

## **Section VI**

### **REQUIRED NARRATIVE / DOCUMENTS**

#### **A. Documentation Requirements**

Interested Vendors shall meet and provide documentation for the following to be considered. Vendor narrative shall include the Vendor name on each page. Failure to include complete responses for each of the applicable sections shall result in a loss of points. Responses that exceed the defined limits may be credited with 0 points. For any of the following, if the required narrative and / or document is not available, the Vendor may indicate “not available” and provide an explanation.

#### **B. Vendor Profile**

Vendor shall provide a narrative description and any supporting documentation to address the following:

- a. Business status: Proof of Business Entity: Documentation and proof of business entity as recognized by the Internal Revenue Service (IRS).
- b. Vendor shall attach a copy of its Certificate or License (if applicable).
- c. History of Vendor organization and explanation of the purpose or mission of the Vendor and how it relates to the RFP.
- d. Describe the rationale for the Vendor pursuing this opportunity.
- e. Disclose any potential conflict of interest.

#### **C. Financial Services Delivery System**

- a. Provide a list of similar clients served during the past two (2) years.
- b. Describe the technical support services available to PIHP and Affiliates along with any associated costs, if applicable.

#### **D. Insurance**

The Vendor shall attach evidence of current liability insurance coverage.

#### **E. References**

The Vendor shall provide a list of customer references including company names, contact names, and phone numbers for follow-up. A minimum of two (2) complete references shall be provided by the vendor.

#### **F. Contract Language**

The Vendor shall attach its proposed contract language for review by the PIHP and Affiliates in the event Vendor is the successful bidder.

## **G. Cover Letter**

A cover letter on firm letterhead must provide the name and title of the person(s) who are authorized to answer questions about this RFP. Please include the following additional information:

- Legal Name
- Address
- Telephone Number(s)
- Fax Number(s)
- E-mail/Web Page Address
- Tax ID Number
- Administrator (name/title)
- Person Authorized to Sign Contracts (name/title)
- Billing Entity Authorized to receive financial reimbursement
- Billing Contact Person and Telephone Number
- Billing Address if different than above

## **H. Statement of Requirements**

State in detail your understanding of the requirements presented by this RFP, specifically as it applies to the Compliance Examination Guidelines, available on the MDHHS reporting website.

## **I. Statement of Auditing Standards**

State in detail the auditing standards that will be used.

## **J. Work Plan**

Describe in narrative form an outline of the proposed audit program. Include a proposed timeline. Please identify both pre-audit fieldwork and fieldwork schedules in the proposed timeline.

## **K. Staffing**

Identify the lead partner and manager that will be responsible for this audit by name and title. Also include their qualifications and relevant governmental and behavioral healthcare audit experience. Identify the anticipated number and level of additional staff to be assigned to this audit.

The partner and lead manager named in your response may be changed only with the express written approval of the PIHP and Affiliates which also retains the right to approve or reject replacements. PIHP and Affiliates agree not to withhold approval if the reason for the change is outside the control of the firm and the replacements have comparable experience.

## **L. Firm Demographics**

The proposal should include a brief history of the firm, its size, number of governmental and non-profit audit staff, location of office from which the work for this audit will be performed, the number of governmental and non-profit clients compared to entire client base.

The audit firm must disclose information on the circumstances and status of any disciplinary action taken or pending against the firm during the past three years with state regulatory bodies or professional organizations.

The audit firm shall also provide information on the results of any federal or state desk reviews or field reviews of its audits during the past three years.

The audit firm shall also confirm that no staff performing the audit has been suspended or disbarred.

**M. Relevant Experience:**

For the firm's office that will be responsible for the audit, list at least three engagements performed in the last two years that are like the one described in this RFP. Indicate the total staff hours, the scope of work, dates, partners, and the name and telephone number and email address of the principal client contact.

This client list should include any other CMH or PIHP and/or comparable health care agencies.

**N. Independence:**

The firm should provide an affirmative statement that it is independent of the PIHP and Affiliates.

**O. License to Practice in Michigan and Required Insurance:**

Your response must include an affirmative statement indicating the audit firm and all assigned key professional staff are licensed to practice in Michigan. The audit firm must confirm in writing that criminal background checks are performed for each professional staff person. The audit firm must include copies of required insurance coverage to practice this profession in Michigan.

**P. Pricing:**

The response must provide a schedule of pricing that represents a firm fixed fee separately for the PIHP and each affiliate, by fiscal year and for each of the following areas:

1. Financial Audit
2. Compliance Audit
3. Single Audit, if applicable

The pricing schedule should assume that the firm is selected by only one of the three organizations. Discounts available on the basis of being awarded two (2) or more organizations may be presented as a percent discount or as a separate schedule of pricing for each scenario the firm is willing to provide a discount. For each percent discount or discounted pricing schedule presented, the criteria to obtain the discount must be clearly indicated.

The firm may, at its discretion provide pricing for up to three (3) additional one-year options to be exercised at the sole discretion of the PIHP and/or Affiliates.

**Q. Signature**

An official authorized to bind the firm to its provisions must sign all proposals.

**R. Effective Period**

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

**S. Withdrawal**

The proposal may be withdrawn in person or by written request.

**T. Proposal Submission**

Hard copy faxed or late proposals will not be accepted.