**Attachment F**

**Technical Proposal**

**RFP-25-80894**

Please supply ***all*** requested information ***in the yellow-shaded areas*** and indicate any attachments that have been included. Document all attachments and which section and question they pertain to.

**2.4.1 General Information**

Please provide a brief history of your company, including the year it was established.

Please select which region(s) you are applying to be the CMHW Access Site for: Central, Central East, Central West, Northeast, Northwest, Southeast and Southwest.

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Please describe your company’s current engagement in mental health services and supports in the region(s) in which you are applying to be the access site

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Please describe how your company currently maintains and secures client records.

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**2.4.2 - CMHW Application Processing**

Please explain in detail how your company will manage all incoming referrals for the CMHW program.

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Please explain how your company trains employees and ensures trauma informed practices are used when working with youth and families.

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Please explain in detail how your company will submit initial eligibility reviews within the required 15 business days.

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Please explain in detail how your company will take all necessary steps to assist the family in applying for CMHW services. This may include providing guidance to the family as it relates to applying for Medicaid.

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Please explain in detail how your company will meet face to face with the youth and family to complete the DMHA approved assessment and obtain signatures on all necessary documents.

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Please agree to enter all information into Tobi and submit the application to DMHA.

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Please explain in detail how your company will be responsible for contacting the family and collaborating with referral sources to gather information needed to complete application processing activities within timeframes determined by DMHA.

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Please explain in detail how your company will refer the family and youth to other services and supports, within their community, that they may be eligible for.

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Please explain in detail how your company will complete all necessary training, as determined by DMHA, to perform CMHW application processing activities according to policy.

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Please explain the internal processes your agency will use to monitor and track the information required for the monthly report.

* + Number of referrals received.
  + Number of eligibility reviews submitted to DMHA.
  + Number of eligibility review determinations made by DMHA.
  + Number of families referred to apply for Medicaid
  + Number of families requesting to reengage at 60-day follow-up.
  + Number of CANS received from other agencies regardless of validity.
  + Number of ERs submitted.
  + Number of CANS completed.
  + Number of face-to-face assessments completed.
  + Number of youths wanting services but no WF available.
  + Number of families who received follow-up contract.
  + Number of Child Mental Health Initiative (CMHI) referrals made.

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**2.4.3 - Ongoing Referral, Follow-up, and Provider Availability Tracking**

If the youth is found ineligible by DMHA for CMHW, please explain in detail how the contractor will provide the family with information about the denial within 2 days of the denial.

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Please explain in detail how your company will ensure that all information related to ongoing referral & follow-up tracking is entered into Tobi. Information regarding provider availability shall be entered on the DMHA approved tracking spreadsheet.

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Please explain in detail how your company will follow up with all families who have declined or been denied CMHW services within 60-90 days to determine if they have accessed or need additional support to access mental health services and/or supports.

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Please state your company’s agreement to submit a DMHA approved monthly report. Specific details of this report are documented above under CMHW Application Processing

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