



REQUEST FOR QUOTE
Prepaid Inpatient Health Plan - Readiness Assessment
 WEST MICHIGAN PARTNERSHIP FOR CHILDREN

Provide the following business and contact information:

BUSINESS & CONTACT INFORMATION		
Legal Name:	Federal Tax ID:	
Address:	State of Incorporation:	
City:	State & Zip:	Website URL:
Type of Organization: <input type="checkbox"/> Non-Profit <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> S- / C-Corp <input type="checkbox"/> Other (Explain)		
Primary Contact:	Contact Phone:	Contact Mobile:
Contact E-Mail:	Office Phone:	Office Fax:

RESPOND TO THE FOLLOWING QUESTIONS:	
How many years has your organization been in business?	
How many years has your organization been providing in these services?	
Have you done business with WMPC? If so, furnish specifics.	
Have you done business with the State of Michigan? If so, furnish specifics.	
Total costs for services to be provided.	
Have you ever defaulted on a contract or been involved in litigation with WMPC or the State of Michigan? If so, furnish specifics.	
Conflicts of Interest: List any relationships between your organization's staff and any current WMPC employee.	
Include any additional information you may deem helpful in evaluating your quote.	
Please include a copy of your program and implementation of service plan.	



No verbal or written agreements or understandings considered or entered into prior to signing of a contract in the form of a purchase order, shall be binding after the signing of the contract unless incorporated in the contract.

The undersigned Bidder certifies that this quote is made in good faith, without collusion or connection with any other person or persons submitting proposals for the work.

Organization Name:
Signature:
Name:
Title:
Date:



REQUEST FOR QUOTE

WEST MICHIGAN PARTNERSHIP FOR CHILDREN

SUBMISSION DEADLINE: 12/19/2025 by 4:00pm (EST)

PRE-BID Q&A: Mon, 11/24/25, 3-4pm
Tues, 11/25/25, 10-11am

*Please RSVP to Laura Mitchell to receive a meeting invite.

SUBMIT TO: Laura Mitchell
lmitchell@wmpc.care

I. BACKGROUND

West Michigan Partnership for Children (“WMPC”) is a non-profit corporation located in Kent County, Michigan. WMPC receives funding from state and federal grants to administer adoption and foster care programs. WMPC seeks to ensure that all children removed from their homes by the Kent County Michigan Department of Health and Human Services are placed in a safe, family-like setting with adequate services to help them personally thrive and become placed in a nurturing home after leaving the child welfare system. WMPC values family preservation and seeks to reunify families, strengthening and empowering them to create positive environments for children.

II. PROGRAM DESCRIPTION / SERVICES TO BE PROVIDED

The State of Michigan is implementing a new Prepaid Inpatient Health Plan (PIHP) structure, scheduled to go live on **October 1, 2026**. The Kent County child welfare_provider network, including the West Michigan Partnership for Children (WMPC) and its partner agencies, must be fully prepared by this date with the infrastructure, processes, and systems necessary to operate effectively within the new PIHP model. WMPC and its partners currently provide a range of services that overlap with Medicaid-eligible activities, but the current structure does not fully leverage these opportunities for Medicaid reimbursement.

To ensure positive outcomes for children and their families, fiscal sustainability and readiness for the new PIHP model, WMPC seeks to engage an experienced consultant to guide our network through a **comprehensive readiness process** — from assessment to planning to initial implementation.

1. Conduct a Readiness Assessment

- a. Review current WMPC and partner agency service arrays, billing structures, and data systems.

- b. Map current services to potential Medicaid-eligible activities under the new PIHP model.
 - c. Identify gaps in infrastructure, policies, or processes that could prevent participation in the PIHP system.
 - d. Assess workforce readiness and administrative capacity for Medicaid billing and compliance.
- 2. Develop a PIHP Readiness Roadmap**
 - a. Create a detailed readiness plan outlining milestones, timelines, and responsible parties through September 2026.
 - b. Recommend steps for building the infrastructure needed for accurate service documentation, billing, and reporting.
 - c. Identify technology, data, and financial system improvements required for compliance.
 - d. Include considerations for both WMPC as a coordinating entity and for each partner agency individually.
- 3. Facilitate Stakeholder Engagement and Communication**
 - a. Lead structured planning sessions with WMPC and agency leadership teams.
 - b. Support communication and shared understanding of PIHP requirements across all partners.
 - c. Help define roles and responsibilities between WMPC, partner agencies, and external systems (e.g., Network 180, Kent County Administration).
 - d. Document decisions and progress throughout the engagement.
 - e. Support alignment across the Kent County network.
- 4. Provide Technical Assistance and Training**
 - a. Deliver technical assistance sessions to build partner capacity for Medicaid billing, cost allocation, and documentation.
 - b. Translate complex PIHP and Medicaid rules into accessible, operational guidance.
 - c. Provide tools, templates, and resources for partners to implement new practices.
 - d. Offer targeted support to finance and operations teams during early implementation phases.
 - e. Provide materials and training to ensure sustainability after the engagement ends.
- 5. Develop Final Recommendations and Sustainability Plan**

Produce a final report summarizing:

 - a. Readiness status of WMPC and partner agencies.
 - b. Gaps and risks.
 - c. Recommended steps for sustainability and compliance post-October 2026.
 - d. Include a clear roadmap for maintaining financial viability and program alignment under the PIHP structure.

Proposals should include the following sections:

1. **Cover Letter** (summary of interest and qualifications)
2. **Project Understanding and Approach**
3. **Proposed Work Plan and Timeline**
4. **Qualifications and Relevant Experience**
5. **Key Personnel** (names, roles, and brief bios)
6. **Budget Proposal**
7. **References** (at least two similar projects)

III. **PERIOD OF PERFORMANCE**

Beginning: 2/2/2026

Ending: 9/30/2026

IV. **DECISION CRITERIA**

The selection of a provider will be recommended by the Review Committee to the CEO for final selection and approval. The recommendation will be based upon:

1. Program plan and implementation / service provided
2. Experience with the proposed type of Readiness Assessment and Implementation Plan
3. Cost effectiveness

WMPC reserves the right to reject any or all proposals and make no award for this project based on funding, evaluations of proposals, or any other reasonable condition.

V. **ADMINISTRATIVE REQUIREMENTS for Proposal Submission**

- Proposal applications must be submitted electronically to WMPC in PDF format to **lmitchell@wmpc.care**
- Sections must be clearly labeled using the sections in the RFQ document.
- A written response is required for each item unless otherwise indicated. Failure to answer any of the items will negatively impact the bidder's score.
- Font size must be 12 point throughout the response; margins must be .75" or greater.
- Proposals received after the established deadline will not be considered.