



10 **Border Region MHMR Community Center**
11 **Request for Proposals**

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14 **For**
15 **Outpatient Mental Health Services**

16
17 RFP #: BR10-1001

18
19 Issue Date: July 15, 2009

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21 Proposal Deadline: August 15, 2009
22
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24 Sealed Proposals labeled “**Outpatient Services**” **RFP No. BR10-1001** and marked
25 “**Do Not Open in Mail Room**” must be received by **No Later Than 10:00 a.m.** on
26 **August 15, 2009** at:

27
28 ***Border Region MHMR Community Center***

29
30 ***Attention: Jose L Romero***

31
32 **Budget Officer/Contracts Director**

33
34 ***1500 Pappas***

35
36 ***Laredo, Texas 78041***
37

38 Proposals may be sent by regular mail or special carrier. **Proposals may not be**
39 **faxed.** One (1) original (clearly marked) and nine (9) copies of your proposal to are
40 required. Proposals will be time and date stamped upon receipt by the Local
41 Authority.
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45 **Border Region MHMR Community Center**
46 **as the Local Mental Health and Mental Retardation Authority**

47
48 **Request for Proposals**
49 **Outpatient Mental Health Services**
50

51 **Border Region MHMR Community Center** (Local Authority) is the Department of State
52 Health Services (DSHS) designated mental health Authority established to plan,
53 coordinate, develop policy, develop and allocate resources, supervise, and ensure the
54 provision of community based mental health and mental retardation services for the
55 residents of counties *Webb, Starr, Jim Hogg, and Zapata*, Texas.
56

57 The Local Authority’s Mission is:

58 Border Region MHMR Community Center (BRMHMR) exists to provide
59 cost-effective services that improve the quality of life of those we serve by
60 promoting independence in the community.
61

62 The Local Authority’s Values are:

63 *Accountability, Commitment, Courtesy, Honesty, Integrity, and Loyalty*
64

65 Pursuant to Texas Administrative Code §412.55 and 412.754, the Local Mental Health
66 Authority (LMHA) has the authority to acquire community services for individuals with
67 mental illness by certain procurement methods. This Request for Proposals (RFP) requests
68 proposals from interested persons and organizations (Proposers) for the purpose of
69 entering into one or more contracts (Contracts) to provide services (Services) to persons
70 with severe and persistent mental illness in Webb, Jim Hogg, Starr, and Zapata Counties
71 (Proposals). The individuals to be served under this arrangement must meet the DSHS
72 definition for the Priority Population for Mental Health, which is included as Attachment
73 A, and must also reside in Webb, Jim Hogg, Starr, and Zapata Counties (Consumers).
74

75 **The goals of any/each Contract awarded under the RFP are:**

- 76 1. To provide needed community mental health services as described in Attachment
77 B.
- 78 2. To develop a network of providers that allows for more consumer choice.
- 79 3. To identify, implement and evaluate successful Services based on Consumer
80 outcomes so that these efforts can be replicated.
- 81 4. To create meaningful collaborations between the Local Authority and the health
82 care providers in the community.
- 83 5. To provide quality clinical care and achieve the desired outcomes at the most
84 efficient cost possible.
85

86 Successful Proposers will provide Services that build upon and augment existing
87 community resources and that provide for or enhance an existing continuum of care for
88 Consumers. The Local Authority will use a pre-defined process to review all proposals at
89 “arms-length”, to insure that there is no conflict of interest. Preference will be given to
90 Proposers that are able to provide Services that address the issues of consumer choice,

91 quality, clinical decision making, price and ultimate cost-benefit while assuring adherence
92 to existing standards of care and service definitions.

93

94 **Target Population**

95

96 The target population for this RFP consists of individuals with mental illness who have
97 been identified by the Local Authority as Priority Population, in accordance with the
98 definitions established by DSHS. (See Attachment A.) Designation of an individual as a
99 member of the Priority Population must be made by the Local Authority and documented
100 in that individual's record.

101

102 **Eligible Proposers**

103

104 Proposers must be eligible to do business in Texas, and be registered with the Texas
105 Secretary of State to the extent required by Texas law. Professionals must hold valid
106 Texas licenses and/or certifications to the extent required to perform any individual
107 component of the Services. In the situation where a consortium of providers is applying, a
108 single entity responsible for the services delivered must be identified and the financial
109 agent must be an organization with a demonstrated ability to manage funds.

110

111 *Minority Owned Businesses:* Historically Underutilized Business and/or Minority business
112 enterprises will be afforded full opportunity to submit proposals in response to this
113 invitation and will not be discriminated against on the grounds of race color, creed, sex, or
114 national origin in consideration for an award.

115

116 **Local Authority Responsibilities and Transition Goals**

117

118 The Local Authority 's responsibilities will include, but are not limited to, making
119 appropriate referrals for services, reviewing claims and paying for appropriate, authorizing
120 services rendered by the Successful Proposer. The Local Authority is also responsible for
121 utilization management and quality assurance. The Local Authority ensures that the
122 services address the needs of the Priority Population as required by the State Authority,
123 and that those services comply with the rules and standards adopted under Section 534.052
124 of the Health and Safety Code. The Local Authority directs its activities based on its
125 mission and values which can be found in on page 1 of this RFP.

126

127 The Local Authority will be responsible for determining a client meets the Priority
128 Population definition. The Local Authority must complete a Uniform Assessment on each
129 client and identify the services to be provided. Clients determined to need these services
130 will be offered a choice of providers from the Network.

131

132 All services must be authorized by the Utilization Management staff. An Authorization
133 Number will be given specifying the number and type of services approved for each client.
134 This number must be included on any bills for services/claims submissions. Quality
135 Management staff will perform regular reviews of clinical services and program standards.

136

Steps	Time Frames For Completion
Develop a provider list	June 30, 2009
Verify provider information	July 31, 2009
Post Provider list to website and distribute to consumer and advocacy groups	August 1, 2009
Conduct provider forums to allow providers to share information with consumers, LARs, and other stakeholders.	August 1, 2009 – August 31, 2009
Develop internal procedures and forms for consumer selection of providers	June 1, 2009 – July 31, 2009
Develop consumer information materials relating to selection of providers	June 1, 2009 – July 31, 2009
Train internal staff on consumer selection procedures	June 15, 2009 – July 31, 2009
Ensure external providers are trained on consumer selection requirements and procedures	August 1 -31, 2009
Implement provider selection procedures for new intakes	September 1, 2009
Implement provider selection procedures for current clients (in conjunction with treatment plan reviews)	October 31, 2009
Develop and implement continuity of care plans for transitioning individual clients to new providers	September 1, 2009 – January 31, 2010
Consumer transition complete	January 31, 2010

137

138

139 **Successful Proposer Responsibilities**

140

141 The Successful Proposer(s) shall maintain all records regarding treatment and/or services
 142 to Consumers under this Contract for a period of five (5) years, and must allow the Local
 143 Authority immediate access during regular business hours to such records upon request.
 144 Successful Proposer(s) will be required to comply with all state and federal laws regarding
 145 the confidentiality of consumers' records and nondiscrimination. Successful Proposer(s)
 146 must comply with all applicable requirements of the Local Authority's then-current
 147 contract with DSHS. Successful Proposer(s) must also agree that their names may be used,
 148 along with descriptions of the facilities, care, and services in information distributed by the
 149 Local Authority in the list of its providers. Successful Proposer(s) will actively assist in
 150 the disbursement of Consumer and advocate satisfaction surveys. Successful Proposer(s)
 151 must develop a method to resolve disagreements with consumers and stakeholders which
 152 will include consumer involvement. The process for Consumer appeals and dispute
 153 resolution must be approved by the Local Authority. Successful Proposer(s) will be
 154 responsible for peer review and quality management. Successful Proposer(s) must agree to
 155 mediation or dispute resolution if unable to resolve disputes with the Local Authority.
 156 Successful Proposer(s) must conform to all guidelines set forth in the Provider Manual
 157 which is available for review upon request. Successful Proposer(s) will cooperate and
 158 assist with and will not at any time prevent or hinder a consumer from changing providers.

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Initial Contract Award

The initial contract award for out patient services requested by this RFP, based upon Board of Trustees approval of the proposal, shall be for the period starting February 1, 2010 and ending August 31, 2010. BRMHMR may request to extend the initial agreement for an additional one year term through fiscal year ending August 31, 2011, following satisfactory delivery of the services specified in the proposal and the agreement. The agreement can be terminated for cause. Contract awards will be based on best value and BRMHMR reserves the right to reject any proposal that is not of best value or that is not economically feasible.

Proposal Instructions

Assistance to proposers - Questions or requests for additional information about this request for proposal or about BRMHMR’s operations may be sent in writing by July 31, 2009 to:

*Border Region MHMR Community Center
Attention: Jose L Romero
Budget Officer/Contracts Director
PO Box 1835
Laredo, Texas 78044-1835
or by email to:
josel@borderregion.org*

Proposers must follow the attached outline for submissions to facilitate objective review. Proposals must be received no later than 10:00 a.m., August 15, 2009. Proposals must be sent to:

*Border Region MHMR Community Center
Attention: Jose L Romero
Budget Officer/Contracts Director
1500 Pappas
Laredo, Texas 78041.*

Proposals may be sent by regular mail or special carrier. **Proposals may not be faxed.** One (1) original (clearly marked) and nine (9) copies of your proposal to are required. Proposals will be time and date stamped upon receipt by the Local Authority. Proposals must be received sealed. Proposals may be withdrawn at any time prior to the Proposal Submission Date, provided that Local Authority is notified of any such withdrawal in a writing signed by the Proposer certifying authenticity. Alterations may be made before the official opening time provided such alterations are provided in writing and signed by the Proposer certifying authenticity. Local Authority reserves the right to reject any and all Proposals, to waive technicalities, and to accept any advantages deemed beneficial to the Local Authority and its clients. It is our intent to evaluate proposals, and negotiate costs and/or services in order to achieve the best value for Local Authority consumers. The

204 negotiation process will be done in a confidential manner with no disclosures being made
 205 to other Proposers until after the Contract(s) is awarded.

206

207 **Timetable:**

208

Date	Key Activities and Milestones
May 15, 2009 – June 5, 2009	Publicize draft procurement document (Public comment period – 14 day minimum)
June 6, 2009 – July 14, 2009	Timeframe for LMHA to consider all public comment and revise procurement document
July 15, 2009 - August 15, 2009	Publication of final procurement document
August 15, 2009	Due date for procurement responses (30 days after posting)
Oct. 15, 2009	Pre-Award date
Oct. 16, 2009 – Oct. 31, 2009	Contract Development and Negotiation Phase
Nov. 1, 2009	Final Award Notices
Nov. 18, 2010	Final Contracts approved by Board of Trustees
Feb. 1, 2010	Contract Start Date
Feb. 1, 2010 – Aug. 31, 2010	Initial Contract Period

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Proposal Outline

212

213 Throughout this Proposal Outline, provide detailed information regarding the scope of the
 214 Proposer’s business. Questions fall under the following sections:

215

- 216 I. Business Demographics
- 217 II. Organizational Structure
- 218 III. Quality Management/Utilization Management
- 219 IV. Services
- 220 V. Budget/Financial
- 221 VI. Risk Profile
- 222 VII. Managed Care Profile
- 223 VIII. Information System
- 224 IX. Statement
- 225 X. Rate Schedule
- 226 XI. Assurances Document

227

228 Three Attachments are provided as information regarding the Local Authority which may
229 assist in developing the Proposal.

230 Attachment A -- Priority Population Definitions

231 Attachment B -- Service Descriptions and Information

232 Attachment C -- Criteria for Scoring

233

234 Please be sure to answer every question. If the question does not apply to the Proposer,
235 simply and clearly document “N/A”. Scoring and evaluation is based on completed
236 questions. ALL unanswered questions will be considered omissions. Please limit
237 responses to each question to one double spaced page if possible. Answer all questions in
238 the order of this proposal outline. Use the forms attached or prepare responses in the same
239 format. Clearly designate each item in the document as it appears in this outline (by
240 number, letter, and question). Place tab dividers at the beginning of each section (Roman
241 Numerals) to match those shown above in this Proposal Outline section. The document
242 should be double spaced, type size at least 10 pitch. The Local Authority reserves the right
243 to review only completed Proposals. The Local Authority reserves the right to hold
244 subsequent face to face or telephone interviews for clarification and/or negotiation
245 purposes. Interviews will not be solicited for the purpose of completing incomplete
246 proposals. Multiple omissions and/or incomplete responses may result in disqualification.
247 All supporting documentation should be attached to the appropriate section of the Proposal
248 and in the order described in this Proposal Outline section.

249

250 Questions regarding this proposal should be mailed or faxed to *Jose L Romero* at Border
251 Region MHMR Community Center, 1500 Pappas, Laredo, Texas 78041, 956-794-3006.
252 Questions should reference the line number from the RFP. Amendments including
253 questions and answers will be distributed to all those known to have received a copy of the
254 RFP from the Local Authority. Proposers must acknowledge receipt of the amendments
255 and consider these in the final proposal.

256

257 False statements by any Proposer may disqualify the Proposal. The Local Authority
258 reserves the right to reject any or all Proposals and reopen the RFP process in total.

259

260 Interviews or site visits may be conducted to further evaluate competitive proposals, to
261 negotiate rates, and to select one or more Proposals for award. In this situation, no
262 Proposer will be given information, support, or resources that will give the Proposer a
263 competitive advantage over the other Proposers.

264

265 Each Proposer who submits a complete Proposal but is not awarded a Contract will be
266 notified in writing that the proposal is no longer being considered.

267

268 **Following Contract award, the contents of all proposals may be made available upon**
269 **written request. Therefore, any information contained in the proposal that is deemed**
270 **to be proprietary in nature must clearly be so designated in the proposal. Such**
271 **information may still be subject to disclosure under the Public Information Act**
272 **depending on opinions from the Attorney General’s office.**

I. Business Demographics

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Name _____

Title of Business _____

SS# _____ and/or Tax ID _____

Address _____

City _____

County _____ Zip Code _____

Business Phone _____ Fax # _____

Website address _____

Contact Person _____

Title _____

Phone # _____ Fax # _____

Billing Address if Different From Above (include Street, City, State, and Zip Code)

Billing Manager _____

Phone # _____ Fax # _____

Other Business Locations in this Market Area: (include Street, City, County, and Zip)

1. _____

2. _____

3. _____

4. _____

Provide a map of locations which specifies the Services provided, capacity and languages spoken (by Service) at each location - Label as **Exhibit I A.**

Other Owners/Partners:

Name	% Ownership	If corporate, list organization
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Type of organization (i.e., non-profit corporation, limited liability company, general partnership, etc.) :

Provide a copy of Provider’s Articles of Incorporation and 501(c)(3) certificate, or other bylaws/governing documents as appropriate – Label as **Exhibit I B.**

Years in Operation _____

Hours of Operation _____

319 Certification Number if a Historically Underutilized Business: _____,
320 or qualifications if HUB eligible, but not certified: _____

321

322

II. Organizational Structure

323

324

A. Attach a copy of the organizational chart, including names, titles and vacant
325 positions, clearly indicating who will be the main point of contact with respect to any
326 Contract -- Label as **Exhibit II A**

327

B. List the names and business affiliations of board members or other governing
328 body:

329

330

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III. Quality Management/Utilization Management

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341

A. List all licenses, credentials, certifications, and/or accreditations the Proposer
342 currently holds related to the Services. Provide copies of all licenses, certifications,
343 accreditations -- Label as **Exhibit III A**.

344

345

B. Provide a copy of the staff roster and their corresponding education and license
346 credentials. Designate if they are full time, part time, or on call. Label as **Exhibit III B**.

347

348

C. Attach the Proposer's Quality Assurance/Management Plan and Quality
349 Management Program Reports for the last six (6) months -- Label as **Exhibit III C**.

350

351

D. Describe the Proposer's internal utilization management procedures. Describe
352 methods for ensuring that individuals are receiving services in accordance with internal
353 standards of care. Provide copies of recent reports to payors showing the Proposer's
354 performance relative to its utilization management requirements -- Label as **Exhibit III D**.

355

356

E. Provide a summary of the most recent consumer satisfaction surveys or other ongoing
357 efforts to obtaining and evaluate consumer satisfaction -- Label as **Exhibit III E**. Describe
358 how this information was obtained.

IV. Services

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360
361 A. Describe how Proposer will communicate with the Local Authority regarding
362 the Consumer referral process, specifically what are the parameters around access.

363
364 B. Describe in detail the array of Services the Proposer would offer under its
365 Proposal. Identify units of Service, where Services are offered, who would provide
366 Services (education and credentials), and the times of day and days of the week the
367 Services would be available. Indicate the capacity of all services. Include a copy of
368 Services schedules and descriptions -- Label as **Exhibit IV**.

369
370 C. Describe the frequency and type of in-service training currently offered by the
371 Proposer or provided to employees including, but not limited to, training related to patient
372 rights and standards of services.

373
374 D. Describe the Proposer's experience in working with Medicaid and in providing
375 services for persons with severe and persistent mental illness over the last five years.
376 How have services been made accessible for those who are difficult to reach, either due to
377 geography or dissatisfaction with the service delivery system?

378
379 E. Describe the Proposer's history of working with this population on an outpatient
380 basis and experience of working with persons who are not compliant with treatment.
381 Describe the ability to treat persons with disabilities and persons with multiple diagnoses
382 of a developmental disability-mental illness-substance abuse. Detail the specific
383 population the Proposer intends to serve under this Proposal. Include ages and level of
384 severity.

385
386 F. Describe the Proposer's ability to work with persons who are hearing impaired,
387 persons who have limited language skills and persons who speak a language other than
388 English. Describe how the Proposer ensures cultural competency on the part of staff with
389 regard to ethnic, racial, religious and sexual orientation differences. Include how you will
390 meet the cultural and linguistic needs of the consumers in the counties of Webb, Starr, Jim
391 Hogg, and Zapata.

392
393 G. Describe or attach policies and procedure which describe any process the
394 Proposer presently has to receive communication from clients, family members and
395 advocates, and to receive and resolve complaints and grievances.

396
397 H. Describe any process to transition consumers from the Proposer's services as
398 their level of functioning improves.

399
400 I. Describe the facility(ies) proximity to public transportation or the Proposer's
401 ability to facilitate access to public transportation.

402
403 J. Describe how you will engage and involve consumers, legally authorized
404 representatives, and families at the policy and practice levels within your organization.

405 K. Describe any transition goals for Local Authority employees, if applicable.

406

407 L. Describe the transition plan you intend to utilize for new Consumers referred by
408 Local Authority to your services.

409

410 M. Describe where and when you will provide Services within the Local
411 Authority's local service area, and how persons with disabilities will be able to access
412 those Services.

413 N. Describe how you will meet the cultural and linguistic needs of the consumers
414 in the Local Authority's local service area.

415

416 O. Describe how you will involve Consumers, legally authorized representatives,
417 and families at the policy and practice levels within your organization.

418

419 P. Describe your commitment to the hiring of LMHA personnel who are currently
420 employed by LMHA and are qualified for the proposed vacancies of the Respondent.
421 Border Region MHMR Community Center anticipates the Respondent will hire LMHA
422 personnel and contracted agreements with a one (1) year comparable complementation
423 subject to favorable performance.

424

425 **V. Budget/Financial**

426

427 A. Indicate the percentage of revenues by source for last year (based on either
428 calendar or fiscal year -- whichever data are more current) as indicated below.

429

Create the following table: Legend: A = Admission / = Divide
430 Label as **Exhibit V A1**. R = Revenue T = Total

431

432 Example: $A1/TA = \% \text{ of Medicaid admissions of total admissions.}$

433

$R1/TR = \% \text{ of Medicaid revenues of total revenues}$

	Number of Admissions	Total Revenue	% Admitted by Payor	% of Revenue by Payor
Medicaid	A1	R1	A1/TA	R1/TR
Medicare	A2	R2	A2/TA	R2/TR
Insurance	A3	R3	A3/TA	R3/TR
PPO/ HMO	A4	R4	A4/TA	R4/TR
Govt. Direct	A5	R5	A5/TA	R5/TR
Champus	A6	R6	A6/TA	R6/TR
Self Pay	A7	R7	A7/TA	R7/TR
Grant	A8	R8	A8/TA	R8/TR
Indigent/Charity	A9	R9	A9/TA	R9/TR
Other	A10	R10	A10/TA	R10/TR
Total	TA	TR	100%	100%

434

435 Attach copies of the Proposer's last three years audited financial reports -- Label as
436 **Exhibit V A2.**

437

438 B. If the respondent is a corporation that is required to report to the Securities and
439 Exchange Commission, it must submit its two most recent SEC Forms 10K, Annual
440 Reports. If any change in ownership is anticipated during the twelve (12) months following
441 the proposal due date, the respondent must describe the circumstances of such change and
442 indicate when the change is likely to occur.

443

444 C. Does Proposer own or lease current business properties? If leasing properties,
445 note the upcoming expiration date of the leases.

446

447 D. Describe any arrangements to subcontract part or all of these services. All
448 subcontracts must be approved by the Local Authority, at its sole discretion. Name all
449 proposed subcontractors and provide information on their staff credentials, licenses and
450 certifications.

451

452 E. If an individual, are any Child Support Payments delinquent? If so, explain in
453 detail.

454

455 **VI. Risk Profile**

456

457 A. Attach a copy of your Risk Management Plan - Label as Exhibit **VI A.**

458

459 B. Is Proposer currently under investigation, or had a license or accreditation
460 revoked, by any state/federal/local authority or licensure agency, within the last five (5)
461 years? If yes, explain in detail -- Label as Exhibit **VI B.**

462

463 C. Does anyone working for Proposer providing direct care or in management
464 have any felony convictions? If yes, explain. Describe the process, if any, for checking on
465 previous convictions of employees or applicants for employment. Attach any policies and
466 procedures regarding the hiring and retention of persons with criminal histories -- Label as
467 Exhibit **VI C.** Are criminal history checks done on all Proposer staff annually?

468

469 D. Has Proposer had any judgments or settlements entered against it in the last ten
470 (10) years? If so, explain in detail-- Label as Exhibit **VI D.**

471

472 E. Has either the Proposer or any of its employees had any validated fraud, client
473 abuse, client neglect, or rights violations claims in the last three (3) years? If so, explain in
474 detail. Describe the process, if any, for checking on previous confirmed fraud, client
475 abuse, client, neglect, or rights violations of employees or applicants for employment, such
476 as through CANRS, the Nurse Aide Registry, and the Employee Misconduct Registry.
477 Describe or attach any current policies and procedures regarding client abuse, client
478 neglect, or rights violations and the training of staff on these issues -- Label as Exhibit **VI**
479 **E.**

480

481 F. Has Proposer been placed on vendor hold within the past five (5) years by any
482 funding agency or company? If yes, explain -- label as **Exhibit VI F**.

483

484 G. Does Proposer have a Letter of Good Standing which verifies that it is not
485 delinquent in payment of Texas State Franchise Tax? Corporations that are non-profit or
486 exempt from Franchise Tax are not required to have this letter, but instead must submit a
487 501C IRS Exemption form from the Comptroller Office. Attach and label as **Exhibit VI G**.

488

489 H. Is Proposer currently held in abeyance or barred from the award of a federal or
490 state contract? Has this occurred in the last 5 years? If so, explain **Exhibit VI H**.

491

492 I. Has Proposer ever filed bankruptcy? If yes, describe in detail **Exhibit VI I**.

493

494 J. Has Proposer ever defaulted on any business lease arrangement? If so, describe
495 in detail.

496

497 K. Provide a Certificate of Insurance showing liability insurance coverage
498 (property and vehicles, including riders) and including directors' and officers' professional
499 liability, errors and omissions, general liability, workers compensation and medical
500 malpractice insurance -- Label as **Exhibit VI K**. Provide the name of Workers' Comp
501 carrier if Proposer has Workers' Comp coverage or self funding documents if self funded

502

503 L. Attach any policies and procedures regarding medical records security –
504 Label as **Exhibit VI L**.

505

506 **VII. Managed Care Profile**

507

508 A. Describe your background and depth of experience with all of the managed care
509 companies (including Medicaid Managed Care and CHIP) with which Proposer currently
510 contracts or has previously contracted. Include the duration of any relationships, numbers
511 of clients served and specific services provided to managed care companies.

512

513 B. Provide Proposer's Medicaid Provider number(s). Have these ever been
514 suspended or revoked? If so, explain.

515

516 C. Provide Proposer's Medicare Provider number(s). Have these ever been
517 suspended or revoked? If so, explain.

518

519 D. Has Proposer ever been dropped from a managed care network? If so, explain.

520

521 E. Submit contact information from at least three (3) entities for which Proposer
522 has provided services similar to the Services requested by this RFP within the past two
523 years -- Label as **Exhibit VII A**.

524

525 F. Describe any contracts, Memoranda of Understanding, or employment
526 relationships Proposer has with other state, city or county agencies in the health care
527 community of the counties of Webb, Starr, Jim Hogg, and Zapata.
528

529 VIII. Information Systems

530

531 **Proposer shall be required to utilize LMHA's Anasazi system to record behavioral**
532 **health service delivery or shall transmit electronically the required data needed in a**
533 **format compatible with the Anasazi client data system.**
534

535 A. Describe the frequency with which client data is input into Proposer's system
536 and available for reporting. If the system cannot provide the following, please describe the
537 ability to generate and report this data to the Anasazi system on a daily basis. Include a
538 sample report as **Exhibit VIIIA**.

- 539 1. Payor source
- 540 2. Patient name
- 541 3. Patient date of birth
- 542 4. Patient Social Security Number
- 543 5. Patient Ethnicity
- 544 6. Patient Home address
- 545 7. Full diagnosis (all 5 axes and/or ICD-9) including GAF score
- 546 8. Number of days from Local Authority referral to client's first visit
- 547 9. Admissions and Discharges to all services
- 548 10. Average Length of Stay by service
- 549 11. Number, type, and duration of services (by CPT codes)
- 550 12. Treating professional and credentials of that professional for each service
- 551 13. Readmission rates by service
- 552 14. Current Treatment Plan date
- 553 15. Number of no shows per service, showing total appointments scheduled by
554 service
- 555 16. Description of each complaint received from Local Authority clients,
556 identifying those resolved to the individual's satisfaction within 14 days from
557 the date of complaint
- 558 17. Number and duration of all incidents of restraint and seclusion for Local
559 Authority clients
- 560 18. Number, type, and severity of medication errors and adverse drug reactions for
561 Local Authority clients
- 562 19. Elopements, unauthorized departures, and Against Medical Advice discharges
563 of Local Authority clients
- 564 20. Deaths and suicide attempts of Local Authority clients
- 565 21. Serious injury or illness of Local Authority clients
- 566 22. Confirmed abuse, neglect or exploitation of Local Authority clients
- 567 23. Allegations of homicide/attempted homicide/ threat with a plan by an
568 Local Authority client
569

570 B. Describe the Proposer’s Information System. Include dates of last upgrades,
 571 current capabilities, service type or programs, and the ability to interface with other
 572 information systems. Describe or attach the Proposer’s disaster recovery plan and data
 573 backup procedures (**Exhibit VIII B**).
 574

575 C. Describe the platform, host system, data base and file format specifications.
 576 Describe the system’s flexibility to create unique file layouts. Can the system create flat
 577 ASCII files -- fixed field or comma delimited? Does Proposer own its own software?
 578 Does Proposer intend to purchase new software? Describe the preferred format for error
 579 correction reports. Does Proposer have fax, modem, Internet access and E-mail
 580 capabilities?
 581

582 **IX. Statement**

583
 584 Provide a statement detailing why Proposer’s services best meet the needs of persons with
 585 mental illness (Priority Population). Identify any best practices Proposer is currently
 586 utilizing in delivering services similar to the Services sought under this RFP.
 587

588 List any workload measures or data collected and used that pertains to positive outcomes
 589 for this population. Describe training provided to the family members of persons who meet
 590 the definition for the Priority Population. Describe how Proposer links services or
 591 provides continuity of care with other providers. Describe how Proposer collaborates and
 592 shares data with other providers and any limits on this sharing.
 593

594 State the current organizational mission, values and ethics. Cite any contradictions that
 595 may exist between the Proposer’s mission and that of the Local Authority. Attach a copy
 596 of the mission, values and ethics -- Label as **Exhibit IX**.
 597

598 **X. Rate Schedule**

599
 600 For each Service identified below, describe Proposer’s proposed rates. Services are
 601 described in Attachment B. Please indicate whether rates shown are on a fee-for-unit-of-
 602 services basis, case rate, or capitated rate. Describe the methodology for setting these
 603 rates, including how administrative overhead is allocated. Provide a detailed proposed
 604 budget summary for the services.
 605

606 Describe Proposer’s process for collecting a Consumer’s MAP, co-pays, deductibles, etc.
 607

Service	Capacity to be Procured	Percent to be Procured	Method of Procurement
ADULT SERVICES			
RDM SP 1	210	17%	RFP for multiple providers in Webb County
RDM SP 2	9	100%	RFP for multiple providers in Starr, Jim Hogg, & Zapata Counties

RFP # **BR10-1001** – *Outpatient Mental Health Services*

CHILD/ADOLESCENT SERVICES			
RDM SP 1.1	122	75%	RFP for multiple providers in Starr, Jim Hogg, & Zapata Counties
RDM SP 1.2	31	100%	RFP for multiple providers in Starr, Jim Hogg, & Zapata Counties
RDM SP 2.1	1	75%	RFP for multiple providers in Starr, Jim Hogg, & Zapata Counties
RDM SP 2.2	0	100%	RFP for multiple providers in Starr, Jim Hogg, & Zapata Counties
RDM SP 2.3	0	100%	RFP for multiple providers in Starr, Jim Hogg, & Zapata Counties
RDM SP 2.4	0	100%	RFP for multiple providers in Starr, Jim Hogg, & Zapata Counties
RDM SP 4	3	75%	RFP for multiple providers in Starr, Jim Hogg, & Zapata Counties

608

XI Assurances Document

609

610

611 Proposer assures the following:

612

1. That all addenda and attachments to the RFP as distributed by the Local Authority and designated by the checklist have been received.

613

614

2. No attempt will be made by the Proposer to induce any person or firm to submit or not to submit a proposal, unless so described in your response document.

615

616

3. The Proposer does not discriminate in its services or employment practices on the basis of race color, religion, sex, national origin, disability, veteran status, or age.

617

618

4. All cost and pricing information is reflected in the RFP response documents or attachments.

619

620

5. Proposer accepts the terms, conditions, criteria, and requirement set forth in the RFP.

621

622

6. Proposer accepts the Local Authority's right to cancel the RFP at any time prior to Contract award.

623

624

7. Proposer accepts the Local Authority's right to alter the time tables for procurement as set forth in the RFP.

625

626

8. The Proposal submitted by the Proposer has been arrived at independently without consultation, communication, or agreement for the purpose of restricting competition.

627

628

629

9. Unless otherwise required by law, the information in the Proposal submitted by the Proposer has not been knowingly disclosed by the Proposer to any other Proposer prior to the notice of intent to award.

630

631

632

10. No claim will be made for payment to cover costs incurred in the preparation of the submission of the Proposal or any other associated costs.

633

634

11. Local Authority has the right to complete background checks and verify information.

635

636

12. The individual signing this document and the Contract is authorized to legally bind the Proposer.

637

638

13. The address submitted by the Proposer to be used for all notices sent by the Local Authority is current and correct.

639

640

14. No employee of the Local Authority or DSHS, and no member of the Local Authority's Board will directly or indirectly receive any pecuniary interest from an award of the proposed Contract. If the Proposer is unable to make the affirmation, then the Proposer must disclose any knowledge of such interests.

641

642

643

644

15. That the Respondent is not currently held in abeyance or barred from the award of a federal or state contract.

645

- 646 16. That the Respondent is not currently delinquent in its payments of any franchise tax
 647 or state tax owed to the state of Texas, pursuant to Texas Business Corporation Act,
 648 Texas Civil Statutes, Article 2.45.
- 649 17. Proposer shall disclose whether any of the directors or personnel of Proposer has
 650 either been an employee or a trustee of Local Authority within the past two (2) years
 651 preceding the date of submission of the Proposal. This requirement applies to all
 652 personnel, whether or not identified as key personnel. If such employment has
 653 existed, or at term of office served, the Proposal shall state in an attached writing the
 654 nature and time of the affiliations as defined. *See Attachment C.*
- 655 18. Proposer shall identify in an attached writing any trustee or employee of Local
 656 Authority who has a financial interest in Proposer or who is related within the second
 657 degree by consanguinity or affinity to a person having such financial interest. Such
 658 disclosure shall include a complete statement of the nature of such financial interest
 659 and the relationship, if applicable. Moreover, Proposer shall state in an attached
 660 writing whether any of its directors or personnel knowingly has had a personal
 661 relationship with employees or officers of Local Authority within the past two (2)
 662 years.
- 663 19. No former employee or officer of DSHS, DADS, and/or Local Authority directly or
 664 indirectly aided or attempted to aid in procurement of Proposer’s service.
- 665 20. Proposer shall disclose in an attached writing the name of every Local Authority key
 666 person with whom Proposer is doing business or has done business during the 365
 667 day period immediately prior to the date on which the Proposal is due; failure to
 668 include such a disclosure will be a binding representation by Proposer that the natural
 669 person executing the Proposal has no knowledge of any key persons with whom
 670 Proposer is doing business or has done business during the 365 day period prior to
 671 the immediate date on which the Proposal is due.
- 672 21. Under Section 231.006, Family Code, the vendor or applicant certifies that the
 673 individual or business entity named in this contract, bid, or application is not
 674 ineligible to receive the specified grant, loan, or payment and acknowledges that this
 675 contract may be terminated and payment may be withheld if this certification is
 676 inaccurate. For purposes of the foregoing sentence, “vendor or applicant” shall mean
 677 Proposer; contract, bid or application shall mean the Proposal; and “this contract”
 678 shall mean any Contract awarded to the Successful Proposer.

679
 680
 681
 682
 683
 684

 Signature Authority for the Provider

 Title of Organization

 Date

685 **Attachment A**

686
687
688 **Mental Health**
689 **Priority Population Definition**

690
691 The Priority Population for mental health services as defined by DSHS consists of:

692
693 * Children and adolescents under the age of eighteen who have a
694 diagnosis of mental illness who exhibit severe emotional or social
695 disabilities which are life-threatening or require prolonged intervention.

696
697 * Adults who have severe and persistent mental illnesses such as
698 schizophrenia, major depression, manic depressive disorder, or other
699 severely disabling mental disorders which require crisis resolution or
700 ongoing and long-term support and treatment.

701
702 The following information must be used to operationalize these definitions to determine if
703 an individual meets this definition. Only the Local Authority may determine an individual
704 is a member of the Priority Population.

705
706
707 **Service Determination**

708
709 In targeting services to the Priority Population, the choice of and admission to
710 services is determined jointly by the person seeking services and the Local Authority.
711 Criteria used to make these determinations are the diagnosis, the level of functioning of the
712 individual (GAF Score), the needs of the individual, and the availability of resources.

713
714
715 **DSHS Funding**

716
717 Funds appropriated by the Legislature for mental health services may be spent only
718 to provide services to the Priority Population. Successful Proposers who wish to offer
719 services to people other than those in the Priority Population may do so using non-
720 departmental funds.

722
723
724
725
726

(Attachment A cont.)

Guide to Operationalizing the Mental Health Priority Population

Population	If the person is ...	And has a ...	And ...	And ...	Then the person is ...
Children	less than 18 years old	DSM-IV diagnosis other than or in addition to: * substance abuse * mental retardation * autism or * pervasive developmental disorder	has a functional impairment (GAF of 50 or less either currently or in the past year)		initially eligible for DSHS state-funded MH services.
	less than 18 years old	DSM-IV diagnosis other than or in addition to: * substance abuse * mental retardation * autism or * pervasive developmental disorder	has been determined by the school system to have a serious emotional disturbance		initially eligible for DSHS state-funded MH services.
	less than 18 years old	DSM-IV diagnosis other than or in addition to: * substance abuse * mental retardation * autism or * pervasive developmental disorder	is at risk of disruption of the preferred living situation due to psychiatric symptoms		initially eligible for DSHS state-funded MH services.
Adults	18 or older	DSM-IV diagnosis of: * schizophrenia * schizoaffective disorder * bipolar disorder, or * major depression			initially eligible for DSHS state-funded MH services.
	18 or older	DSM-IV diagnosis other than those listed above except a sole diagnosis of substance abuse or mental retardation	has a GAF rating of 50 or less -- current	needs on-going MH services	initially eligible for DSHS state-funded MH services.

Attachment B**RDM Service Package Definitions And Service Descriptions For Adult Service Packages**

Most public mental health services in Texas are delivered as part of a “service package”. The Resiliency and Disease Management (RDM) Guidelines are used to assign each applicant (consumer) for services to a service package based on their clinically assessed level of need. This assessment has several parts: the Uniform Assessment (UA) including Texas Recommended Assessment Guidelines (TRAG) results; a determination of medical necessity for treatment; and authorization for services by the LMHA. Each service package requires a minimum number of various types of units of service to be delivered by the provider.

- To view the RDM Clinical Guidelines including the service package definitions and service descriptions for the service package(s) specified in this RFP go to: <http://www.dshs.state.tx.us/mhprograms/RDMClinGuide.shtm>
- For more information, see the RDM Program Manual (PDF, 659 KB) at http://www.dshs.state.tx.us/mhprograms/RDM/documents/RDM_Program_Manual.pdf
- <http://www.dshs.state.tx.us/mhprograms/TIMA.shtm>

Service Package 1 – Adult Service Package Definition

Services in this package are generally intended for individuals with major depressive disorder ($GAF \leq 50$), bipolar disorder, or schizophrenia and related disorders who present with very little risk of harm and who have supports and a level of functioning that does not require higher levels of care.

The general focus of this array of services is to reduce or stabilize symptoms, improve the level of functioning, and/or prevent deterioration of the person's condition. Natural and/or alternative supports are developed to help the person move out of the public mental health system. Services are most often provided in outpatient, office-based settings, and are primarily limited to medication, rehabilitative services, and education.

Service Descriptions**Basic Services****1. Pharmacological management services**

Supervision of administration of medication, monitoring of effects and side effects of medication, assessment of symptoms. Includes one psychiatric evaluation per year.

2. Routine Case Management

Includes basic facilitation of access to resources and services, coordination of services with consumer, as well as administration of TIMA scales. This service is generally facility-based and not generally delivered in-vivo.

- 772 3. **"Medication Training & Support Services"**
 773 (also referred to as "TIMA Patient and Family Education Program") Includes
 774 education on diagnosis, medications, monitoring and management of symptoms,
 775 and side effects.

776

777 **Specialty Services/Add-Ons**

778 1. **Skills Training & Development**

779 The building of skills to facilitate community integration and tenure

780 2. **Supported Employment**

781 Provides individualized assistance in choosing and obtaining employment, at
 782 integrated work sites in jobs in the community of the consumer's choice, and
 783 supports provided by identified staff who will assist individuals in keeping
 784 employment and/or finding another job as necessary. This includes "Skills Training
 785 & Development" related to addressing the symptoms of mental illness affecting an
 786 individual's ability to obtain and retain employment, as well as non-billable
 787 vocational specific training.

788 3. **Supported Housing**

789 Provides individualized assistance in choosing and obtaining integrated housing in
 790 the community of the consumer's choice, and supports provided by identified staff
 791 who shall assist individuals in retaining housing and/or finding new housing as
 792 necessary. This includes "Skills Training & Development" related to addressing the
 793 symptoms of mental illnesses affecting an individual's ability to obtain and retain
 794 housing, as well as non-billable housing specific support services (e.g., locating
 795 housing, assistance with moving).

796 4. **Crisis Intervention Services**

797 These are individual interventions provided in response to a crisis in order to
 798 reduce symptoms of severe and persistent mental illness or serious emotional
 799 disturbance and to prevent admission of an individual to a more restrictive
 800 environment. This service may be delivered to anyone with a mental health crisis.
 801 This service does not require prior authorization.

802 5. **Day Programs for Acute Needs**

803 These are site-based rehabilitative day programs that provide short-term, intensive
 804 treatment in a highly structured environment to individuals who require
 805 multidisciplinary treatment in order to stabilize acute psychiatric symptoms and to
 806 facilitate crisis resolution in order avoid placement in a more restrictive setting.
 807 This service is intended to stabilize individuals who are experiencing acute distress
 808 and who would be unable to function independently in the community without this
 809 intervention. Day Programs for Acute Needs are generally provided in settings such
 810 as Crisis Stabilization Units and Crisis Residential Settings.

811

812 **Service Package 2 – Adult**

813 **Service Package Definition**

814 Services in this package are intended for individuals with residual symptoms of major
 815 depressive disorder, with an intake GAF ≤ 50 , who present very little risk of harm, who
 816 have supports, and a level of functioning that does not require more intensive levels of
 817 care, and who can benefit from psychotherapy.

818 The general focus of services in this package is to improve level of functioning and/or
819 prevent deterioration of the person's condition. Natural and/or alternative supports are
820 developed to help the person move out of the public mental health system. Services are
821 most often provided in outpatient, office-based settings and include psychotherapy services
822 in addition to those offered in Service Package 1.
823

824

Service Descriptions

825

Basic Services

826

1. Pharmacological Management Services

827

Supervision of administration of medication, monitoring of effects and side effects
828 of medication, assessment of symptoms. Includes 30 minutes of psychiatric
829 evaluation per 180 days. For most individuals in SP2, this is a continuation of a
830 service from SP1.

831

2. Routine Case Management

832

Includes basic facilitation of access to resources and services, coordination of
833 services with consumer and family, administration of TIMA scales. For most
834 individuals in SP2, this is a continuation of the service from SP1.

835

3. Counseling (cognitive behavioral therapy – CBT)

836

Provided in order to resolve a concrete problem in daily functioning (problem
837 focused, solution oriented) or symptoms resulting from maladaptive thoughts,
838 feelings, interpersonal disturbances, and/or experiences consistent with DSM
839 diagnosis. Counseling is intended to be brief, time-limited, and focused.

840

4. Medication Training & Support Services

841

(Also referred to as "TIMA Patient and Family Education Program") This includes
842 education on diagnosis, medications, monitoring, and management of symptoms
843 and side effects.
844

845

Specialty Services/Add-Ons

846

1. Skills Training & Development

847

The building of skills in order to facilitate community integration and tenure.

848

2. Supported Employment

849

Provides individualized assistance in selecting and obtaining employment, at
850 integrated work sites in jobs in the community of the consumer's choice, and
851 supports provided by identified staff who shall assist individuals in retaining
852 employment and/or finding another job as necessary. This includes "Skills Training
853 & Development" related to addressing the symptoms of mental illnesses affecting
854 an individual's ability to obtain and retain employment, as well as non-billable
855 vocational specific training.

856

3. Supported Housing

857

Provides individualized assistance in choosing and obtaining integrated housing in
858 the community of their choice, and supports provided by identified staff who shall
859 assist individuals in retaining housing and/or finding new housing as necessary.
860 This includes "Skills Training & Development" related to addressing the symptoms
861 of mental illnesses affecting an individual's ability to obtain and retain housing, as
862 well as non-billable housing specific support services (e.g., locating housing,
863 assistance with packing).

864 4. **Crisis Intervention Services**

865 These are individual interventions provided in response to a crisis in order to
866 reduce symptoms of severe and persistent mental illness or serious emotional
867 disturbance and to prevent admission of an individual to a more restrictive
868 environment. This service may be delivered to anyone who is having / experiencing
869 a mental health crisis. This service does not require prior authorization.

870 5. **Day Programs for Acute Needs**

871 These are site-based rehabilitative day programs that provide short-term, intensive
872 treatment in a highly structured environment to individuals who require
873 multidisciplinary treatment in order to stabilize acute psychiatric symptoms and to
874 facilitate crisis resolution in order avoid placement in a more restrictive setting.
875 This service is intended to stabilize individuals who are experiencing acute distress
876 and who would be unable to function independently in the community without this
877 intervention. Day Programs for Acute Needs are generally provided in settings such
878 as Crisis Stabilization Units and Crisis Residential Settings.

879

880 **Service Package 3 – Adult**881 **Service Package Definition**

882 Service Package 3 (SP-3) must utilize a team approach to providing more intensive
883 rehabilitative services for the individual. Services in this package are generally intended
884 for individuals who enter the system of care with moderate to severe levels of need (or for
885 those whose LOC-R has increased) who require intensive rehabilitation to increase
886 community tenure, establish support networks, increase community awareness, and
887 develop coping strategies in order to function effectively in their social environment
888 (family, peers, school). This may include maintaining the current level of functioning. A
889 rehabilitative case manager who is a member of the therapeutic team must provide
890 supported Housing and COPSD services. Supported Employment services must be
891 provided by both a Supported Employment specialist on the team and the rehabilitative
892 case manager.

893 The general focus of services in this package is to stabilize symptoms, improve
894 functioning, develop skills in self-advocacy, and increase natural supports in the
895 community and / or sustain improvements made in more intensive service packages.
896 Service focus is on amelioration of functional deficits through skill training activities
897 focusing on symptom management, independent living, self-reliance, non-job-task specific
898 employment interventions, impulse control, and effective interaction with peers, family,
899 and community. Services are provided in outpatient office-based settings and community
900 settings.

901

902 **Service Descriptions**903 **Basic Services**904 1. **Integrated Rehabilitative Teams**

905 This service package is a service delivery model that provides the defined services
906 in an integrated treatment team structure. All persons served in SP-3 must at a
907 minimum receive the following services unless the service is refused or is clinically
908 contra-indicated (with documentation of the reason noted in the individual's
909 medical record):

- 910 **Pharmacological management services**
911 Supervision of administration of medication, monitoring of effects and side
912 effects of medication, assessment of symptoms. Includes a 30-minute
913 psychiatric evaluation every 180 days.
- 914 2. **Rehabilitative Services**, which include:
- 915 a. **"Medication Training & Support"** that is education on diagnosis,
916 medications, monitoring and management of symptoms and side effects
917 (also referred to as "TIMA Patient and Family Education Program").
- 918 b. **"Psychosocial Rehabilitative Services"** (also referred to as Rehabilitative
919 Case Management) provide a variable level of integrated support to
920 individuals assigned to this package. Includes:
- 921 i. Assistance in accessing medical, social, educational, or other
922 appropriate support services, as well as linkage to more intensive
923 services if needed, in addition to monitoring (monthly or weekly as
924 needed), assessment of service needs, service planning and
925 coordination, administration of TIMA scales, and other TIMA
926 medication management functions.
- 927 3. A **basic level of rehabilitative services** addressing daily and independent living
928 skills to persons on their caseload.
- 929 4. **Co-occurring Psychiatric and Substance use Disorder** services.
- 930 5. **Medical:**
- 931 a. **Psychosocial Rehabilitation**
932 Medication related services – services to provide training regarding an
933 individual's medications in order to increase the individual's compliance
934 with medication treatment. These include training in self administration of
935 the individual's medications, the importance of taking one's medications as
936 prescribed, determining the effectiveness of the individual's medications,
937 identifying side-effects of the individual's medications; and
- 938 b. **Supplemental Nursing Services**
939 Provided in support of services provided by the physician, including but not
940 limited to taking vital signs, weight monitoring, blood draws; etc. (Note:
941 These services do not include nursing services that are incidental to a
942 physician's office visit.).
- 943
- 944 **Specialty Services/Add-Ons**
- 945 1. **Supported Employment**
946 Provides individualized assistance in choosing and obtaining employment at
947 integrated work sites in jobs in the community of one's choice, and supports
948 provided by identified staff who will assist individuals in retaining employment
949 and/or finding other jobs as necessary. This includes "Psychosocial Rehabilitative
950 Services" related to addressing the symptoms of the mental illness affecting the
951 individual's ability to obtain and retain employment, as well as non-billable
952 vocational specific training. Need for Supported Employment is indicated by a
953 score of 3-5 on Dimension 5: Employment Problems of the TRAG. For a subset of
954 the population served in SP3 who have a need for Supported Employment, the

955 following additional service will be provided based on selection by the individual
956 and the treatment team.

957 **2. Supported Housing**

958 Provides individualized assistance in choosing and obtaining integrated housing in
959 the community of one's choice and supports provided by designated staff who shall
960 assist individuals in retaining housing and/or finding new housing as necessary.
961 This includes "Psychosocial Rehabilitative Services" related to addressing the
962 symptoms of mental illnesses affecting an individual's ability to obtain and retain
963 housing, as well as non-billable housing specific support services (e.g., locating
964 housing, assistance with moving). Need for Supported Housing is indicated by an
965 allowable score on Dimension 6: Housing Instability of the TRAG (see "Add-on
966 Service Criteria for SP-3"). For individuals who are a subset of the population
967 served in SP3 and who have a need for Supported Housing, the following
968 additional service will be provided based on the individual's preference and the
969 conclusions of the treatment team.

970 **3. Crisis Intervention Services**

971 These are individual interventions provided by staff members other than members
972 of the consumer's therapeutic team (SP-3 Team) in response to a crisis in order to
973 (a) reduce symptoms of severe and persistent mental illnesses or serious emotional
974 disturbances and (b) to prevent admission of an individual to a more restrictive
975 environment. This service may be delivered to anyone who is having / experiencing
976 a mental health crisis. This service does not require prior authorization. [NOTE:
977 When members of the SP-3 Team address a crisis situation, the services are billed
978 as Psychosocial Rehabilitation}

979 **4. Day Programs for Acute Needs**

980 These are site-based rehabilitative day programs that provide short-term, intensive
981 treatment in a highly structured environment to individuals who require
982 multidisciplinary treatment in order to stabilize acute psychiatric symptoms and to
983 facilitate crisis resolution in order to avoid placement in a more restrictive setting.
984 This service is intended to stabilize individuals who are experiencing acute distress
985 and who would be unable to function independently in the community without this
986 intervention. Day Programs for Acute Needs are generally provided in settings such
987 as Crisis Stabilization Units and Crisis Residential Settings.
988

989 **RDM Service Package Definitions and Service Descriptions for Child/Adolescent**
990 **Service Packages**

991 **Service Package 1.1 – Child/Adolescent**

992 **Service Package Definition**

993 **Basic Services**

994 This level of care is targeted for children and adolescents with externalizing disorders
995 (e.g., ADD/ADHD, Conduct or Oppositional Defiant Disorder) and a moderate level of
996 functional impairment. The focus of the intervention is on psychosocial skill development
997 in the child and the enhancement of parenting skills, especially in child behavior
998 management. Access to parent support groups is available. Information regarding the
999 diagnosis, medication, monitoring of symptoms and side effects is provided through

1000 Medication Training and Support. This level of care is generally considered short-term and
1001 time-limited.

1002 The general goal of services at this level of care is to reduce or stabilize symptoms,
1003 decrease functional impairment or prevent deterioration of the child's condition. Family
1004 support is facilitated through linkage to natural and community resources. Services are
1005 provided in the office, school, home or other community setting.

1006

1007 **Service Descriptions**

1008 **Basic Services**

1009 **1. Skills Training and Development**

1010 A structured intervention to provide and improve skills needed for the child to
1011 function appropriately in the community, and to enhance child behavior
1012 management and increase the skills necessary to manage/decrease the child's level
1013 of functional impairment.

1014 **2. Medication Training and Support**

1015 Information provided to the child and family on the mental health disorder,
1016 medications, monitoring of symptoms and side effects.

1017 **3. Routine Case Management**

1018 Facilitation of child/family's access to community resources and continuity of care
1019 between services. Parent Support Group: support and informational meetings for
1020 parents of children receiving services that are facilitated and routinely scheduled.

1021 **4. Specialty Services/Add-Ons**

1022 **5. Psychiatric Evaluation**

1023 Psychiatric clinical diagnostic interview

1024 **6. Medication Management**

1025 A service provided by a licensed medical professional to a child or family to
1026 determine symptom remission and the medication regime needed to initiate and/or
1027 maintain the child's plan of care.

1028 **7. Skills Training and Development (Group)**

1029 A structured intervention provided in a group setting to provide and improve skills
1030 needed for the child to function appropriately in the community and to enhance
1031 child behavior management and increase the skills necessary to manage/decrease
1032 child's level of functional impairment. Group Skills Training and Development is
1033 limited to no more than 6 children per group.

1034 **NOTE** – Medicaid reimbursement for Skills Training and Development in
1035 groups is not currently available.

1036

1037 **Service Package 1.2 – Child/Adolescent**

1038 **Service Package Definitions**

1039 **Basic Services**

1040 This level of care is targeted for children and adolescents with internalizing disorders
1041 (depressive or anxiety disorders) and a moderate level of functional impairment. The focus
1042 of the intervention is on child and family counseling using Cognitive Behavioral Therapy
1043 (CBT) for ages 9 & above and CBT or other therapy approaches for children ages 3
1044 through 8. Access to parent support groups is available. Information regarding the
1045 diagnosis, medication, monitoring of symptoms and side effects is provided through

1046 Medication Training and Support. This LOC is generally considered short-term and time-
 1047 limited. The general goal of services at this level of care is to reduce or stabilize
 1048 symptoms, decrease functional impairment or prevent deterioration of the child's condition.
 1049 Family support is facilitated through linkage to natural and community resources and
 1050 parent support groups. Services are provided in the office, school, home or other
 1051 community setting.

1052

1053 **Service Descriptions**

1054 **Basic Services**

- 1055 1. **Counseling**
 1056 Provided in order to resolve a concrete problem in daily functioning (problem-
 1057 focused, solution-oriented) or symptoms resulting from maladaptive thoughts,
 1058 feelings, interpersonal disturbances, and/or experiences consistent with DSM–IV
 1059 diagnoses. Counseling is intended to be brief, time-limited and focused.
- 1060 2. **Medication Training and Support**
 1061 Information provided to the child and family on the mental health disorder,
 1062 medications, monitoring of symptoms and side effects.
- 1063 3. **Routine Case Management**
 1064 Facilitation of child/family's access to community resources and continuity of care
 1065 between services.
- 1066 4. **Parent Support Group**
 1067 Support and informational meetings for parents of children receiving services that
 1068 are facilitated and routinely scheduled.
- 1069 5. Specialty Services/Add-Ons
- 1070 6. **Psychiatric Evaluation**
 1071 A psychiatric clinical diagnostic interview
- 1072 7. **Group Counseling**
 1073 Provided in a group setting in order to resolve a concrete problem in daily
 1074 functioning (problem-focused, solution-oriented) or symptoms resulting from
 1075 maladaptive thoughts, feelings, interpersonal disturbances, and/or experiences
 1076 consistent with DSM–IV diagnoses (CBT). Group Counseling is intended to be
 1077 brief, time-limited and focused and limited to no more than 6 children per group.
- 1078 8. **Family Counseling**
 1079 Provided to children and their families order to resolve a concrete problem in daily
 1080 functioning (problem-focused, solution-oriented) or symptoms resulting from
 1081 maladaptive thoughts, feelings, interpersonal disturbances, and/or experiences
 1082 consistent with DSM–IV diagnoses (CBT).
- 1083 9. **Medication Management**
 1084 A service provided by a licensed medical professional to a child or family to
 1085 determine symptom remission and the medication regime needed to initiate and/or
 1086 maintain the child's plan of care.

1087

1088 **Service Package 2.1 – Child/Adolescent**

1089 **Service Package Definition**

1090 This level of care is targeted to youth with externalizing disorders and high levels of severe
 1091 disruptive or aggressive behaviors who are in the juvenile justice system and at high risk of

1092 out of home placement or further penetration in the juvenile justice system due to
 1093 presenting behaviors. Intensive parent-to-parent peer support is available to the family.
 1094 The family service plan is developed using a wraparound planning approach.
 1095

1096 **Service Descriptions**

1097 **Basic Services**

1098 1. **Multi-Systemic Therapy (MST)**

1099 A comprehensive, intensive in-home and community-based treatment model.
 1100 Service components include intensive case management, counseling (including
 1101 family and group), and skills training and development (individual). Services are
 1102 provided at an average of 8 hours/week. Family service planning is done through a
 1103 wraparound planning approach. Extensive collaboration with juvenile justice
 1104 professionals is required.

1105 2. **Family Partner**

1106 Peer mentoring, education and support provided by an experienced parent to the
 1107 caregivers of a child in service.

1108 3. **Medication Training and Support**

1109 Information provided to the child and family on the mental health disorder,
 1110 medications, monitoring of symptoms and side effects.

1111 4. **Parent Support Group**

1112 Support and informational meetings for parents of children receiving services that
 1113 are facilitated and routinely scheduled.

1114 5. **Specialty Services/Add-Ons**

1115 6. **Psychiatric Evaluation**

1116 A psychiatric clinical diagnostic interview

1117 7. **Medication Management**

1118 A service provided by a licensed medical professional to a child or family to
 1119 determine symptom remission and the medication regime needed to initiate and/or
 1120 maintain the child's plan of care.

1121 8. **Flex Funds**

1122 Non-clinical supports that that augment the service plan to reduce symptomatology
 1123 and maintain quality of life and family integration. The provider may request
 1124 authorization of flex funds to augment the family service plan, up to a
 1125 \$1,500/family cap. The UM manager may authorize an exception to the \$1,500 per
 1126 family cap with documented justification.
 1127

1128 **Service Package 2.2 – Child/Adolescent**

1129 **Service Package Definition**

1130 This level of care is targeted at children and adolescents with externalizing disorders and
 1131 moderate to high functional impairment at home, school or in the community. The need for
 1132 intensive case management and significant parent support is indicated. The family service
 1133 plan is developed using a wraparound planning approach. Multi-Systemic Therapy is either
 1134 not appropriate due to lack of juvenile justice involvement or unavailable.
 1135

1136 **Service Descriptions**

1137 **Basic Services**

- 1138 1. **Intensive Case Management**
 1139 Activities that assist the child/family including service planning and coordination,
 1140 monitoring service effectiveness, and proactive crisis planning and management.
- 1141 2. **Skills Training and Development**
 1142 A structured intervention to provide and improve skills needed for the child to
 1143 function appropriately in the community and to enhance child behavior
 1144 management and increase the skills necessary to manage/decrease child's level of
 1145 functional impairment.
- 1146 3. **Medication Training and Support**
 1147 Information provided to the child and family on the mental health disorder,
 1148 medications, monitoring of symptoms and side effects.
- 1149 4. **Family Partner**
 1150 Peer mentoring, education and support provided by an experienced parent to the
 1151 caregivers of a child in service.
- 1152 5. **Parent Support Group**
 1153 Support and informational meetings for parents of children receiving services that
 1154 are facilitated and routinely scheduled.
- 1155 6. Specialty Services/Add-Ons
- 1156 7. **Psychiatric Evaluation**
 1157 A psychiatric clinical diagnostic interview
- 1158 8. **Medication Management**
 1159 A service provided by a licensed medical professional to a child or family to
 1160 determine symptom remission and the medication regime needed to initiate and/or
 1161 maintain the child's plan of care.
- 1162 9. **Skills Training and Development (Group)**
 1163 A structured intervention provided in a group setting to provide and improve skills
 1164 needed for the child to function appropriately in the community and to enhance
 1165 child behavior management and increase the skills necessary to manage/decrease
 1166 child's level of functional impairment. Group Skills Training and Development is
 1167 limited to no more than 6 children per group.
- 1168 **NOTE** – Medicaid reimbursement for Skills Training and Development in
 1169 groups is not currently available.
- 1170 10. **Flex Funds**
 1171 Non-clinical supports that that augment the service plan to reduce symptomatology
 1172 and maintain quality of life and family integration. The provider may request
 1173 authorization of flex funds to augment the family service plan, up to a
 1174 \$1,500/family cap. The UM manager may authorize an exception to the \$1,500 per
 1175 family cap with documented justification.

1176
 1177 **Service Package 2.3 – Child/Adolescent**

1178 **Service Package Definition**

1179 This level of care is targeted to children and adolescents with depressive or anxiety
 1180 disorders and a moderate to high level of problem severity or functional impairment. The
 1181 focus of the intervention is on child and family counseling using Cognitive Behavioral
 1182 Therapy (CBT) for ages 9 & above and CBT or other therapy approaches for children ages
 1183 3 through 8. Multiple family concerns and significant parental stress indicate the need for

1184 intensive case management and the availability of parent-to-parent peer support. The
1185 family service plan is developed using a wraparound planning approach.
1186

1187 **Service Descriptions**

1188 **Basic Services**

- 1189 1. **Intensive Case Management**
1190 Activities that assist the child/family including service planning and coordination,
1191 monitoring service effectiveness, and proactive crisis planning and management.
- 1192 2. **Counseling**
1193 Provided in order to resolve a concrete problem in daily functioning (problem-
1194 focused, solution-oriented) or symptoms resulting from maladaptive thoughts,
1195 feelings, interpersonal disturbances, and/or experiences consistent with DSM–IV
1196 diagnoses. Counseling is intended to be brief, time-limited and problem-focused.
- 1197 3. **Medication Training and Support**
1198 Information provided to the child and family on the mental health disorder,
1199 medications, monitoring of symptoms and side effects.
- 1200 4. **Family Partner**
1201 Peer mentoring, education and support provided by an experienced parent to the
1202 caregivers of a child in service.
- 1203 5. **Parent Support Group**
1204 Support and informational meetings for parents of children receiving services that
1205 are facilitated and routinely scheduled.
- 1206 6. **Specialty Services/Add-Ons**
- 1207 7. As clinically indicated, a psychiatric evaluation, medication management, group
1208 and family counseling, and flex funds can be authorized in addition to LOC 2.3
1209 services.
- 1210 8. **Psychiatric Evaluation**
1211 A psychiatric clinical diagnostic interview.
- 1212 9. **Medication Management**
1213 A service provided by a licensed medical professional to a child or family to
1214 determine symptom remission and the medication regime needed to initiate and/or
1215 maintain the child's plan of care.
- 1216 10. **Group Counseling**
1217 Provided in a group setting in order to resolve a concrete problem in daily
1218 functioning (problem-focused, solution-oriented) or symptoms resulting from
1219 maladaptive thoughts, feelings, interpersonal disturbances, and/or experiences
1220 consistent with DSM–IV diagnoses (CBT). Group Counseling is intended to be
1221 brief, time-limited and focused and limited to no more than 6 children per group.
- 1222 11. **Family Therapy**
1223 Provided to children and their families order to resolve a concrete problem in daily
1224 functioning (problem-focused, solution-oriented) or symptoms resulting from
1225 maladaptive thoughts, feelings, interpersonal disturbances, and/or experiences
1226 consistent with DSM–IV diagnoses (CBT).
- 1227 12. **Flex Funds**
1228 Non-clinical supports that that augment the service plan to reduce symptomatology
1229 and maintain quality of life and family integration. The provider may request

1230 authorization of flex funds to augment the family service plan, up to a
 1231 \$1,500/family cap. The UM manager may authorize an exception to the \$1,500 per
 1232 family cap with documented justification.
 1233

1234 **Service Package 2.4 Definition– Child/Adolescent**

1235 **Service Package**

1236 This level of care is targeted for children and adolescents who are diagnosed with Bipolar
 1237 Disorder, Schizophrenia, Major Depression with Psychosis, or other psychotic disorders
 1238 and are not yet stable on medication. The major focus is on stabilizing the child and
 1239 providing information and support to the family.
 1240

1241 **Service Descriptions**

1242 **Basic Services**

1243 1. **Intensive Case Management**

1244 Activities that assist the child/family including service planning and coordination,
 1245 monitoring service effectiveness, and proactive crisis planning and management.

1246 2. **Medication Training and Support**

1247 Information provided to the child and family on the mental health disorder,
 1248 medications, monitoring of symptoms and side effects.

1249 3. **Family Partner**

1250 Peer mentoring, education and support provided by an experienced parent to the
 1251 caregivers of a child in service.

1252 4. **Medication Management**

1253 A service provided by a licensed medical professional to a child or family to
 1254 determine symptom remission and the medication regime needed to initiate and/or
 1255 maintain the child's plan of care.

1256 5. **Psychiatric Evaluation**

1257 A psychiatric clinical diagnostic interview.

1258 6. **Parent Support Group**

1259 Support and informational meetings for parents of children receiving services that
 1260 are facilitated and routinely scheduled.

1261 7. **Specialty Services/Add-Ons**

1262 8. As clinically indicated, flex funds may be authorized in addition to LOC 2.4
 1263 services.

1264 9. **Flex Funds**

1265 Non-clinical supports that that augment the service plan to reduce symptomatology
 1266 and maintain quality of life and family integration. The provider may request
 1267 authorization of flex funds to augment the family service plan, up to a
 1268 \$1,500/family cap. The UM manager may authorize an exception to the \$1,500 per
 1269 family cap with documented justification.
 1270

1271 **Service Package 4 – Child/Adolescent**

1272 **Service Package Definition**

1273 This level of care is targeted to children and adolescents who have stabilized in terms of
 1274 problem severity and functioning and require only medication and medication management
 1275 to maintain their stability. If CA-TRAG scores indicate the need for a more intensive LOC,

1276 LOC 4 can only be authorized if 1) the parent refuses the recommended LOC, wants
1277 medication-only services and medication is clinically indicated; or 2) if the individual is
1278 NOT Medicaid eligible and the recommended LOC is not available due to limited
1279 resources but severe presenting problems that are responsive to medication suggest an
1280 authorization for LOC 4 during the waiting period.
1281

1282 **Service Descriptions**

1283 **Basic Services**

1284 1. **Medication Management**

1285 A service provided by a licensed medical professional to a child or family to
1286 determine symptom remission and the medication regime needed to initiate and/or
1287 maintain the child's plan of care.

1288 2. **Routine Case Management**

1289 Facilitation of child/family's access to community resources and continuity of care
1290 between services.

1291 3. **Parent Support Group**

1292 Support and informational meetings for parents of children receiving services that
1293 are facilitated and routinely scheduled.

Attachment C

Criteria for Scoring the RFP

On-site visits may be conducted of selected facilities associated with this RFP. The Local Authority may interview selected Proposers who submit complete proposals. Points will be awarded to each section of the RFP up to the total shown below.

Section	Total Possible Points
I. Business Demographics	10
II. Organizational Structure	*
III. Quality Management/Utilization Management	10
IV. Services	15
V. Budget/Financial	10
VI. Risk Profile	10
VII. Managed Care Profile	10
VIII. Information System	15
IX. Statement	10
X. Rate Page	10
XI. Assurances Document	*
TOTAL:	—

* These sections must be submitted and complete. While no specific points are awarded, failure to include these may result in the proposal being rejected as incomplete. The content of these sections will be considered in light of the effect on the functioning of the Proposer’s organization with regard to Quality Management/Utilization Management, Services, Risk, and Rates.

Scoring will be based on defined procedures for reviews. The scoring for each section will reflect the reviewers’ judgments of the adequacy of the Proposer’s response as it relates to services to be provided to the Priority Population. The scores of all the reviewers will be combined and reviewed by the Planning and Network Development Advisory Committee.(PNAC) The PNAC will review the proposals with regard to the following factors:

- access for the consumers
- choice for the consumers
- quality for the consumers
- costs

The Local Authority will review the process as well as the scores to insure fair and impartial review of all Proposals. The Committee makes recommendations to the Local Authority’s Board of Trustees regarding the award of Contract(s). The negotiation process will attempt to elicit bids that provide the best value for the public dollar. All negotiated Contracts must be approved by the Board of Trustees prior to award and implementation.