may choose to select one or more vendors as a result of this RFP.

KCMHSAS reserves the right to award to the vendor that it believes, in its sole discretion, best meets the needs of the organization. RFP responders may appeal a decision.

All proposals submitted are subject to the terms of the Freedom of Information Act, and will be retained by KCMHSAS.