Administrative Information

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| Region: | Program Specialist: | |
| Proposal: | Admin: | Deputy: |
| Date Submitted: | Decision: | Date: |

Proposal Development Rubric

|  |  |  |  |
| --- | --- | --- | --- |
| **Component** | **Present (Y/N)** | **Additional Information Needed** | **DBH Feedback/Comments** |
| **Cover Page** | | | |
| Region Contact Information |  |  |  |
| Proposal or Service Title |  |  |  |
| Date |  |  |  |
| **Proposal administrative information** | | | |
| Release Date |  |  |  |
| Submission Due Date |  |  |  |
| Submission Details |  |  |  |
| Region Contact |  |  |  |
| **Executive Summary** | | | |
| Who the Region is |  |  |  |
| How and/or why the Region was established |  |  |  |
| What is the Region’s purpose |  |  |  |
| **Proposal Purpose and Scope** | | | |
| Demonstrates need for the service(s) - with **local** data, including how the proposal will make an impact. |  |  |  |
| Intent of project – what problem is being addressed? (provide data if applicable) |  |  |  |
| Anticipated Goals |  |  |  |
| Outcomes and Data Measures that are sufficient to measure the intended target. |  |  |  |
| Priority Population and why – with data |  |  |  |
| Service(s) to be offered |  |  |  |
| Financial Eligibility Requirements by Service |  |  |  |
| **Component** | **Present (Y/N)** | **Additional Information Needed** | **DBH Feedback/Comments** |
| Requirement to bill Medicaid for Medicaid-eligible Consumers |  |  |  |
| [Lawful Presence](file:///\\Fs1\hawb\Network%20Operations\Network%20Operations%20Manual\FY24\FY24_Network%20Operations%20Manual.pdf) Requirements by Service (NOMs p. 6) |  |  |  |
| **Bidding Information** |  |  |  |
| Funding Amount Available |  |  | Select one:   * State Funds * Federal Funds * Both * Capactiy Access Development (CAD) (complete CAD review section) * Set aside:\_\_\_\_\_\_\_\_\_\_\_ |
| Funding Source Statement(s) |  |  |  |
| Reimbursement Method(s) |  |  | Select by service(s):   * Rate/FFS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Expense/NFFS:\_\_\_\_\_\_\_\_\_\_\_ * CAD:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Non-transer of Funding Statement |  |  |  |
| Use of Subcontractor(s) |  |  |  |
| RFP Timeline |  |  |  |
| Period for Question and Answer from Bidders or Bidder’s Conference |  |  |  |
| Communication Contact and Policy |  |  |  |
| RFP Submission Instructions |  |  |  |
| Proposal Format |  |  |  |
| Budget – BH20 Instructions |  |  |  |
| Proposal Review and Evaluation Process |  |  |  |
| Proposal Selection and Award |  |  |  |
| Appeal Process |  |  |  |
| **Clinical Infomation** | | | |
| Service Definition(s) is Verbatim from the [CoC](https://dhhs.ne.gov/Behavioral%20Health%20Documents/Continuum%20of%20Care%20Manual.pdf) Manual |  |  |  |
| Are behavioral health services, as defined in [Statute 71-804](https://nebraskalegislature.gov/laws/statutes.php?statute=71-804), being rendered? |  |  |  |
| Are there any conflicts with the proposal and clinical eligbilility criteria in the proposed services? |  |  |  |
| **Component** | **Rating (1 – Poor to 5 - Excellent)** | **Additional Information Needed** | **DBH Feedback/Comments** |
| Are the services clinically relevant to the individual, including evidence that the services will meet clinical need to effectively address the problem? |  |  |  |
| Are there any services proposed that do not have a service definition from the CoC? |  |  |  |
| **New Service(s) Proposed** | | | |
| Is a new region specific-service being proposed?  **If yes, service needs clinical review for state-wide applicability.**  **Notify Clinical Administrator and/or Deputy and complete the remaining review items in this section.** |  |  |  |
| Does the new service have an evaluation plan, including data to justify need and proposed outcome metrics to determine effectiveness? |  |  |  |
| Are new documentation requirements clear? Is the service using standard documentation listed in the CoC appendix? |  |  |  |
| If the service is an EBP, is there a plan to monitor adherence to the model? Are all components present? (ex: audit criteria, service fidelity review) |  |  |  |
| Is there a process where the individual has some sort of assessment, treatment plan, progress documentation and discharge/follow-up? |  |  |  |
| Is ASAM Criteria Applicable and integrated into the definition? |  |  |  |
| Is the service based upon common practices in the field? Are there better accepted standards for the service? |  |  |  |
| Is there a process to ensure the individual is clinically eligible? |  |  |  |
| Is standardized language being used to make it consistent with other services? |  |  |  |
| Does the service better fit under another existing service definition(s)? |  |  |  |
| Is the service written in a manner which would make it broadly applicable to the rest of the state (ex: “Referred from ‘X’ county to “Referred by a county”) |  |  |  |
| Are proposed units of service noted? |  |  |  |
| Is the service an authorized service? Is a utilization management process indicated? |  |  |  |
| If yes, is authorization criteria noted? |  |  |  |

Capacity and Access Development (optional)

Full Guidance: Network Operations Manual (NOMs) Appendix C

All items in Appendix B must be included in the RFP as required when providing CAD funding. Please note, CAD funding may be used to develop a new service or to expand an existing service. The specific requirements for CAD vary depending on the intent of the proposal.

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| **Component** | **Present (Y/N)** | **Additional Information/Detail Needed** | **DBH Feedback/Comments** |
| CAD Funding amount available and funding source(s) |  |  | Please select:  State funds  Federal funds  Both |
| Reimbursement Method for the service(s) to be developed or expanded (Rate or Expense)  \*CAD is expense-based only |  |  | Please select by service(s):  Rate/FFS  Expense/NFFS |
| Program Narrative (items A-O are required when a bidder submits a proposal) |  |  |  |
| Development and Implementation Plan - BH-5 (all items in the BH-5 are required when a bidder submits a proposal) **(This requirement only applies to CAD funds to develop a NEW service)** |  |  |  |
| Capacity Development Progress Report Requirements |  |  |  |
| Capacity Development Progress Report Frequency |  |  |  |
| Budget – BH20 (a separate budget must be completed for CAD funding) |  |  |  |