

DETROIT WAYNE INTEGRATED HEALTH NETWORK
REQUEST FOR QUALIFICATIONS
FOR
OUTPATIENT MENTAL HEALTH PROVIDERS TO PROVIDE
APPLIED BEHAVIOR ANALYSIS SERVICES

CONTROL NO. 2026-007

Issue Date: Wednesday, July 8, 2026

Pre-Response Conference: N/A

Response Question Due: Thursday, July 16, 2026 at 2:00 p.m. local time

Responses Deadline: Thursday, July 30, 2026 at 2:00 p.m. local time

Oral presentations*: TBD

Response Submission Format: Electronic

Purchasing Contact: Larry Lee, Procurement Administrator
Email: llee@dwihn.org
Purchasing Division
Email: procurement@dwihn.org

Description: The Detroit Wayne Integrated Health Network (DWIHN) is requesting responses to this Request for Qualifications (RFQ) for the purpose of creating a list of qualified Providers to provide Applied Behavioral Analysis (ABA), for individuals under 21 years of age diagnosed with autism spectrum disorders (ASD) that are eligible for Behavior Health Treatment (BHT) per the Michigan Medicaid Provider Manual. Contract awards will be made only to Respondents placed on the Qualified List established through this RFQ.

Providers currently included on the Qualified List established under RFQ 2023-005 and RFQ 2023-005 REBID are not required to submit a response to this solicitation and will remain qualified through September 30, 2028. This RFQ is intended to expand the Qualified List by allowing additional qualified providers to be added through September 30, 2031.

A copy of this bid may be obtained from the BidNetDirect website (formerly MITN.info) at <https://www.bidnetdirect.com>, until the deadline date and time noted above. Until the Bid Deadline, it is incumbent upon the Bidder to check the website for additional information and/or addenda. If you have any questions, please email Purchasing Contact Above. Late Responses will not be accepted – NO EXCEPTIONS.

Written questions regarding the substance of the RFQ or scope of services must be submitted via BidNetDirect or via e-mail to the purchasing contact listed above no later than the Pre- Response Question Deadline indicated above.



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APPENDICES

- Appendix A – Price Sheet (Rate Acceptance Form)
- Appendix B - Form of Contract

ATTACHMENTS

- Attachment A – RFQ 2026-007 Vendor Submission Checklist
- Attachment B - RFQ 2026-007 Submission Matrix - Vendor Response Roadmap

SECTION 1 - INSTRUCTIONS

- 1) **COMMUNICATIONS:** In an effort to create a more competitive and unbiased procurement process, DWIHN desires to establish a single point of contact throughout the procurement process. From the issue date of this Request, until a Successful Respondent(s) is selected, all requests for clarification or additional information regarding this RFQ, or contacts with DWIHN personnel concerning this RFQ or the evaluation process must be solely to the contact person listed on the cover page of this RFQ.

A violation of this provision is cause for DWIHN to reject the Respondent's response. If it is later discovered that a violation has occurred, DWIHN may reject any response or terminate any contract awarded pursuant to this RFQ. No contact regarding this document with other DWIHN employees is permitted.

- 2) **PRE-RESPONSE INFORMATION AND QUESTIONS:** Each response that is timely received will be evaluated on its merit and completeness of all requested information. In preparing responses, Respondents are advised to rely only upon the contents of this RFQ and accompanying documents and any written clarifications or addenda issued by DWIHN. If a Respondent finds a discrepancy, error, or omission in the response package, or requires any written addendum thereto, the Respondent is requested to notify the Purchasing Contact noted on the cover of this RFQ, so that written clarification may be sent to all prospective Respondents. DWIHN IS NOT RESPONSIBLE FOR ANY ORAL REPRESENTATIONS. All questions must be submitted in writing to the Purchasing Contact only before the Pre-Response Question Deadline indicated on the front of this document. All answers will be issued in the form of a written addendum.

- 3) **DWIHN RIGHTS AND RESPONSIBILITIES:** DWIHN has the right to amend this RFQ by one or more written addenda. DWIHN is responsible only for that which is expressly stated in the solicitation document and any authorized written addenda.

Should any such addenda require additional information not previously requested, Respondent's failure to address the requirements of such addenda may result in the Response not being considered, as determined in the sole discretion of DWIHN. DWIHN is not responsible for and shall not be bound by any representations otherwise made by any individual acting or purporting to act on its behalf, other than the Procurement Director, Procurement Director's designee, and/or stated contact for the solicitation.

It is the Respondent's responsibility to periodically check the source of the RFQ until the posted Response Deadline to obtain any issued addenda. However, DWIHN will make reasonable efforts to inform all Respondents of any clarifications, modifications, or amendments.

When, either before or after receipt of responses, DWIHN changes its requirements or terms and conditions, the Procurement Director, or their designee, shall amend the solicitation.

The Procurement Director will have the discretion to extend the RFQ deadline date if he/she determines that it is in the best interest of the DWIHN. Furthermore, the Procurement Director may also cancel the original solicitation and issue a new solicitation if it is in the best interest of the DWIHN or if the Amendment is so substantial in nature as to exceed what prospective offerors reasonably could have anticipated, so that additional sources likely would have submitted offers had the substance of the amendment been known to them.

- 4) **RFQ MODIFICATIONS:** Clarifications, modifications, or amendments may be made to the RFQ at any time prior to the Response Deadline at the discretion of DWIHN. It is the Respondent's responsibility to periodically check the <https://www.bidnetdirect.com/mitn> the posted Response Deadline to obtain any issued addenda.

- 5) **PRE-RESPONSE MEETING:** Not Applicable
- 6) **RESPONSE SUBMISSION:** To be considered, the response must be prepared in the manner and detail specified in this response.
- a. Responses, all attachments, and any modifications or withdrawals, must be submitted electronically through the BidNetDirect (MITN) Bid System (<https://www.bidnetdirect.com>). Respondents should provide the documents in a modifiable form (e.g., Microsoft Word or Excel), but have the option to also provide copies of any documents in a non-modifiable form (e.g. PDF) with the sole exception of any pricing which must be provided in Excel format, when an Excel Pricing Sheet is provided. Respondent's failure to submit a response as required may result in disqualification of such response. The response and attachments must be fully uploaded and submitted prior to the due date and time identified above.
 - b. Responses received after the final deadline will not be accepted.
 - c. The opening/downloading of a response does not constitute the DWIHN's acceptance of the Respondent as a responsive and responsible Respondent.
 - d. Submission of a response establishes a conclusive presumption that the Respondent is thoroughly familiar with the RFQ, specifications and terms of the Form of Contract, and the DWIHN's Procurement Policies, and that the Respondent understands and agrees to abide by each and all of the stipulations and requirements contained therein.
 - e. Responses sent by facsimile, telegraph, or email will not be considered.
 - f. All costs incurred in the preparation and presentations of the response, as well as any resulting contract, are the Respondent's sole responsibility; no such costs will be reimbursed to any Respondent. All documentation submitted with the response will become the property of the DWIHN.
 - g. All prices and notations must be typed or printed in ink. No erasures are permitted. Mistakes may be crossed out and the person(s) signing the response must initial corrections in ink.
 - h. Responses are subject to public disclosure after the deadline for opening in accordance with state law under the Freedom of Information Act (FOIA).
- 7) **RESPONSE SIGNATURES:** An authorized official must sign the response. Each signature represents binding commitment upon the Respondent to provide the goods and/or services offered to DWIHN if the Respondent is determined to be the most responsive and responsible Respondent.
- 8) **CONTRACT AWARD:** DWIHN reserves the right to withdraw the RFQ, to award to one Respondent, to any combination of Respondents, by item, group of items, or total response. DWIHN may waive informalities if it is in DWIHN's interest. The Respondent to whom the award is made will be notified at the earliest possible date. Tentative acceptance of the response, intent to recommend award of a contract, and actual award of the contract will be provided by written notice sent to the Respondent at the address designated in the response. All responses must be for a firm fixed price unless modified. If, for any reason, a contract is not executed with the selected Respondent within 14 days after notice of recommended award, then DWIHN may recommend the next most responsive and responsible Respondent. Award of this response is contingent upon the availability of funds for this project, within the sole discretion of DWIHN. Acceptance of the Respondent's response does not constitute a binding contract. There is no contract until DWIHN's policies have been fulfilled. DWIHN is not liable for performance costs until the successful Respondent has been given a fully executed contract. Failure to accept the terms and conditions of DWIHN's Standard Contract may deem the Respondent non-responsive.
- 9) **RESPONSE MODIFICATIONS:** Clarifications, modifications, or amendments to any response that has been submitted, but prior to the response Deadline Date, may be made only within the discretion and written approval of the Procurement Director.

- 10) DUPLICATE RESPONSES:** No more than one (1) response from any Respondent, including its subsidiaries, affiliated companies and franchisees will be considered by DWIHN for each program applied for by the Respondent. In the event multiple responses are submitted for the same program in violation of this provision, DWIHN will have the right to determine which response will be considered, or at its sole option, reject all such multiple responses for the same program. A Respondent may submit responses to multiple programs, if applicable, pursuant to the RFQ, but only one response shall be submitted for each program to which the Respondent is responding. Furthermore, a Respondent, who provides a response and is deemed non-responsive to a program based on that response, may resubmit another separate and complete response, at a later date, to be reevaluated for the program.
- 11) WITHDRAWAL:** Responses may only be withdrawn by written notice prior to the Deadline date set for the opening of response. No response may be withdrawn after the deadline for submission.
- 12) REJECTION:** DWIHN reserves the right to reject any or all responses, or to accept or reject any response in part, and to waive any minor informality or irregularity in responses received, if it is determined by the Procurement Director or designee that the best interest of DWIHN will be served by doing so. DWIHN may reject any response from any person, firm or corporation in arrears or in default to DWIHN on any contract, debt, or other obligation, or if the Respondent is debarred by DWIHN from consideration for a contract award, or if Respondent has committed a violation of the ethics or anti-kickback provisions of DWIHN's Procurement Ordinance which resulted in a termination of a contract or other material sanction within the two (2) years immediately preceding the date of issuance of this document.
- 13) PROCUREMENT POLICY:** Procurement for DWIHN will be handled in a manner providing fair opportunity to all businesses. This will be accomplished without abrogation or sacrifice of quality and as determined to be in the best interest of DWIHN. The Chief Executive Officer has the vested authority to execute all DWIHN contracts, subject to Board approval where required.
- 14) COMPLIANCE WITH LAWS:** The Respondent must comply with all federal, state, and local laws and policies including, but not limited to:
- I. The provisions of DWIHN Procurement Ethics Policy, as applicable to contractors, and Contractor agrees to provide all required disclosures;
 - II. The Michigan Civil Rights Act;
 - III. The Persons With Disabilities Act;
 - IV. The Age Discrimination Act;
 - V. Section 504 of the Rehabilitation Act;
- 15) NON-DISCRIMINATION:** DWIHN will not contract with any person or firm that discriminates against employees or applicants for employment because of any factor not related to job performance. The Respondent must comply with all federal, state and local laws and policies that prohibit discrimination in employment contracts. The anti-discrimination policies of DWIHN Procurement Policy, are incorporated into DWIHN contracts. The Respondent must include in its subcontracts provisions that prohibit subcontractors from discriminating in their employment practices.
- 16) NO RESPONSE:** Businesses who receive this RFQ but who do not submit a response should return a notice stating the reason(s) for not responding. Failure to return this may result in removal of the business' name from all bidder lists.
- 17) CONTRACT NEGOTIATION:** All responses must be firm for at least 120 days from the due date of the response. If, for any reason, a contract is not executed with the selected Respondent within 14 days after notice of recommended award, then DWIHN may recommend the next most responsive and responsible Respondent. There is no contract until DWIHN's policies have been fulfilled.

- 18) DISQUALIFICATION OF RESPONDENTS:** Any one or more of the following causes may be considered sufficient for the disqualification of a Respondent and the rejection of the Response:
- a. Evidence of collusion among Respondents.
 - b. Lack of competency as revealed by either financial, experience, or equipment statements.
 - c. Lack of responsibility as shown by past work.
 - d. Uncompleted work under other contracts which, in the judgment of DWIHN, might hinder or prevent the prompt completion of additional work if awarded.
 - e. Being in arrears on existing contracts, in litigation with the DWIHN, or having defaulted on previous contracts.
- 19) DISCUSSIONS:** Discussions may be conducted with responsible Respondents, in order to clarify and assure full understanding of, and conformance to, the solicitation requirements. Discussions may be conducted with Respondents who submit Responses determined to be reasonably susceptible of being elected for award, but Responses may be accepted without such discussions.

Respondents shall be accorded fair and equal treatment with respect to any opportunity for discussions and revisions of Responses. Such revisions may be permitted after submission and prior to award for the purpose of obtaining best and final offers. If during discussions there is a need for any substantial clarification of or change in the RFQ, the RFQ shall be amended to incorporate such clarification or change. The Respondent shall reduce any substantial oral clarification of Responses to writing.

- 20) SUBCONTRACTORS:** In an effort to promote supplier diversity, DWIHN encourages Respondents to identify and include qualified disadvantaged businesses as subcontractors when proposing to provide products and services to DWIHN.

PLEASE BE ADVISED THAT BUSINESSES CANNOT SUBMIT A RESPONSE ON THEIR OWN BEHALF (i.e. RESPONDENT) AND THEN BE A SUBCONTRACTOR ON ANOTHER BUSINESS'S BEHALF. BUSINESSES CAN ONLY SUBMIT AS RESPONDENT OR SUBCONTRACTOR, NOT BOTH. IF A BUSINESS ELECTS TO SUBMIT A BID AND IS UTILIZED AS A SUBCONTRACTOR BY ANOTHER VENDOR, THEN THE BUSINESS'S RESPONSE WILL BE DEEMED NON-RESPONSIVE

If the Respondent's team is composed of a prime Consultant with Subcontractors, the Subcontractors must remain exclusive to the prime described in the response until the end of the specific response period and may not partner with more than one prime for the purposes of the responsive response. The total exclusive time will be 120 days from the response due date.

Subcontractors (or their assignments) may not be changed without prior written approval by DWIHN. The Contract will not be assignable to any other business entity without the DWIHN's approval. Respondents are encouraged to consider a joint venture.

- 21) RESPONDENT RESPONSIBILITIES:** The Respondent must be capable, either as a firm or a team, of providing all services as described under SECTION 2 – SCOPE OF WORK and to maintain those capabilities until notification of the fact that their response was unsuccessful. Exclusion of any service for this response may serve as cause for rejection. The selected Respondent must remain capable of providing all services as described under SECTION 2 – SCOPE OF WORK and must maintain those capabilities until the agreement is successfully finished. The successful Respondent will be responsible for all Services in this response whether they are provided or performed by the Successful Respondent or Subcontractor(s). Further, DWIHN will consider the Successful Respondent to be the sole point of contact with regard to contractual matters, including payment of any and all charges resulting from the cost of any contract. The Successful Respondent must identify all Subcontractors and the Services they provide. The Successful Respondent is responsible for all payments and liabilities of all Subcontractor(s).

DWIHN reserves the right to approve or reject, in writing, any proposed Subcontractor. If DWIHN rejects any proposed Subcontractor in writing, the Successful Respondent shall be responsible to assume the proposed Subcontractor's responsibilities. The Successful Respondent may propose another Subcontractor if it does not jeopardize the effectiveness or efficiency of the contract. Nothing contained in the response or in the contract shall create or be construed as creating any contractual relationship between any Subcontractor and DWIHN.

- 22) DWIHN PARTICIPATION:** DWIHN will provide appropriate personnel support for implementation of these agreements. The Respondent's response should identify DWIHN FTEs required and tasks to be performed by DWIHN personnel. For the purpose of contract administration, DWIHN will designate a person to serve as DWIHN Contract Manager. DWIHN Contract Manager will serve as the primary liaison between DWIHN and the Successful Respondent and will coordinate overall management and administration of the contract for DWIHN.
- 23) DISCLOSURE OF CONTENTS:** All information provided in the response shall be held in confidence and shall not be revealed or discussed with competitors, until after award of the contract except as provided by law or court decision. All material submitted with the response becomes the property of DWIHN and may be returned only at DWIHN's option.

Respondents must make no other distribution of their responses other than authorized by this RFQ. A Respondent who shares cost information contained in its response with other DWIHN personnel or competing Respondent personnel shall be subject to disqualification.

Respondents shall not be provided any information about other responses or prices or where the Respondent stands in relation to others at any time during the evaluation process. Any request for such information by a Respondent, its subcontractor or an affiliated party may be viewed as a compromise to the evaluation process and the requesting Respondent may be eliminated from further consideration.

SECTION 2 - SPECIFICATIONS AND SCOPE OF WORK

1. **INTRODUCTION:** Through this Request for Qualifications (RFQ), Detroit Wayne Integrated Health Network (DWIHN) hereby invites businesses who meet the qualifications and specifications set forth herein to submit responses to establish a list of qualified Providers to provide Applied Behavioral Analysis (ABA), for individuals under 21 years of age diagnosed with Autism Spectrum Disorders (ASD) that are eligible for Behavior Health Treatment (BHT) per the Michigan Medicaid Provider Manual.

NOTE: Providers currently included on the Qualified List established under RFQ 2023-005 and RFQ 2023-005 REBID are not required to submit a response to this solicitation and will remain qualified through September 30, 2028. This RFQ is intended to expand the Qualified List by allowing additional qualified providers to be added through September 30, 2031.

2. **GENERAL INFORMATION:** Michigan Medicaid currently covers ABA services for children under 21 years of age under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit. All children, including children with ASD, must receive EPSDT services that are designed to assure that children receive early detection and preventive care, in addition to medically necessary treatment services to correct or ameliorate any physical or behavioral conditions, so that health problems are averted or diagnosed and treated as early as possible. DWIHN believes that there are many pathways to access services and that there is no wrong door to receive treatment; each person is unique with specific needs, strengths, goals, health attitudes, behaviors and expectations for services. Our services are individualized, person-centered and work with each persons' unique strengths, and abilities. Interested and qualified proposers must be equipped to provide evidence-based Applied Behavior Analysis to meet all required ASD services to individuals covered by Medicaid, who have an autism diagnosis, have the developmental capacity to benefit from treatment, show continued progress in treatment, and reside in Wayne County.
3. **MINIMUM QUALIFICATIONS:** Interested and qualified Respondents that can demonstrate their ability to successfully provide the services/products outlined in the Scope of Work/Specifications section of this RFQ are invited to submit response(s), provided they meet the following minimum qualifications. Respondents (specifically, the business that will be contractually bound under the contract with DWIHN) will be deemed non-responsible and rejected without any further evaluation if they do not meet the following mandatory qualifications:

- a) **Organization & Service Operations**

- i) The Respondent, or any designated subcontractor, must be an Applied Behavior Analysis (ABA) services provider within or around Wayne County, Michigan.

Failure of the Respondent to meet the minimum qualifications will eliminate its response from further consideration of this submission.

4. **PREFERRED QUALIFICATIONS:** Following the determination of meeting the minimum qualifications, the Respondent may be scored higher during evaluation if they meet the following preferred qualifications:
 - i) The Respondent or its subcontractor has one or more service locations within Wayne County, Michigan. Provide verification of each additional service location with Google Maps, MapQuest or similar.
 - ii) The Respondent or its subcontractor or its key personnel have received Practical Functional Assessment and Skill-Based Treatment training, or equivalent training intervention, which ensures an effective and humane approach for addressing problem behavior.

- iii) The Respondent or its subcontractor or its key personnel are all trained annually in Safety-Care® Crisis Prevention Training through Quality Behavioral Services (QBS) or an equivalent safety training.
- iv) The Respondent, its subcontractor, or its key personnel must be in good standing and have achieved an audit score of **80% or higher** during the most recent applicable audit period. If the Respondent is not currently part of the DWIHN provider network, audit results from another county, PIHP, CMHSP, accreditation organization, third-party authorizer, or other equivalent oversight entity may be submitted to demonstrate compliance with quality standards. If the Respondent is a new provider without an organizational audit history, the Respondent may satisfy this requirement by demonstrating that its key personnel have a documented history of meeting quality and compliance standards through prior organizational audits, accreditation, or other equivalent quality oversight, along with policies and procedures that support compliance with applicable regulatory and contractual requirements.
- v) The Respondent or its subcontractor submits a minimum of three (3) letters of clinical or professional references for serving the Medicaid population with Applied Behavior Analysis Treatment dating within the past two years.

5. SCOPE OF SERVICES:

A. Program Overview and Purpose

DWIHN intends to establish a Qualified List consisting of multiple qualified providers of clinic-based and in-home Applied Behavior Analysis (ABA) services for children and youth **up to 21 years of age**, residing in Wayne County, with a diagnosis of Autism Spectrum Disorder (ASD) that are able to benefit from Behavioral Health Treatment – Applied Behavior Analysis (BHT-ABA) therapy.

Reference Michigan Medicaid Provider Manual Section 18 – Behavioral Health Treatment Services/Applied Behavioral Analysis for a full-service description and requirements.

B. Behavioral Health Treatment (BHT) / Applied Behavior Analysis (ABA) Services Overview

- a. Applied Behavior Analysis (ABA) intervention is available to eligible beneficiaries up to 21 years of age, diagnosed with Autism Spectrum Disorder (ASD), that meet medical necessity and are eligible for Medicaid.
- b. ABA is individualized to an individual's skills, needs, interests, preferences, and family situation. Services are designed to be delivered in the home, in a clinic setting, in a community setting, or a combination of settings.
- c. ABA services are provided to individuals in the least restrictive environment where the goal of treatment is focused on improving core deficits in communication, social interaction, or restricted behaviors; all of which will impact fundamental deficits and help individuals develop greater functional skills and independence.
- d. Services should be provided at an appropriate level of intensity, in an appropriate setting(s), and for an appropriate period of time, depending on the needs of the individual and their family within their community. Clinical determinations of service intensity, setting(s), and duration are to be designed to facilitate the individual's goal attainment.

C. Treatment Planning, Transition, and Discharge Requirements

- a. Treatment goals and discharge goals are overseen and monitored by a Licensed Behavior Analyst (LBA or LaBA), and treatment is updated at least once every six (6) months.
- b. The desired BHT goals and outcomes and criteria for discharge should be specified at the initiation of services, monitored throughout the duration of service implementation, and refined when appropriate.
- c. Discharge and transition planning should involve family members, other caregivers, and other professionals who serve the beneficiary in development of a behavioral plan of care that specifies monitoring and follow-up procedures as appropriate for the beneficiary and their caregivers.
- d. The behavior plan should also include clear descriptions of the roles and responsibilities of all providers and caregivers, as well as criteria and target dates for treatment goals that must be achieved prior to the next phase.
- e. Discharge should generally involve a gradual step-down in services and cannot be based on a set timeline (e.g., one year, three years, etc.).
- f. Treatment might occur in multiple settings (e.g., home, community, and school) on the same day.
- g. Treatment should not be denied or withheld based on caregiver availability.

D. School Coordination and Continuity of Services

- a. These supports may serve to reinforce skills or lessons taught in school, therapy, or other settings, but are not intended to supplant services provided in school or other settings, or to be provided when the individual would typically be in school but for the parent's choice to home-school the individual or parent's choice to decline school supports.
- b. ABA service providers are required to establish a system that ensures services can be provided with no disruption to the individual's scheduled school day.
- c. ABA providers must coordinate with schools to ensure collaborative care is provided that will result in the best outcomes for the child. This may include attendance in school meetings, including school staff in provider meetings, and other coordination efforts as appropriate.

E. Care Coordination and Person-Centered Planning Requirements

- a. The Clinically Responsible Service Provider (CRSP) is identified as the provider, chosen by the member, that is responsible for intake and assessments, informing members of rights and responsibilities, and the person-centered planning process.
- b. The Case Manager (CM) or Supports Coordinator (SC) work through a CRSP and are skilled in implementing person-centered planning processes, which include coordinating with other service provider entities, as well as coordinating with available community and natural supports.
- c. The ABA provider should be in contact with the CM or SC at minimum once per quarter, or as needed, to ensure the service plan is accurate to meet the current needs of the family and collaborate with the treatment team.
- d. The comprehensive individualized ABA behavioral plan of care should include specific targeted behaviors for improvement, along with measurable, achievable, and realistic goals which should be incorporated either by the CM or SC into the Individual Plan of Services (IPOS).
- e. The IPOS should also include the scope, duration, and frequency of ABA services as written in the Behavioral Assessment/ABA Plan of Care.

- f. Supervision of the Behavior Technician must occur at least ten percent (10%) or up to twenty percent (20%) of the one-to-one treatment hours each week.
- g. The LBA is required to submit updates on goals, objectives, progress, and changes to amount/scope/duration/frequency to the CM or SC prior to the completion of the required six-month (180-day) IPOS Review by the CRSP.

F. Evidence-Based Practices and Quality Assurance Requirements

- a. The Provider utilizes evidence-based practices and incorporates best practice guidelines into organizational policies.
- b. Telehealth services must be member choice and documented in supervision and progress notes as required.
- c. The Provider's organizational policies should be updated annually while aligning with Michigan Medicaid Policy, Provider Manual & Codes, Michigan licensing requirements, and DWIHN policies to provide in-depth guidance for administrators, clinicians, and families.
- d. The Provider should have exceptional workplan structure and guidelines for ongoing measurement and monitoring across the organization to ensure the quality and safety of clinical care and services provided to individuals served.

G. Comprehensive Diagnostic Evaluation Requirements

- a. The comprehensive diagnostic evaluation must be performed before the individual receives BHT services.
- b. DWIHN requires all initial comprehensive diagnostic evaluations to be completed by a provider independent of ABA service delivery.
- c. Clinicians completing evaluations for Michigan Autism Services are required to meet Qualified Licensed Practitioner (QLP) evaluation criteria while demonstrating thorough knowledge of eligibility criteria detailed within the Medicaid Provider Manual and MDHHS Autism Policy, while ensuring maintenance of appropriate training and credentialing relevant to the provision of services.
- d. Re-evaluations are no longer required unless determined medically necessary by a physician or other licensed practitioner working within their scope of practice.
- e. Diagnostic evaluators are responsible for meeting all timeliness standards and quality measures for re-evaluations.
- f. Based on the evaluation, the practitioner determines a diagnosis of autism, documents eligibility, and medical necessity for ABA services for individuals under 21 years of age who have the developmental capacity to clinically participate in the available interventions covered by Behavioral Health Therapy (BHT) services.

H. Authorization and Timeliness Standards

- a. The assigned ABA Provider is expected to work promptly with DWIHN for pre-authorizations for recommended services pursuant to the individual's Person-Centered Plan (IPOS).
- b. The service provider is expected to work promptly with the Care Manager/Support Coordinator for Person-Centered Planning processes and ensure that all Autism Service requirements are completed within required timeliness standards under state law.
- c. Behavioral assessments are required to be uploaded to MH-WIN under the individual's chart within ten (10) business days of completion of assessment.
- d. Revisions are made to the ABA Plan frequently as identified by BCBA and/or BCaBA.
- e. In the event MDHHS guidelines are revised, DWIHN shall update the SOW to adhere to the amended Michigan Medicaid Provider Manual.

I. ASD Autism Services Fee Schedule Requirements

- a. The Respondent, or any designated subcontractor, must provide written acknowledgment of, and agreement to, the ASD Autism Services Fee Schedule located in APPENDIX A.
- b. The Respondent, or any designated subcontractor, must comply with all requirements, rates, and conditions outlined within the Fee Schedule for the duration of the contract period.

6. SPECIFICATIONS:

- a) Contracted Providers must have the capability to utilize DWIHN's Electronic Health Record system in conjunction with their own systems for clinical and administrative purposes including billing, claims, and/or encounter submissions and/or have the ability to complete an 837 file claims.
- b) Contracted Providers will be required to enter/maintain the following items for use with our Electronic Health Record System:
 - a. Submission of an Access Request Form for all staff using DWIHN's Electronic Health Record System (EHR) along with a valid copy of the staff's licenses and credentials.
 - b. Other supporting documentation deemed necessary for clinical administrative purposes may be required to be uploaded on an individual level basis.
 - c. Provide an overview of technology systems the organization has in place.
 - d. Monitor and manage staff who should have access to the system and ensure proper checks are in place to protect ePHI as part of Onboarding and Offboarding processes.
- c) Demonstrate organizational standards that are in place including HIPAA Business Associate Agreement (BAA) requirements with entities where electronic information pertaining to PHI is exchanged.
- d) Administrative Safeguards – Demonstrate that administrative safeguards are in place, including the implementation of administrative actions, policies, and procedures designed to prevent, detect, contain, and correct security violations involving electronic protected health information (ePHI). Administrative safeguards shall include, at a minimum, workforce training and management, risk analysis and management processes, security awareness activities, incident response procedures, and ongoing oversight of workforce access to and protection of ePHI.
- e) Physical Safeguards – Demonstrate that physical safeguards are in place, including the implementation of physical measures, policies, and procedures designed to protect electronic information systems, facilities, and related equipment that create, receive, maintain, or transmit ePHI from natural and environmental hazards, damage, theft, and unauthorized physical access. Physical safeguards shall include, at a minimum, facility access controls, workstation security measures, device and media controls, and procedures governing physical access to areas where ePHI is stored or processed.

7. DEFINITIONS: See definitions listed below:

- **Key Personnel** - will be defined as an individual that provides the main clinical oversight and supervision to other BCBAs, BCaBAs, and/or QBHPs which improves the quality-of-service provision. This individual(s) is typically in the position of Behavioral Director or Supervising BCBA. Key Personnel must be a licensed BCBA and has met the supervisor training requirements set forth by the Board of Applied Behavior Analysis (BACB).
- **Curriculum Vitae** - is defined as an individual's itemized list of education, publications, accomplishments, notable projects, awards, honors, achievements, professional trainings and experiences.
- **CRSP** – Clinically Responsible Service Provider which manages the Person-Centered Planning (PCP) process for eligible beneficiaries.

- **ABA** – Applied Behavioral Analysis
- **ASD** – Autism Spectrum Disorder
- **RBT** – Registered Behavior Technician
- **BT** – Behavior Technician
- **BcaBA** – Board Certified Assistant Behavioral Analyst
- **BCBA** – Board Certified Behavioral Analyst
- **Contracted Provider** -A successful Respondent who executes a Contract with DWIHN
- **Exception Staff** – Individuals qualified by training and education who are permitted furnish certain ABA services under specified circumstances, including certain LPs, LLPs, and QBHPs
- **QBHP** – Qualified Behavioral Health Professional
- **IPOS** – Individual Plan of Service
- **LP** – Licensed Psychologist
- **LLP** – Limited Licensed Psychologist
- **MDHHS** – Michigan Department of Health and Human Services
- **DWIHN** – Detroit Wayne Integrated Health Network
- **QBHP** – Qualified Behavioral Health Professional
- **RFQ** – This Request for Qualifications

8. QUALIFIED LIST, CONTRACT AWARDS, AND CONTRACT TERM:

The purpose of this Request for Qualifications (RFQ) is to establish and maintain a Qualified List of Respondents that demonstrate the qualifications, experience, and capabilities necessary to provide the services described in this RFQ. The Qualified List will be utilized by DWIHN to support current and future provider network needs based on program requirements, member access, service capacity, geographic coverage, operational needs, and available funding.

Qualified List

To be placed on the Qualified List, a Respondent must successfully:

- Meet all mandatory administrative requirements and minimum qualifications;
- Achieve an overall evaluation score of **80 points or greater out of a possible 100 points**; and
- Meet all other requirements identified in this RFQ.

The Qualified List shall remain in effect for approximately five (5) years from the date of DWIHN approval through September 30, 2031, or whichever comes first. During this period, DWIHN may accept and evaluate additional responses and add qualified providers to the Qualified List as determined necessary to meet the needs of the provider network.

Placement on the Qualified List signifies that a Respondent has been determined qualified under this RFQ; however, **placement on the Qualified List does not guarantee the award of a contract, referral volume, minimum number of members served, or any future work.**

NOTE: The qualified list is inclusive of RFQ 2023-005 and 2023-005 REBID. All providers included on the Qualified List for 2023-005 & 2023-005 REBID will remain through September 30, 2028, and will not have to resubmit another response to this RFQ, 2026-007.

CONTRACT AWARDS

Contract awards will be made from the Qualified List at the sole discretion of DWIHN and will be based on factors including, but not limited to:

- Network adequacy and member access needs;
- Geographic service coverage;
- Provider capacity and availability;
- Program and operational needs;
- Available funding; and
- The best interests of DWIHN.

At the time of contract award, the selected provider must successfully complete DWIHN's credentialing process and maintain all required licenses, certifications, insurance, regulatory approvals, and other contractual requirements. Placement on the Qualified List does not obligate DWIHN to award a contract if the provider is unable to successfully complete credentialing or otherwise fails to meet DWIHN's requirements at the time of contract award.

DWIHN reserves the right to remove a provider from the Qualified List if the provider no longer meets the requirements of this RFQ, fails to maintain required licensure, certifications, credentialing, or insurance, becomes suspended or debarred from contracting, or otherwise becomes ineligible to contract with DWIHN in accordance with applicable federal or state laws, regulations, or DWIHN policies.

DWIHN further reserves the right to limit the number of providers placed on the Qualified List or awarded contracts, or to refrain from making additional contract awards, if DWIHN determines that its existing provider network is sufficient to meet member access, quality, capacity, geographic coverage, fiscal responsibility, or other operational needs.

CONTRACT TERM

Contracts awarded from the Qualified List may be for an initial term of up to two (2) years, with the option to renew for up to three (3) additional one-year terms, exercisable solely at the discretion of DWIHN. All contract awards are contingent upon successful completion of DWIHN's approval processes, including Board of Directors approval when required, and execution of a written agreement by both parties prior to the commencement of services through September 30, 2031.

SECTION 3 - EVALUATION CRITERIA AND SUBMITTAL REQUIREMENTS

1) EVALUATION: All responses received will be evaluated by an Evaluation Committee comprising of DWIHN representatives. The following factors, listed in relative order of importance, will be considered in making the selection:

- Experience and Qualifications (60)
- Cultural Competence (10)
- Technical Requirements (10)
- Fiscal Responsibility (10)
- Workplan and Timeline (10)

a) Each response submitted in response to this RFQ shall focus on the above criteria. The Evaluation Committee also may consider past performance of the Respondent on other contracts with DWIHN or other entities. Responses will be evaluated equally and fairly; no preference will be given to any Respondent based solely on previous experience with DWIHN or to an incumbent thereof. DWIHN reserves the right to make additional inquiries and may request the submission of additional information.

2) GENERAL SUBMITTAL REQUIREMENTS:

To be considered, the response must be prepared in the manner and detail specified in this RFQ. Responses, all attachments, and any modifications or withdrawals, must be submitted electronically through the BidNetDirect (MITN) Bid System (<https://www.bidnetdirect.com/>). Respondents should provide the documents in a modifiable form (e.g., Microsoft Word or Excel), but have the option to also provide copies of any documents in a non-modifiable form (e.g. PDF) with the sole exception of any pricing, if applicable, which must be provided in Excel format, when an Excel Pricing Sheet is provided. Respondent's failure to submit a response as required may result in disqualification of such response. The response and attachments must be fully uploaded and submitted prior to the due date and time identified above.

Do not wait until the last minute to submit the response, as the BidNet system requires the creation of an account and entry of certain information, in addition to uploading and submitting the materials. The BidNet system will not allow a response to be submitted after the due date and time identified on the cover page.

- 1) The opening/downloading of a response does not constitute the DWIHN's acceptance of the Respondent as a responsive and responsible Respondent.
- 2) Submission of a response establishes a conclusive presumption that the Respondent is thoroughly familiar with the RFQ, specifications and terms of the Form of Contract, and the DWIHN's Procurement Policies, and that the Respondent understands and agrees to abide by each and all of the stipulations and requirements contained therein.
- 3) Responses sent by facsimile, telegraph, or email will not be considered.
- 4) All costs incurred in the preparation and presentations of the response, as well as any resulting contract, are the Respondent's sole responsibility; no such costs will be reimbursed to any Respondent. All documentation submitted with the response will become the property of the DWIHN.

b) RESPONSE FORMAT: Each response should be prepared simply and economically. Responses shall include the requirements listed below and in the following sections. Additionally, Proposers should use the following Submission and File Naming Format

Submission Format and File Naming Rules:

Preferred File Structure and Naming Convention: Respondents should organize, format, and name all submission files using the conventions below. Standardized file naming promotes consistency, expedites the evaluation process, and helps ensure that electronic submissions are successfully transferred from BidNet to DWIHN's internal evaluation folders without file corruption, naming conflicts, or missing documents.

Preferred Naming Format

All files should start with your organization's abbreviated name, followed by abbreviated description of the file.

Example – Organization's full name "Detroit Wayne Integrated Health Network"

File Name submitted - **DWIHN_MinQual**

File Naming Examples

[Abbreviated Provider Name]_MinQual
[Abbreviated Provider Name]_PrefQual
[Abbreviated Provider Name]_Experience
[Abbreviated Provider Name]_CulturalCompetence
[Abbreviated Provider Name]_TechnicalResponse
[Abbreviated Provider Name]_FinancialResponse
[Abbreviated Provider Name]_Supplemental
[Abbreviated Provider Name]_Attachments

Additional Attachment Naming Examples

[Abbreviated Provider Name]_Resumes
[Abbreviated Provider Name]_LicensureAndCertifications
[Abbreviated Provider Name]_LanguageAccessPlan
[Abbreviated Provider Name]_DiversityPlan
[Abbreviated Provider Name]_References
[Abbreviated Provider Name]_FinancialStatements
[Abbreviated Provider Name]_RateConfirmation

All files must use a number system (i.e., 1, 2, 3, etc.) if there is **more than one file associated** with the section.

All **templates or narrative responses** must be in **Word or PDF**.

All **spreadsheets** must be submitted in **Excel**.

- c) **RESPONSE CONTENT:** The Respondent must include the following items, or the response may be deemed non-responsive and rejected without any further evaluation (unless otherwise indicated herein):
- i) All forms contained or listed in Section 5 in this RFP, fully completed.
 - ii) Evidence demonstrating that the Respondent meets each of the Minimum Qualifications identified within this RFQ. Respondents must provide sufficient documentation to verify compliance with all required qualifications and service expectations. (See next section for more detail.)

- iii) A complete response to each of the items in the next section, which are specific to the evaluation criteria. (See next section for more detail.)

3) SUBMITTAL REQUIREMENTS SPECIFIC TO EVALUATION CRITERIA: Submit a complete response to each of the following items. List them in the order below, following your submission to the above:

A. ORGANIZATION AND STAFFING, EXPERIENCE AND QUALIFICATIONS:

1. Describe how you meet or exceed the minimum qualifications in the Scope of Work in this document.
2. Describe how you meet the preferred qualifications in the Scope of Work in this document.
3. Provide at least three (3) references for ABA services to demonstrate your organization's customer service and quality of care. Include the name of establishment, address, dates of service, contact name and telephone number. See Reference Form on Page 25. Used to verify:
 - A. ABA experience
 - B. Quality of service
 - C. Customer satisfaction
4. Provide (3) letters of clinical or professional references for serving the Medicaid population with Applied Behavior Analysis Treatment dating within the past two years. Used for Preferred Qualification scoring:
 - A. Medicaid ABA experience
 - B. Clinical performance
 - C. Professional recommendation
5. Document Key Personnel's (see definition) experience, supervision structure and qualifications. Must include curriculum vitae, diploma and/or transcripts, and licensure.
6. If your organization is directly contracted for ABA services with any other PIHP/CMHSP in Michigan, provide a list including the date the contract was initiated.
7. How are your agency's ABA services delivered (i.e., primarily in the home or center-based, and in other community settings)?
8. List all the location(s) and any additional service arrays being requested outside of the Autism State Plan.
9. Provide the total number of staff employed and/or to be hired to support the expansion and/or addition to DWIHN's ABA Provider network (e.g., 5 RBT, 6 BT, 7 BCaBA, 8 QBHP, 9 BCBA, 10 BCBA-D, 11 PhD, etc.).
10. Provide the organizational chart including names of staff that oversee those departments.
11. Describe the onboarding process and outline the length of time it takes to fully staff a new case.
12. Describe how your organization manages challenging behaviors, including the circumstances in which physical management techniques may be utilized. Include information regarding staff training in Safety-Care® Crisis Prevention Training through Quality Behavioral Services (QBS), or equivalent safety/crisis prevention training.
13. If awarded a contract, identify the approximate number of members your organization will have the capacity to serve, including proposed service location(s), service setting(s), and geographic coverage areas.
14. Describe your organization's current service capacity and demonstrate your ability to serve a minimum of fifty (50) Medicaid beneficiaries upon contract award. Responses should include current capacity levels and/or a detailed plan to achieve the required capacity, including available staffing, facility resources, service delivery model (clinic-based, in-home, or a combination of both), and overall operational readiness.

15. Describe your organization's process for coordinating services with the Clinically Responsible Service Provider (CRSP), Case Manager (CM), Supports Coordinator (SC), schools, families, and other treatment team members to ensure continuity of care and compliance with Person-Centered Planning requirements.

B. FISCAL RESPONSIBILITY:

1. State in writing your agreement to adhere to the posted DWIHN ASD rate sheet Appendix-A, DWIHN ASD rate sheet is located on DWIHN Website, Link: [DWIHN Rate Sheets](#). See Confirmation of Rate Acceptance Form
2. Financial sustainability plan - Brief narrative describing the organization's financial stability and ongoing ability to provide services.

C. CULTURAL COMPETENCY:

1. Describe how the Respondent will provide training to staff and services to individuals with different ethnic religious and cultural backgrounds in Wayne DWIHN.
2. Describe how the Respondent accommodates individuals who speak different languages or have hearing, speech or vision impairment, and barrier free and handicapped accessible setting. Provide a copy of the Respondent's "Language Access Plans".

D. TECHNICAL REQUIREMENTS:

1. Describe how the proposed system can meet or exceed all the minimum system requirements as listed in Section 3 – Specifications and Scope of Work.
2. The Respondent can attest that its software has ability to interface with DWIHN's current MH-WIN system, which is a Peter Chang Enterprise system (PCE) and/or the Respondent can submit an 837-file claim.

E. WORKPLAN AND TIMELINE:

1. Submit a detailed workplan outlining policies and procedures that meet DWIHN compliance expectations based on MDHHS.
2. Submit a timeline:
 - a. **Non-Currently Contracted** Respondents should submit a proposed timeline, presented in chronological order, of the business plan for onboarding staff to begin ABA services within Wayne County.
 - b. **Currently Contracted** Respondents should submit either a proposed timeline of expanding to additional sites or plans for moving to a new site to build capacity if applicable.

- 4) **EXCEPTIONS:** Respondent shall clearly identify any proposed deviations from the language contained herein. Each exception must be clearly defined and referenced to the proper paragraph in this RFQ. The exception shall include, at a minimum, the Respondent's proposed substitute language and opinion as to why the suggested substitution will provide equivalent or better service and performance. If no exceptions are noted in the Respondent's response, DWIHN will assume complete conformance with this specification and the successful Respondent will be required to perform accordingly. Responses not meeting all requirements may be rejected.

- 5) SHORTLISTING:** DWIHN may shortlist the Respondents based upon responses to the above items. If necessary, DWIHN will conduct interviews/demonstrations. DWIHN will notify each Respondent on the shortlist, if such presentation is required. These presentations will provide an opportunity for the Respondents to respond to questions posed by the evaluation committee and to clarify their responses through exhibition and discussion. DWIHN will not reimburse oral presentation costs of any Respondent.

SECTION 4 –FORM OF CONTRACT

SEE APPENDIX B

TERMS AND CONDITIONS FORM

Please reference the attached Agreement/Contract or Terms & Conditions Document.

Confirmation of review of Terms & Conditions, circle, and sign below

I have reviewed the terms and conditions.	YES	NO
I have thoroughly reviewed the “insurance requirements” section and can meet the requirements, if awarded the contract.	YES	NO
I accept <u>all</u> the terms and conditions outlined.	YES	NO

Company Representative's Name _____

Company Name _____

Any exceptions to the Terms & Conditions and/or insurance requirements contained herein shall be noted in writing below, or attached as a redlined (MS Word) version of the document and included with the response submittal.

Page Number	
Outline Number or Paragraph	
Term, Condition or Specification	
Exception	
Signature (same signature as on Response Affidavit Signature and Acceptance form)	

SECTION 5 - REQUIRED FORMS

FORMS INCLUDED IN THIS SOLICITATION DOCUMENT:

- (1) Response Form
- (2) References Form
- (3) Confirmation of DWIHN Autism ASD Rate Sheet
- (4) Terms & Conditions Form

FORMS THAT MUST BE DOWNLOADED FROM THE DWIHN's WEBSITE*

Failure to complete and submit these forms with your Response may result in it being deemed non-responsive and rejected without further evaluation.

- (5) Business Information Questionnaire Form
- (6) Ethics in Contracting Vendor Form
- (7) First-Tier Subcontractor Form
- (8) W-9
- (9) DWIHN Vendor Form
- (10) Debarment Form

* Unless specified, download forms at:

<https://dwihn.org/about-us/finance> (scroll down to "Procurement Policies and Forms").

RESPONSE FORM

Failure to complete this form shall result in your Response being deemed non-responsive and rejected without further evaluation.

TO: DETROIT WAYNE INTEGRATED HEALTH NETWORK:

The Undersigned hereby offers and, if the contract is executed by DWIHN agrees to furnish the goods and/or services in compliance with all terms, scope of work, conditions, specifications, and addenda in the Request for Responses. The Undersigned further agrees to accept, via email or other electronic means, any and all notifications and contractual documents including, but not limited to, notifications, insurance verification requests, and purchase orders.

ADDENDA:

The undersigned has read, understands and is fully cognizant of the Information to Respondents, including the Form of Contract, all Exhibits thereto, together with any written addendum issued in connection with any of the above. **The undersigned hereby acknowledges receipt of the following addendum(s): _____, _____, _____, _____ (write "none" if none).** In addition, the undersigned has completely and appropriately filled out all required forms.

OBLIGATION:

The undersigned, by submission of this Offer, agrees to be obligated, if recommended for award of the contract and if the contract is executed by DWIHN, to provide the stated goods and/or services to DWIHN in accordance to the terms as stated in this RFQ, and to enter into a contract with DWIHN, in accordance with the conditions, scope and terms, as well as the Form of Contract, together with any written addenda as specified above.

COMPLIANCE:

The undersigned hereby accepts all administrative requirements of the RFQ and will be in compliance with such requirements. By submitting this Response Form, the Respondent represents that: 1) the Respondent is in compliance with any applicable ethics or anti-kickback provisions of DWIHN's Procurement Ethics Policy, and 2) if awarded a contract to provide the Services required in the RFQ, the Respondent will comply with the ethics and anti-kickback provisions of the DWIHN's Procurement Ethics Policy.

NONCOLLUSION:

The undersigned, by submission of this Response Form, hereby declares that this Response is made without collusion with any other business making any other Response, or which otherwise would make a Response.

PERFORMANCE GUARANTEE:

The undersigned further agrees that if awarded the Agreement, it will submit to DWIHN any required performance guarantee (i.e. irrevocable letter of credit or cash deposit).

SUBMITTAL REQUIREMENTS:

The undersigned certifies it has attached a complete response to each of the submittal requirements listed in the Evaluation Criteria and Submittal Requirements section of this RFQ.

IRAN SANCTION DISCLOSURE:

The undersigned hereby states that there is no economic relationship that exists between the owner or any employee of the Bidder/Respondent and the Country of Iran (The undersigned is in compliance with the Iran Economic Sanctions Act, Act 517 of 2012).

No response shall be accepted which has not been manually signed in ink in the appropriate space below.	
I certify, under penalty of perjury, that I have the legal authorization to bind the firm hereunder:	
For clarification of this offer, contact:	
Company Name:	Name:
Address:	Title:
City: State: Zip:	Phone:
*Signature of Authorized Person	Fax:
Printed Name	Email:

*Response Form **must** be signed by an authorized representative.

References that Demonstrate Customer Service and Quality Care

Complete at least three (3) references for ABA services to demonstrate your organization's customer service and quality of care. Include the name of establishment, address, dates of service, contact name and telephone number

Reference 1:

Entity Name:	Contact Name and Title:
City:	State:
Phone Number:	Email Address:
Years Serviced/Date of Project:	Annual Volume/Contract Amount:
Description of Project or Services:	

Reference 2:

Entity Name:	Contact Name and Title:
City:	State:
Phone Number:	Email Address:
Years Serviced/Date of Project:	Annual Volume/Contract Amount:
Description of Project or Services:	

Reference 3:

Entity Name:	Contact Name and Title:
City:	State:
Phone Number:	Email Address:
Years Serviced/Date of Project:	Annual Volume/Contract Amount:
Description of Project or Services:	

APPENDIX A PRICE SHEET

Please review DWIHN Autism ASD Rate sheet, “Autism Services Effective 10.1.25” for current pricing requirements. You must confirm in writing you accept the specified rates posted in the most current DWIHN Autism (ASD) sheet, by acknowledging and signing the Confirmation of Rate Acceptance Form on next page.

[DWIHN Rate Sheets](#)

Failure to complete this form shall result in your Proposal being deemed non-responsive and rejected without further evaluation.

NOTE:

Tax Excluded from Price

(a) Sales Tax: Detroit Wayne Integrated Health Network and local units of government are exempt from sales tax for direct purchases. The Proposer's prices must not include sales tax.

(b) Federal Excise Tax: Detroit Wayne Integrated Health Network may be exempt from Federal Excise Tax, or the taxes may be reimbursable, if articles purchased under any resulting Contract are used for Detroit Wayne Integrated Health Network's exclusive use. Certificates showing exclusive use for the purposes of substantiating a tax-free, or tax-reimbursable sale will be sent upon request. If a sale is tax exempt or tax reimbursable under the Internal Revenue Code, the Proposer's prices must not include the Federal Excise Tax.

Price Stability Guarantee

For the first twelve months of the Agreement, the Respondent must guarantee to provide the services at the proposed rates.

Response Pricing

Response pricing must reflect Net 45 payment terms.

CONFIRMATION OF RATE ACCEPTANCE FORM

Please reference the current DWIHN Rate Charts at [DWIHN Rate Sheets](#)

DWIHN Autism (ASD) sheet - Autism Services Effective 10.1.25.

[DWIHN Rate Sheets](#)

Confirmation of review and acceptance of Rate Sheets. Check Yes or No and sign below:

I have reviewed the Rate sheet(s). ☐ YES ☐ NO

I confirm the acceptance of the DWIHN Rate Sheet(s). ☐ YES ☐ NO

Company Representative's Name: _____

Company Name: _____

Authorized Signature: _____