



Sanilac County Community Mental Health Authority

Request for Proposal

Respite Services

Opens: January 30, 2026

Closes: March 05, 2026

Sanilac County Community Mental Health Authority
Bid Due Date: March 05, 2026

GENERAL INFORMATION AND INSTRUCTIONS

INTRODUCTION

Sanilac County Community Mental Health Authority, hereinafter known as Sanilac CMH, is requesting applications from qualified Providers who are currently providing Respite services to eligible adults with severe and persistent mental illness, children with a severe emotional disturbance and/or adults or children with an intellectual/developmental disability in Michigan. Providers responding to this Request for Proposal (RFP) shall be currently providing or have experience with Respite services under contract with Sanilac CMH, a Community Mental Health Services Program (CMHSP), or a home health provider and shall be able and willing to provide said services after **April 1, 2026**, if a contract is executed between the Provider and Sanilac CMH.

The Provider will be expected to provide services throughout Sanilac County, Michigan. The awarded Provider will staff and operate the program(s) as well as obtain all appropriate State of Michigan certification and licensing.

Please note: Providers who are responding to this Request for Proposal may only seek qualifications for services they are currently providing or have experience with the service they are proposing to provide to Sanilac CMH.

Sanilac CMH invites Providers to apply in accordance with the terms and conditions of this Request for Proposal. This Request for Proposal provides the requirements and criteria for Respite services as described in the Scope of Work section. A detailed application and related documents shall be required from all Providers, including current rate(s), proposed rate(s), and service description, in the specified format. The target dates for the Request for Proposal and contracting processes are set forth below:

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TARGET DATES

DATE	EVENT
January 30, 2026	Distribution of Sanilac CMH Respite Request for Proposal
February 13, 2026	Deadline for submitting questions to bwestover@sanilacmh.org . Questions are due by 4:00 PM.
February 17, 2026	Responses to all questions will be distributed by 4:00 PM via electronic mail to all Providers that submit a question at www.sanilacmh.org .
March 05, 2026	Request for Proposals due, must be received by Sanilac CMH following RFP guidelines by 12:00 PM
March 11, 2026	Sanilac CMH announcement of vendor selection
April 01, 2026	Services for Sanilac CMH individuals to commence by vendor selected

QUESTIONS

Any questions regarding this RFP must be emailed to bwestover@sanilacmh.org by 4:00 PM on **February 13, 2026**. To obtain an official answer to any question, the Provider must submit the question by email as specified in this paragraph. All official responses to questions regarding this RFP will be distributed at 4:00 PM on **February 17, 2026**, via electronic mail to all Providers who submit a question and posted on the Sanilac CMH website at www.sanilacmh.org. Sanilac CMH shall not be responsible for any verbal communication between any employee of Sanilac CMH and any actual or potential Provider.

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ELIGIBILITY

The Provider shall be able to furnish Respite services by the Contract start date.

The Provider must designate one (1) contact person who will be responsible for the RFP process and any resulting Contract with Sanilac CMH and who will be the liaison for Sanilac CMH contacts regarding Respite services.

Bidder agrees to comply with Federal regulation 42 CFR Part 180 and certifies they (provider and any staff working on their behalf): 1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency; 2. Have not been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; 3. Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state or local) with commission of any of the offenses enumerated above, and: 4. Have not had one or more public transactions (federal, state or local) terminated for cause or default.

APPLICATION PREPARATION AND FORMAT

Only complete applications shall be considered. Sanilac CMH requires responses to every section within the application to facilitate the review of the application. The intent of the application form is to expedite review and evaluation. It is not the intent to constrain Providers with regard to content, but to assure the specific requirements set forth in this Request for Proposal are addressed in a uniform manner subject to review and evaluation. Additional information regarding any concerns, barriers, or modified area ideas may be included for consideration and shall be clearly identified as such.

Providers shall submit comprehensive responses to all the following Attachments:

Attachment A	Minimum Requirements
Attachment B	Qualifications and Experience
Attachment C	Rates and Expenses
Attachment D	Conflict of Interest Certification
Attachment E	Affirmation and Certification

Providers shall follow these instructions and provide complete responses to each of the items described. The Provider shall ensure that each completed Attachment is labeled with the appropriate Attachment letter and Attachment name with all the required information provided for each Attachment response. The Provider's application shall be organized in the order specified in the above table.

DELIVERY OF APPLICATION – COMPETITIVE SEALED PROPOSAL

The Provider is solely responsible for emailing the proposal to rfresponses@sanilaccmh.org and clearly labeled as SEALED RFP or the delivery of **6 sealed**, completed copies of the RFP application and all attachments and exhibits in the format specified by **12:00 PM local time March 05, 2026.**

The 6 sealed, completed copies of the RFP application and all attachments and exhibits can be hand delivered or mailed to the following address. NOTE: Sanilac CMH must receive all 6 sealed, completed copies by **12:00 PM local time March 05, 2026.**

Sanilac CMH
227 E. Sanilac Avenue
Sandusky, MI 48471
ATTN: Beth Westover, Chief Information Officer

A Provider's failure to apply in accordance with these instructions, including without limitation those pertaining to format and timing, may result in disqualification of the application.

RFP APPLICATION OPENING

The RFP application opening will occur on **March 05, 2026, at 1:00 PM in Conference Room A&B, at Sanilac CMH, 227 E. Sanilac Avenue, Sandusky, MI 48471.**

MODIFICATIONS TO REQUEST FOR PROPOSAL

Sanilac CMH may modify the RFP at any time prior to the deadline submission date. Changes to the RFP shall be posted on the Sanilac CMH website at www.sanilaccmh.org. Any changes shall revise and supersede the original RFP.

RESERVATIONS

Sanilac CMH reserves the right to:

- a. Discontinue or cancel the Request for Proposal process, in whole or in part, at any time for any or no reason. The issuance of and the Request for Proposal, a Provider's preparation and submission of an application, and Sanilac CMH's subsequent receipt and evaluation of such application does not commit Sanilac CMH to award funding or to award a Contract to the Provider

or any other individual or entity, even if all the requirements in the application are met.

- b. Disqualify an application based on the information provided or if it is determined that a Provider purposely or willfully submitted false information in response to the RFP.
- c. Reject any and all bids which fail to meet the terms, conditions, and specifications of the Request for Proposal package; or, are determined to be not in Sanilac CMH's best interest; or, for which funding is not available.
- d. Consider Provider's prior performance with Sanilac CMH, another CMHSP, or a Home Health Provider in making its award decision.
- e. Consider overall economic impact to Sanilac CMH when evaluating application pricing and in the final award recommendation.
- f. Refuse to award a contract to any Provider that has any outstanding debt with Sanilac CMH.
- g. Enter into negotiations with one or more Providers on price, terms, technical requirements, or other deliverables.
- h. Evaluate the application outside the scope identified in the RFP.
- i. Seek additional proposals beyond Submission Deadline if, in its sole discretion, proposals received do not meet the guidelines or intent of this RFP or the needs of Sanilac CMH or the individuals it serves.

APPLICATION RESPONSE COSTS

Sanilac CMH shall not be responsible, or reimburse any Provider, for any expenses incurred in preparing its application in response to this Request for Proposal or in the provision of any additional information or presentation, nor any cost of Provider's procurement of any contract with Sanilac CMH.

EVALUATION AND AWARD OF CONTRACT

Sanilac CMH may provide to any Provider, whose proposal it deems reasonably susceptible to being selected, an opportunity to make a presentation and/or interview with the Selection Team. Subject to the above stated Reservations, Sanilac CMH contemplates awarding one or more Contracts following completion of all such presentations and/or interviews. Any contract award will be made to the responsible Provider, whose proposal(s) is/are determined to be the best evaluated offer(s) resulting from the RFP process, taking into consideration the relative importance of price and other factors set forth in this RFP.

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BACKGROUND

Location

Sanilac County Community Mental Health Authority's (Sanilac CMH) administrative offices are located at 227 E. Sanilac Avenue, Sandusky, Michigan, 48471 in Sanilac County, Michigan.

The People We Serve

Sanilac CMH serves the following Sanilac County residents: Adults with Mental Illness, Adults and Children with Intellectual/Developmental Disabilities, Children with Serious Emotional Disturbances, and Individuals with Substance Use Disorders. The total number of people served by Sanilac County Community Mental Health Authority during the previous fiscal year (10/01/2024 – 09/30/2025) is 2209.

Our Mission

Sanilac CMH's mission: Sanilac County Community Mental Health Authority is committed to providing quality care for the individuals it serves. The Corporate Compliance Program acts as an internal control that encourages services and supports that promote honesty, integrity, and high ethical standards.

Our Mission Statement

Improving Lives Through Healthy Minds

DEFINITIONS

Definitions

The following acronyms and definitions shall apply throughout this request for proposal:

Provider – An individual or entity who submits an application in response to this Request for Proposal.

Contract – The written standard Direct Service Provider Contract between Sanilac CMH and a Provider to furnish Respite services in the manner contemplated by this request for proposal.

CMHSP – Community Mental Health Service Provider

Contracted Provider -A successful Provider who executes a Contract with Sanilac CMH.

IPOS – Individual Plan of Service

MDHHS – Michigan Department of Health and Human Services

Sanilac CMH – Sanilac County Community Mental Health Authority

PIHP – Pre-paid Inpatient Health Plan

QBHP – Qualified Behavioral Health Professional

QIDP - Qualified Intellectual Disabilities Professional

QMHP - Qualified Mental Health Professional
SSI – Supplemental Security Income
SSDI – Social Security Disability Insurance

SCOPE OF WORK

Sanilac CMH is seeking to directly contract with qualified Providers for Respite services for adults and children who are diagnosed with an Intellectual or Developmental Disability (IDD) or a Mental Illness (MI) or a Severe Emotional Disturbance (SED) and who receives services through Sanilac CMH.

Providers shall be currently providing or have experience with Respite services under contract with Sanilac CMH, another CMHSP, or a Home Health Provider and shall be able and willing to provide said services after April 01, 2026, if a contract is executed between Provider and Sanilac CMH.

Please note: Providers who are responding to this Request for Proposal may only seek qualifications for services they are currently providing or have experience with the service they are proposing to provide to Sanilac CMH.

Providers shall abide by and follow all program, service and staffing requirements described and set forth by the current MDHHS Medicaid Provider Manual – Behavioral Health and Intellectual and Developmental Disability Supports and Services chapter, Electronic Visit Verification chapter, the Behavioral Health Code Charts and Provider Qualifications tool, and contract with Sanilac CMH.

In the event and to the extent of any conflict between the terms of this RFP and the terms of the Contract, the terms of the Contract shall supersede and govern.

I. DELIVERY OF SUPPORTS AND SERVICE

Respite

Respite care services are provided to a beneficiary on a short-term, intermittent basis to relieve the beneficiary’s family or other primary caregiver(s) from daily stress and care demand during times when they are providing unpaid care. Relief needs of hourly or shift staff workers should be accommodated by staffing substitutions, plan adjustments, or location changes and not by respite care.

- "Short-term" means the respite service is provided during a limited period of time (e.g., a few hours, a few days, weekends, or for vacations).
- "Intermittent" means the respite service does not occur regularly or continuously. The

- service stops and starts repeatedly or with periods in between.
- "Primary" caregivers are typically the same people who provide at least some unpaid supports daily.
 - "Unpaid" means that respite may only be provided during those portions of the day when no one is being paid to provide the care, i.e., not a time when the beneficiary is receiving a paid Medicaid State Plan (e.g., home help) or waiver service (e.g., CLS) or service through other programs (e.g., school).

II. RESPONSIBILITY TO INDIVIDUALS SERVED

Qualified Providers shall possess the following competencies:

- Demonstrated knowledge of experience with Medicaid rules and regulations.
- Demonstrated competency and knowledge of the Mental Health system in Michigan as specific to Sanilac CMH.
- Knowledge and willingness to comply with Home and Community Based Waiver rules and regulations as they relate to Respite services.
- Demonstrated knowledge of person-centered Individual Plan of Service.
- Provider shall utilize creative and innovative means to meet the needs of each individual served and shall understand the flexible array of mental health services available to individuals.
- Provider shall embrace and implement the philosophies of health care integration, including coordinating with physicians, hospitals, Medicaid Health Plans, core provider agencies, the Michigan Department of Health and Human Services, and other service providers.

III. ADMINISTRATIVE FUNCTIONS

Contracted Providers shall perform all administrative duties specified in the Contract in accordance with the terms of the Contract. Those administrative duties include but are not necessarily limited to the following:

A. Use of Sanilac CMH Information Systems

Contracted Providers shall have the capability to utilize Sanilac CMH's Electronic Health Record for submission of claims.

B. Financial

Contracted Providers shall bill and coordinate benefits with any and all applicable commercial and non-Medicaid payers. In all cases, Sanilac CMH's financial liability for Respite shall be secondary, and Sanilac CMH shall be the payer of last resort. In the event of payment by a third-party payer, Sanilac CMH's financial responsibility shall be limited to the shortfall, if any, between the sums obtained from the third-party payer and the sum otherwise payable by Sanilac CMH to the Contract Provider under the Contract.

Payment of the amount payable under the Contract, whether paid by Sanilac CMH, a third-party payer, or a combination of the two, shall be deemed and accepted as payment in full for the Respite services.

The initial reimbursement rates for the Respite services shall be budget neutral to the current reimbursement arrangements. Each Contract Provider shall be solely responsible for all start-up services within its existing infrastructure and all costs thereof. Sanilac CMH shall not provide any funding or compensation for or with respect to a Contract Provider's start-up costs or infrastructure.

Contract Provider shall submit documentation detailing its costs to initiate and maintain the provision of Respite services in accordance with and as outlined in this Request for Proposal. Contract Provider shall maintain all financial data and records in accordance with Generally Accepted Accounting Principles.

Federal regulations and State law preclude reimbursement for any services ordered, prescribed, or rendered by a provider who is currently excluded/suspended or terminated from direct and indirect participation in either the Michigan Medicaid program or Federal Medicaid/Medicare program. The Provider shall check both the MDHHS Sanctioned Provider list and the Federal Sanctioned Provider listing (<http://exclusions.oig.hhs.gov/>) on a monthly basis to ensure eligibility for participation in both the Federal and State Programs.

C. Respite Services

Respite Services as described in the above Scope of Work shall be paid via claims submitted to Sanilac CMH's Electronic Health Record, net 30 days.

The selected provider(s) shall be required to complete a cost allocation for services provided following the Sanilac CMH cost allocation guidelines.

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ATTACHMENT A
Minimum Requirements
Respite Services
Request for Proposal

Providers responding to the Respite Services RFP shall meet the requirements specified in the chart below. The minimum requirements are established to ensure that the application submitted in response to the RFP is developed to a degree meriting detailed, full-scale evaluation by the Sanilac CMH Review Committee. Satisfaction of the minimum requirements, standing alone, does not ensure an application’s eligibility for participation in the RFP; other eligibility requirements specified in the RFP shall also be met. The completed RFP shall contain the following information. The original RFP and all labeled exhibits, attachments, documents submitted become the property of Sanilac CMH.

ITEM	DESCRIPTION
1	The Provider shall be currently providing or experienced with Respite services under contract with Sanilac CMH or another CMHSP and shall be able and willing to provide said services after April 01, 2026 , if a contract is executed between Provider and Sanilac CMH. List and describe all services the Provider currently provides or has experience with Sanilac CMH and/or another CMHSP.
2	The Provider will designate one (1) contact person who will be responsible for the RFP process and any resulting Contract with Sanilac CMH and who will be the liaison for Sanilac CMH contacts regarding Respite services.
3	Agency description: Provide a brief history (1-3 pages) of the organization and a brief explanation of the purpose or mission of the agency.
4	Provide the rationale for the Provider agency pursuing this opportunity with Sanilac CMH as well as the business status, e.g., Corporation, Partnership, etc.
5	Describe future goals for the next 5 years and any potential issues the Provider agency may face in reaching those goals.
6	Disclose any potential conflict of interest.
7	Describe in detail all background checks that are conducted on staff and the frequency of the checks.
8	Describe your experience in this or related field (i.e., providing Respite Services, etc.).

ITEM	DESCRIPTION
9	List name, addresses, and titles or representations of all owners or controlling parties of the organization.
10	Provide a copy of your current licensure, certification(s), and insurance coverage(s). (i.e.: Workers' Disability Compensation insurance, Certificate of Professional Liability in the sum of not less than \$1 Million per Claim and \$1 Million annual aggregate, Certificate of General Liability with Broad Form General Liability Endorsement or equivalent, if not in policy proper, Provider and Contractual liability coverage with limits of not less than \$1 Million per occurrence and \$1 Million annual aggregate)
11	Provide a current organizational chart including administrative structure.
12	List the key administrative staff who would be involved in the proposed program/services.
13	Provide the proposed rates for Respite services.
14	Describe process to ensure that neither the Provider, nor any of its employees, engaged to provide Respite services shall be excluded from participation in Medicare, Medicaid, or any other Federal and/or State programs.
15	Describe, in the event a service contract is awarded to the Provider's agency, the transitional plan that the Provider will implement that includes a thorough time frame that will ensure the Provider can assume contractual obligations regarding this RFP.
16	The Provider shall have the ability to electronically submit claims to Sanilac CMH (via Sanilac CMH's Electronic Health Record) and engage in electronic communication (e.g., email) with Sanilac CMH. Provide a brief description of how this will be accomplished. The Provider shall have a valid email address that is monitored regularly and have the ability to send/receive email. Provide the email address and describe your current monitoring process of this email address.
17	Describe philosophy and provide policy regarding Gentle Touch, CPI (Crisis Prevention Intervention), Physical Management, Seclusion, Use of Restraint, and experience with the above.
18	Describe philosophy and provide policy regarding providing and encouraging Individual Choice in the day-to-day routine.
19	Provide a list of references (minimum 4) with contact information.

ATTACHMENT B
Qualifications and Experience
Respite Services
Request for Proposal

FISCAL

Have you had a certified financial audit within the last four years? If so, please include a copy of your last two audit reports with your RFP response. Have you had any management letter comments related to your financial audit? If so, please elaborate and discuss your corrective action plan.

In addition, please provide your most recent financial statements (monthly or year-to-date) for the current fiscal year, including the following:

- balance sheet
- statement of cash flows
- statement of revenue and expenses

INFORMATION SYSTEMS

Summarize your organization's experience with electronic billing or submitting data electronically. Please describe your organization's capability to submit required Incident Reports electronically within 24 hours of the occurrence of an incident.

OFFICE OF RECIPIENT RIGHTS

Provide a list of any Abuse and/or Neglect violations by the organization and/or its staff substantiated by the Office of Recipient Rights over the past two (2) years in any location.

Provide evidence of remedial action taken to resolve the substantiated violations.

If your organization has had no substantiated Abuse and/or Neglect violations over the past two (2) years, please provide a statement indicating there are no substantiated Abuse and/or Neglect violations within the last two years. Note: This does not include Sanilac CMH Individuals, per access and availability of Recipient Rights records locally.

What sources does your organization rely on to provide information related to rights violations?

IDENTIFICATION OF ANTICIPATED POTENTIAL CONCERNS / CHALLENGES

The application shall identify and describe a minimum of three anticipated or potential concerns, challenges, the approach to resolve concerns/challenges, and any special assistance that shall be requested from Sanilac CMH.

ATTACHMENT C
Rates and Expenses
Respite Services
Request for Proposal

PROGRAM COST PROJECTION

Providers shall include a monthly budget detail of expected costs as defined by the number of individuals served.

1. How many people do you expect to serve through this program?
2. Provide your monthly budget projection based on the number of individuals served through this program. Add expense categories as necessary. If the listed category does not apply, please enter a zero (0).

Administration / Overhead / Indirect Program Costs may include:

- Administrative departments including Executive Office, Human Resources, Accounting, Finance, Information Technology/Support, Utilization Management, Quality Management, Customer Services, Recipient Rights, Contract Management, Program Management, and Facility Management; including all administrative support staff costs for these departments.
- Contracted administrative services costs (such as payroll processing and legal services).
- Associated overhead supporting these administrative functions.

Direct Program Costs may include:

- The cost of salary, wages and fringe benefits of the staff providing the direct service and their immediate supervisors.
- The cost of overhead including allocated department/program related costs, and supplementary activities (transportation, interpreter services, etc.) of the staff providing the direct service.

3. Please provide a list of the positions and salaries included in your Administration budget projection.
4. Please provide a list of the positions and salaries included in your Direct Program budget projection.

5. What is your organization's Average Hourly Direct Care wage (before tax, insurance, fringe costs)?

6. In an effort to achieve budget neutrality, please attach documentation detailing your current payment arrangements, including rates and payment terms.

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MONTHLY PROGRAM BUDGET

	Monthly Budget Projection
Administration / Overhead / Indirect Program Costs	
Salaries & Wages	
Fringe Benefits & Payroll Tax	
Supplies & Other Minor Equipment	
Utilities	
Insurance	
Other (please define)	
Administration / Overhead / Indirect Program Costs Total	
Direct Program Costs	
Salaries & Wages	
Fringe Benefits & Payroll Tax	
Supplies & Other Minor Equipment	
Utilities	
Insurance	
Transportation	
Other (please define)	
Direct Program Costs Total	
Contracted Services Costs	
List services you plan to use outside contractors to provide	
Contracted Services Costs Total	
Less First & Third-Party Revenues	
List program revenues from sources other than Sanilac CMH	
Less First & Third-Party Revenues Total	
Total Monthly Budget Projection	

Attachment D
Conflict of Interest Certification
Respite Services
Request for Proposal

The Provider, _____, hereby certifies that, to the best of its knowledge, information and belief, there are no present or currently planned interests (financial, contractual, organizational, or otherwise) relating to the work to be performed under the Contract resulting from this Request for Proposal that would create any actual or potential conflict of interest (or apparent conflict of interest) (including conflicts of interest for immediate family members: spouses, parents, children, siblings) that would impinge on its ability to render impartial, technically sound, and objective assistance or advice, or result in it being given an unfair competitive advantage (collectively “Conflicts of Interest”). In this clause, the term “potential conflict” means reasonably foreseeable conflict of interest. The Provider further certifies that it has and shall continue to exercise due diligence in identifying and removing or mitigating, to Sanilac CMH’s satisfaction, such Conflicts of Interest and apparent and potential Conflicts of Interest).

Provider Name _____

Signature _____

Signer’s Name _____

Title _____

Date _____

Remainder of this page is intentionally blank.

Attachment E
Affirmation and Certification
Respite Services
Request for Proposal

To accompany applications submitted to Sanilac County Community Mental Health Authority:

The undersigned affirms that it is duly authorized to execute this Statement on behalf of the Provider, that this application in response to the RFP has not been prepared in collusion with any other entity or individual, and that the contents of this application in response to the RFP have not been communicated to any other Provider prior to the official opening of this application in response to the request for RFP.

Project: **Respite Services**

Name of Provider: _____

Name of Company Representative: _____

Name of Company Representative Authorized to Honor this Bid: _____

Business Address: _____

Representative Address: _____

Phone Number: _____

Email Address: _____

Fax Number: _____

How many years have you been engaged in this business? _____