

July 2009

RFP: Outpatient Mental Health Services

Public Comment: Providence Service Corporation of Texas

Questions/Response:

1. (Q) What percentage of the total capacity is represented by the “capacity to be procured” for the services included in the RFP?

(R) Percentages of the total capacity represented by the “capacity to be procured” for each Service Package are:

Adult Services

RDM SP 1 – 17% (Webb County)

RDM SP 2 – 100% (Starr, Jim Hogg & Zapata Counties)

Child/Adolescent Services

RDM SP 1.1 – 75% (Starr, Jim Hogg & Zapata Counties)

RDM SP 1.2 - 100% (Starr, Jim Hogg & Zapata Counties)

RDM SP 2.2 – 100% (Starr, Jim Hogg & Zapata Counties)

RDM SP 2.3 – 100% (Starr, Jim Hogg & Zapata Counties)

RDM SP 2.4 - 75% (Starr, Jim Hogg & Zapata Counties)

RDM SP 4 - 75% (Starr, Jim Hogg & Zapata Counties)

You may also refer to the BRMHMR Local Planning & Network Development Plan FY09-10, pages 36-38.

2. (Q) If this is not 100% capacity are there plans to consider 100% capacity being procured?

(R) Many factors were taken into account in determining a timeline for implementing a phased transition to an external provider network. At this time, Border Region MHMR has concluded that a 5-year phased transition period will allow the Center to achieve full utilization of available provider capacity. By February 1, 2015, the Center will be prepared to relinquish its role as a service provider.

The 5-year phased transition period is dependent on the successful implementation of the Center’s Plan. At this time, Border Region MHMR has no performance data on external providers. Furthermore, the Center expects that this process will require successful training , quality monitoring and fiscal stability of the external network prior to the completion of the transition period.

It is with the Center’s best intentions that this timeframe be honored, and ultimately for consumers to have choice from among multiple service providers.

Additional information on “Long Term Planning”, please refer to the BRMHMR Local Planning & Network Development Plan FY09-10; Section C-14 Long Term Planning, page 52.

3. There are no service packets defined for children. Is this an over site or could you define the services that will be available for children?

RDM Service Package Definitions and Service Descriptions for Child/Adolescent Service Package Service Package 1.1 – Child/Adolescent

Service Package Definition

Basic Services

This level of care is targeted for children and adolescents with externalizing disorders (e.g., ADD/ADHD, Conduct or Oppositional Defiant Disorder) and a moderate level of functional impairment. The focus of the intervention is on psychosocial skill development in the child and the enhancement of parenting skills, especially in child behavior management. Access to parent support groups is available. Information regarding the diagnosis, medication, monitoring of symptoms and side effects is provided through Medication Training and Support. This level of care is generally considered short-term and time-limited.

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

Service Descriptions

Basic Services

1. **Skills Training and Development**

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

2. **Medication Training and Support**

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

3. **Routine Case Management**

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

Specialty Services/Add-Ons

1. **Psychiatric Evaluation**

Psychiatric clinical diagnostic interview

2. **Medication Management**

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

3. **Skills Training and Development (Group)**

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

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

Service Package 1.2 – Child/Adolescent

Service Package Definitions

Basic Services

This level of care is targeted for children and adolescents with internalizing disorders (depressive or anxiety disorders) and a moderate level of functional impairment. The focus of the intervention is on child and family counseling using Cognitive Behavioral Therapy (CBT) for ages 9 & above and CBT or other therapy approaches for children ages 3 through 8. Access to parent support groups is available. Information regarding the diagnosis, medication, monitoring of symptoms and side effects is provided through Medication Training and Support. This LOC is generally considered short-term and time-limited. The general goal of services at this level of care is to reduce or stabilize symptoms, decrease functional impairment or prevent deterioration of the child's condition. Family support is facilitated through linkage to natural and community resources and parent support groups. Services are provided in the office, school, home or other community setting.

Service Descriptions

Basic Services

1. **Counseling**

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

2. **Medication Training and Support**

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

3. **Routine Case Management**

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

4. **Parent Support Group**

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

Specialty Services/Add-Ons

1. **Psychiatric Evaluation**

A psychiatric clinical diagnostic interview

2. **Group Counseling**

Provided in a group setting in order to resolve a concrete problem in daily functioning (problem-focused, solution-oriented) or symptoms resulting from maladaptive thoughts, feelings, interpersonal disturbances, and/or experiences consistent with DSM-IV diagnoses (CBT). Group Counseling is intended to be brief, time-limited and focused and limited to no more than 6 children per group.

3. **Family Counseling**

Provided to children and their families order to resolve a concrete problem in daily functioning (problem-focused, solution-oriented) or symptoms resulting from maladaptive thoughts, feelings, interpersonal disturbances, and/or experiences consistent with DSM-IV diagnoses (CBT).

4. **Medication Management**

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

Service Package 2.1 – Child/Adolescent

Service Package Definition

This level of care is targeted to youth with externalizing disorders and high levels of severe disruptive or aggressive behaviors who are in the juvenile justice system and at high risk of out of home placement or further penetration in the juvenile justice system due to presenting behaviors. Intensive parent-to-parent peer support is available to the family. The family service plan is developed using a wraparound planning approach.

Service Descriptions

Basic Services

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

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

2. **Family Partner**

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

3. **Medication Training and Support**

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

4. **Parent Support Group**

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

Specialty Services/Add-Ons

1. **Psychiatric Evaluation**

A psychiatric clinical diagnostic interview

2. **Medication Management**

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

Service Package 2.2 – Child/Adolescent

Service Package Definition

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

Service Descriptions

Basic Services

1. **Intensive Case Management**

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

2. **Skills Training and Development**

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

3. **Medication Training and Support**

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

4. **Family Partner**

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

5. **Parent Support Group**

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

Specialty Services/Add-Ons

1. **Psychiatric Evaluation**

A psychiatric clinical diagnostic interview

2. **Medication Management**

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

3. **Skills Training and Development (Group)**

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

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

Service Package 2.3 – Child/Adolescent

Service Package Definition

This level of care is targeted to children and adolescents with depressive or anxiety disorders and a moderate to high level of problem severity or functional impairment. The focus of the intervention is on child and family counseling using Cognitive Behavioral Therapy (CBT) for ages 9 & above and CBT or other therapy approaches for children ages 3 through 8. Multiple family concerns and significant parental stress indicate the need for intensive case management and the availability of parent-to-parent peer support. The family service plan is developed using a wraparound planning approach.

Service Descriptions

Basic Services

1. **Intensive Case Management**

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

2. **Counseling**

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

3. **Medication Training and Support**

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

4. **Family Partner**

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

5. **Parent Support Group**

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

Specialty Services/Add-Ons

As clinically indicated, a psychiatric evaluation, medication management, group and family counseling, and flex funds can be authorized in addition to LOC 2.3 services.

1. **Psychiatric Evaluation**

A psychiatric clinical diagnostic interview.

2. **Medication Management**

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

3. **Group Counseling**

Provided in a group setting in order to resolve a concrete problem in daily functioning (problem-focused, solution-oriented) or symptoms resulting from maladaptive thoughts, feelings, interpersonal disturbances, and/or experiences consistent with DSM-IV diagnoses (CBT). Group Counseling is intended to be brief, time-limited and focused and limited to no more than 6 children per group.

4. **Family Therapy**

Provided to children and their families order to resolve a concrete problem in daily functioning (problem-focused, solution-oriented) or symptoms resulting from maladaptive thoughts, feelings, interpersonal disturbances, and/or experiences consistent with DSM-IV diagnoses (CBT).

Service Package 2.4 Definition– Child/Adolescent

Service Package

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

Service Descriptions

Basic Services

1. **Intensive Case Management**

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

2. Medication Training and Support

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

3. Family Partner

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

4. Medication Management

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

5. Psychiatric Evaluation

A psychiatric clinical diagnostic interview.

6. Parent Support Group

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

Service Package 4 – Child/Adolescent

Service Package Definition

This level of care is targeted to children and adolescents who have stabilized in terms of problem severity and functioning and require only medication and medication management to maintain their stability. If CA-TRAG scores indicate the need for a more intensive LOC, LOC 4 can only be authorized if 1) the parent refuses the recommended LOC, wants medication-only services and medication is clinically indicated; or 2) if the individual is NOT Medicaid eligible and the recommended LOC is not available due to limited resources but severe presenting problems that are responsive to medication suggest an authorization for LOC 4 during the waiting period.

Service Descriptions

Basic Services

1. Medication Management

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

2. Routine Case Management

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

3. Parent Support Group

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

4.

(Q) Will there be a mechanism for eligibility to be re-verified during the service provision period i.e., P.3 Local Authority Responsibilities paragraph 3: There are no time frames for reviewing authorization number once a referral is made to a provider. There are no time frames listed for the next concurrent review and reauthorization process; there is no process identifying a service denial or appeals process.

(R) Utilization Management is the vehicle through which a Local Mental Health Authority (LMHA) ensures that people receive quality, cost effective services in the most appropriate treatment setting, and in a timely manner. The LMHA must have an effective mechanism to manage the utilization of clinical resources. By implementing UM activities, the LMHA strives to achieve a balance between the needs and well-being of persons in need of mental health services and the demand for services and availability of resources. UM is a critical component of the DSHS MH Resiliency and Disease Management (RDM) initiative.

Key UM processes include the facilitation of access and referral to services, promotion of the most effective use of resources, and the ongoing exchange of clinical information between the LMHA and providers. The LMHA maintains a comprehensive UM Program Plan, provides an adequate number of qualified UM staff to implement it, and supports the activities of a UM Committee.

Any mandated requirements are to be found in the current version of the DSHS Performance Contract, Texas Administrative Code (TAC), the current edition Texas Laws Relating to Mental Health, and other applicable laws.

The most current version of the Utilization Policies Manual may be found on-line at the following address:

<http://www.dshs.state.tx.us.mhprograms/RDMUMProcess.shtm>

5.

(Q) Can you provide data on the amount of expenditures for each service to be procured for the last year and the number of units of services provided in total and by county i.e., is utilization and cost data available from previous years that will identify how many consumers received services, from what service package, length of stay, number/% of overrides to another service package and rates paid to the internal providers versus external providers? Can that be procured thru an open records request?

(R) This data is not readily available at this time. These items may be procured through an open records request.

6.

(Q) Can you include any performance measures that are contemplated and the thresholds as well as the historic performance?

(R) External providers shall meet appropriate Performance Measures and Disease Management Outcomes as delineated in the yearly "Performance Contract".

Please refer to the DSHS website for specific details regarding performance measures and outcomes:
<http://www.dshs.state.tx.us/mhcontracts/ContractDocuments.shtm>

6.

(Q) There is no claims submission process describes and no time lines for submission nor time frame for payment of clean claims?

(R) The Border Region MHMR Provider Manual in conjunction with the Provider Network Agreement outlines the procedures and guidelines that providers must follow to participate in the Border Region MHMR Community Center Network. The Border Region MHMR Provider Manual will be available for distribution to external providers in September 2009. The claims submission and payment schedules are addressed in this document.

7.

(Q) P.7, line 236-239: “Amendments including questions and answers *will be distributed to all known to have received a copy of the RFP....*” . This information should be posted on your website and on the LANAC website.

(R) The LMHA will consider all public comments in developing the final RFP. A copy of questions/comments and answers will be sent to providers known to be interested in providing services in the LMHA’s local service area; local consumer and advocacy organizations; as well as being posted on the BRMHMR and DSHS websites.

8.

(Q) You should supply a map of areas you are procuring.

(R) A map of the Border Region MHMR service area has been included in the BRMHMR LPND Plan FY09-10, Section III-Service Area & Demographics, page 7.

9.

(Q) It is not clear if you are procuring for “all services” within the service packages listed or just discrete services.

(R) Entire service packages are being procured in specific counties (refer to pages 36-37 of the LPND Plan). Discrete services including CBT Counseling and Pharmacological management/psychiatric evaluations are also being procured in all counties as discrete services. (refer to page 39 of the LPND Plan).

11.

(Q) Please clarify, if you are creating consumer choice, will a consumer be able to split up where he/she receives services with the service package, i.e. , receive MD services from one location and routine case management someplace else?

(R) Generally, it is considered good practice for consumers to receive services from one source, thereby eliminating the need for a consumer to travel from place to place, often going many miles to see different providers. This scenario leads to fragmentation and a lack of coordination for the consumer. Better coordination exists when providers are from the same facility. Additionally, routine case management is a responsibility of the LMHA and will not be contracted out.

12.

(Q) What is the process for asking for a review of the assessment that placed a consumer in a specific service package i.e., what if there is a difference of opinion regarding the service package needed based on changes in the consumer's mental status?

(R) Utilization Management is the vehicle through which a Local Mental Health Authority (LMHA) ensures that people receive quality, cost effective services in the most appropriate treatment setting, and in a timely manner. The LMHA must have an effective mechanism to manage the utilization of clinical resources. By implementing UM activities, the LMHA strives to achieve a balance between the needs and well-being of persons in need of mental health services and the demand for services and availability of resources. UM is a critical component of the DSHS MH Resiliency and Disease Management (RDM) initiative.

Each LMHA is responsible for maintaining an infrastructure which supports the implementation and maintenance of key UM processes and functions, and for incorporating UM data and information into management decisions. Key UM processes include the facilitation of access and referral to services, promotion of the most effective use of resources, and the ongoing exchange of clinical information between the LMHA and providers. The LMHA maintains a comprehensive UM Program Plan, provides an adequate number of qualified UM staff to implement it, and supports the activities of a UM Committee.

Any mandated requirements are to be found in the current version of the DSHS Performance Contract, Texas Administrative Code (TAC), the current edition Texas Laws Relating to Mental Health, and other applicable laws.

The most current version of this manual may be found on-line at the following address:

<http://www.dshs.state.tx.us.mhprograms/RDMUMProcess.shtm>