

**Navajo Division of Behavioral and Mental Health Services
REQUEST FOR PROPOSALS (RFP)
BID NO. 25-06-3716GC**

Date: June 13, 2025

**Project Title: Navajo Division of Behavioral and Mental Health Services –
RESIDENTIAL BEHAVIORAL/MENTAL HEALTH TREATMENT SERVICES
– ADULTS AND ADOLESCENTS**

Project Schedule:

Advertisement of RFP	June 16, 2025 – June 27, 2025
Requests for Information Due Date	July 3, 2025, by 5:00pm MDT
Bid Due Date	July 11, 2025, by 5:00pm MDT

Proposal:

All interested parties are invited to review and respond to this Request for Proposals (RFP) at their discretion. All questions pertaining to the contents of this RFP as a respondent can contact Vera John, Delegated Health Services Administrator (Clinical), at verajohn@navajo-nsn.gov and/or Tanya Sheperd, Delegated Health Services Administrator (Administrative) at tlsheperd@navajo-nsn.gov or at phone # (928) 871-6240

All parties responding to this bid are instructed to submit four (4) proposals (1 original and 3 copy) to the following address:

The Navajo Nation
Division of Finance – Purchasing
Attention: Grace Coan, Buyer
Administration Building #1
Window Rock Blvd
Window Rock, Arizona 86515

All responses to this bid shall be sent in a sealed envelope, including a return address, and vendor name clearly marked on the outside of the envelope; indicate the following:

**RFP BID NO. 25-06-3716GC NDBMHS
RESIDENTIAL BEHAVIORAL/MENTAL HEALTH
TREATMENT SERVICES – ADULTS & ADOLESCENTS**

NOTE: DO NOT OPEN-BID PROPOSAL

GENERAL INFORMATION AND GUIDELINES FOR THIS RFP

I. DESCRIPTION OF THE ORGANIZATION

The Navajo Division of Behavioral and Mental Health Services (DBMHS) under the Navajo Department of Health (NDOH) is a federally funded program operating outpatient and inpatient counseling services throughout the Navajo Nation and surrounding tribal communities.

II. SCOPE OF THE CONTRACT

The Navajo Nation intends to enter into a professional services contract with one (1) responsive, qualified, and independent consultant/organization to complete all work as described in the attached scope of work.

III. RESPONDENT REQUIREMENTS

All respondents must have the capabilities listed herein, including sufficient detailed information with regard to experience and expertise in meeting the following requirements:

1. A legitimate, registered Federal and/or State certifications vendor with a minimum of five (5) years' experience and history with providing subject-area knowledge and the described services
2. Extensive background and knowledge of providing residential clinical services and clinical supervision.
3. Vendor must be licensed as facility or independent by respective licensing entity within Arizona, New Mexico, Colorado and/or Utah. Licensure number and expiration date needs to be included in packet.
4. Vendor must be able to operate independently in providing the services described for the program.
5. The Navajo Business Opportunity Act 5 NNC § 201, 205 will apply.
6. Federal requirements, if applicable

IV. SCOPE OF WORK (See Attached)

V. REQUIREMENTS

The respondent will furnish all requested information as specified in the RFP by due dates.

VI. PROPOSAL CONTENT AND REQUIRED INFORMATION

Please utilize the outline described below with four (4) copies.

1. Organizational letter expressing your interest and a brief description of your proposed services. Do not reveal or make reference to the cost in this letter.
2. Organization/consultant qualifications and subject-area experience. Include references, =copies of licenses, and certifications.
3. Scope of Work detailed in the RFP; organization/consultant must be able to provide listed services and demonstrate ability
4. Sample weekly/monthly schedule to provide proposed services on scope of work
5. Copies of licenses, insurance certificates, and other relevant documents.
6. Costs to be submitted in a separate sealed envelope. (Detailed breakdown of all associated and applicable costs)

7. Compliance: Any proposal that does not adhere to this format and does not address each specification, requirement, or scope of work as outlined, may be deemed non-responsive and rejected on that basis.

VII. EVALUATION PROCESS (pre-qualifying process)

1. Evaluation Criteria
 - a. Proposal Content and Organization: (5 points)
 - b. Qualifications, Licensure, and work experience. (55 points)
 - c. Scope of work with sample weekly/monthly schedule (20 points)
 - d. Cost (separate sealed envelope). (20 points)
2. Applicable Federal Requirements (CFR, SAMHSA, FDA, etc.)
3. The Navajo Division of Behavioral and Mental Health Services (DBMHS) reserves the right to interview respondents if deemed necessary due to tied scores or other relevant matters.
 - a. This may entail a presentation from the respondent for clarification and/or details on products or other requirements. A virtual interview will be scheduled based on availability. It is the DBMHS's intention to award one (1) vendor/consultant to provide all services as specified.

VIII. TYPE OF CONTRACT

The Navajo Nation will utilize a standard Professional Services Contract (PSC) for the procurement of goods and services for these DBMHS services.

IX. PERIOD OF PERFORMANCE

The period of performance will be three years based on the contract implementation date. Organization/consultant's continuation of services will be dependent on performance appraisal and annual review.

X. TECHNICAL DIRECTION

The Navajo Nation DBMHS point of contact Ms. Vera John, Delegated Health Services Administrator (Clinical) or Tanya Sheperd, Delegated Health Services Administrator (Administrative) for inquiries related to the project and other matters. Questions and answers will be shared with all respondents Ms. John's email address is verajohn@navajo-nsn.gov and Ms. Sheperd's email address is tlsheperd@navajo-nsn.gov.

XI. PAYMENT AND SUBMISSION OF INVOICES

The Navajo Nation Professional Services Contract will describe this section.

XII. RIGHTS

The Navajo Nation reserves the right to reject any and all proposals, in whole or in part based on the requirements set forth in this RFP.

XIII. AGREEMENT TERMS AND CONDITIONS

The Navajo Nation is not bound to enter a contract under the RFP and may issue a subsequent RFP for the same services, and

The Navajo Nation is a sovereign government, and all contracts entered into as a result for the RFP shall comply with the Navajo Nation law, rules and regulations, including the Navajo

Preference in Employment Act, and applicable federal law, rules, and regulations. This procurement and any RFP with respondents that may result shall be governed by the laws of the Navajo Nation and applicable federal law. Nothing herein shall be constructed as a waiver of the Navajo Nation's sovereign immunity. In addition, the Navajo Nation Business Opportunity Act (NNBOA) will apply to the RFP.

The Navajo Nation Professional Services Contract (PSC) will provide all other legal and contractual obligations, terms, and requirements of this project.

XIV. OTHER

SCOPE OF WORK Division of Behavioral and Mental Health Services **RESIDENTIAL BEHAVIORAL/MENTAL HEALTH TREATMENT SERVICES** – ADULTS AND ADOLESCENTS

The Navajo Division of Behavioral and Mental Health Services (DBMHS) was established in 1987 as the leading agency of behavioral health for the Navajo Nation. DBMHS is a division under Navajo Department of Health (NDOH). DBMHS provides comprehensive substance use treatment to include care coordination, outpatient, aftercare, prevention, and residential integrated treatment services for the Navajo people. DBMHS assures that quality, culturally responsive and competent behavioral and mental health services are readily available and accessible to the Navajo people through effective coordination and development of behavioral health infrastructure. The mission statement is, "Providing Comprehensive Behavioral Health Services for Native Families." The vision statement is "Diné Be'iina' Hoozhoogo Silá," translation: "In the Navajo way of life there is beauty before you."

The organization/consultant will implement behavioral health/integrated care services, including Navajo spiritual, pastoral, experiential, adventure based, and medical components for ASAM Level of care as 3.5 residential treatment services at a residential facility in Shiprock, NM. These services will be for adults and adolescents.

The Navajo Division of Behavioral and Mental Health Services (DBMHS) will accept statements of qualifications from qualified Behavioral and Mental Health organizations/consultants to assist DBMHS with delivery of residential behavioral health/integrated care services (such as individual, group, and family counseling, and medical), non-clinical services needed (spiritual, pastoral, experiential, adventure based, education, work development, and dietary), and case management services based on needs of the program.

The determination of whether an organization/consultant is deemed qualified will be based on the following criteria:

- 1) Ability to provide behavioral health/integrated care services, including Navajo spiritual, pastoral, experiential, and medical (such as adventure) components for 3.5 ASAM treatment of substance use disorders and residential treatment for substance use disorders or co-occurring disorders for adolescents and adults to at the DBMHS Navajo Regional Behavioral Health Center in Shiprock, NM.
- 2) Present ability to have personnel on-site for service delivery staff to provide clinical, educational, and food services.
- 3) Advisory and evaluation service to DBMHS on matters related to behavioral health policy as it related to services described above.
- 4) Comprehensive plan for management services which may include, but not limited to, recruiting, retention, staffing, billing, transportation, licensure, credentialing, and facility operational licenses under the terms of the mutual agreed upon management services agreement.
- 5) Demonstrate ability to document, process, and provide quality assurance oversight of third-party reimbursement for treatment services using DBMHS electronic health record, and
- 6) Knowledge of the Navajo Nation or Navajo population
- 7) Minimum Licensure Requirements (facility and individual)
 - a. Independently Licensed Masters or Doctorate Level Clinicians
 - b. Provide medical services (medical doctor and nursing)
- 8) Organization/consultant will be required to coordinate and collaborate with treatment center clinical personnel regarding treatment plan, case staffing, coordination of care, billing and other important aspects of residential clinical services.
- 9) A legitimate and credible vendor with a minimum of five (5) years of experience and history of providing residential behavioral healthcare services.
- 10) Must have Joint Commission or CARF accreditation and proof of good standing on current facilities and services.
- 11) Must be currently operating a medical detox, residential substance use disorder (SUD) treatment, outpatient services including for SUD and mental health, or transitional housing.
- 12) The Navajo Business Opportunity Act (5 N.N.C. §§ 201 and 215), the Navajo Business and Procurement Act (12 N.N.C. §§ 1501-1516), Navajo Nation Procurement Code (12N.N.C. §§ 301-371), and the Navajo Preference in Employment Act (15 N.N.C. §§ 601 et seq.), with all implementing regulations, will apply.
- 13) **Insurance.**
 - a. The selected entity, upon receiving authorization to proceed, Consultant shall procure and maintain, during the life of this contract, Workers Compensation, Commercial General Liability, Business Automobile Liability, and Professional Liability Insurance policies including Errors and Omission Insurance. All insurance documents must include a provision of 30 days written notification to the DBMHS Delegated Health Services Administrator, if the policy has been materially changed or canceled. The entity selected shall provide evidence of insurance coverage from a company or companies with an A.M. Best rating of A- (VII) or better. Such insurance will protect and indemnify the Navajo Nation and DBMHS from claims which may arise out of or result from any obligation under this agreement, whether such obligations are the Consultant's or those of a subcontractor or any person or entity directly or indirectly employed by said Consultant. Minimum coverage is as follows:

Workers CompensationStatutory Coverage

Employers Liability coverage with minimum limits of \$1,000,000/\$1,000,000/\$1,000,000

Commercial General Liability coverage, ISO CG 0001 Form or equivalent limits of:

Bodily Injury/Property Damage: \$1,000,000 Each Occurrence
\$3,000,000 Aggregate

Products/Completed Operations: \$1,000,000 Each Occurrence
\$3,000,000 Aggregate

Products/Completed Operations: \$1,000,000 Each Occurrence
\$3,000,000 Aggregate

Business Automobile Liability

Combined Single Limit: \$1,000,000 Each Occurrence

Business Automobile Liability Insurance shall include coverage for use of all owned, non-owned, and hired automobiles and vehicles:

Independent Contractors: Included

Contractual Liability: Included

Errors and Omissions: \$1,000,000 Aggregate

Professional Liability: \$1,000,000 Each Occurrence,
\$3,000,000 aggregate

The Navajo Nation shall be named as additional insured for general and auto liability coverage.

All coverages should include a waiver of subordination. All coverages should be primary and the Navajo Nation's coverage non-contributory.

The selected Consultant or "offeror" shall furnish one copy each of Certificates of Insurance herein required for each copy of the Agreement, which shall specifically set forth evidence of all coverage required. If such limits are higher than the minimum limits required by the DBMHS, such limits shall be certified and shall apply to the coverage afforded by the DBMHS under the terms and conditions of the contract as though required and set forth in the contract. The Consultant shall furnish to the DBMHS copies of any endorsement that is subsequently issued, amending coverage of limits.

- b. **Approval of Insurance:** Even though a "Notice to Proceed" may have been given by the DBMHS, the Consultant shall not begin work under a contract issued from this RFP, or solicitation until the required insurance has been obtained and the proper Certificates of Insurance (or insurance policies) have been filed with the Navajo Nation Department of Insurance Services and DBMHS. Neither approval, nor failure to approve certificates, policies, or insurance by the DBMHS shall relieve the Consultant of full responsibility to maintain the required insurance in full force and effect.

- c. **Increased Limits:** If, during the life of the agreement issued by this RFP or solicitation, maximum limits of the liability required under by the Navajo Nation Insurance Services Department increase, the DBMHS insurance required herein. If the successful Consultant is required to increase the limits of such insurance, an appropriate adjustment in the Contract amount will be made.

END SCOPE OF WORK

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-				-			
or											
Employer identification number											
					-						

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

NAVAJO NATION CERTIFICATION
Regarding Debarment, Suspension, and
Contracting Eligibility

1. Applicant entity acknowledges that to the best of its knowledge that the Applicant entity, either in its present form or in any identifiable capacity, has not, in accordance with 12 N.N.C. § 361:
 - A. Been convicted of the commission of criminal offenses incident to obtaining or attempting to obtain a public or private contract or subcontract, or in the performance of any such contract or subcontract;
 - B. Been convicted of embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property, or other offenses indicating a lack of business integrity or honesty, which currently, seriously, and directly affect responsibility as a Navajo Nation contractor;
 - C. Been convicted under antitrust statutes arising out of the submission of bids or proposals;
 - D. Violated contract provisions, including:
 - i. Deliberate failure, without good cause, to perform in accordance with the contract specifications or within the time limit provided in the contract,
 - ii. A recent record of failure to perform or of unsatisfactory performance with the terms of any contract, or
 - iii. Any other cause so serious and compelling as to affect responsibility as a Navajo Nation contractor, including debarment by another governmental entity.
2. Applicant acknowledges that if the Navajo Nation determines that the executed Certification provided herein is untrue or not wholly accurate, it shall be grounds for the Navajo Nation to terminate the contract and pursue other legal remedies, at the Navajo Nation's discretion.
3. Applicant certifies to the best of its knowledge that it is eligible to do business with the

Navajo Nation, in its present form or in any other identifiable capacity, pursuant to 12 N.N.C. § 1501 and 5 N.N.C. § 301. Applicant also acknowledges that per 12 N.N.C. § 1505, it will not be eligible to contract with the Navajo Nation if deemed ineligible by the appropriate department or entity of the Navajo Nation which receives the Applicant’s request for consideration for a business opportunity.

Applicant Name

Name of individual signing on Applicant’s behalf (print)

Applicant Address

Title of individual signing on Applicant’s behalf

Applicant Address

Signature of individual signing on Applicant’s behalf

Applicant Address

Date