

Office of Behavioral Health

Request for Information (RFI)

For

Early Childhood Supports and Services (ECSS) Program

SOLICITATION NUMBER 3000020188

RFI due date/time: December 30, 2022, 5:00 PM

<u>NOTE:</u> This Request for Information (RFI) is solely for information and planning purposes and does not constitute a solicitation. This information will be reviewed and discussed by the state agency and may result in the advertisement of a formal and competitive Request for Proposals, and/or which may be the basis for a Cooperative Endeavor Agreement, for any or all of the services included in the RFI.

Only information which is in the nature of legitimate trade secrets or non-published financial data may be deemed proprietary or confidential. Any material within a response to this RFI identified as such must be clearly marked and will be handled in accordance with the Louisiana Public Records Act. R.S. 44:1-44 and applicable rules and regulations. Any response marked as confidential or proprietary in its entirety may be rejected without further consideration or recourse.

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1 GENERAL INFORMATION

1.1 Background

The mission of the Office of Behavioral Health (OBH) is to work collaboratively with partners to develop and implement a comprehensive integrated system of behavioral health and healthcare, social supports, and prevention services that promote recovery and resilience for all citizens of Louisiana. OBH ensures public behavioral health services are accessible, family-driven, have a positive impact, are culturally and clinically competent, and are delivered in partnership with all stakeholders. OBH also delivers direct care through hospitalization and has oversight of behavioral health community-based treatment programs through partnerships with the human services districts and authorities. Services are provided for Medicaid and non-Medicaid eligible populations.

Act 167 of the 2022 Regular Legislative Session established the Early Childhood Supports and Services (ECSS) Program fund, to be used by LDH to implement the ECSS program. The ECSS program will serve children (birth to 5) and families at risk for negative outcomes due to child mental health/behavioral concerns, child/parent attachment issues, the environmental impacts of exposure to trauma, family and community violence, parental behavioral health concerns, and social determinants of health such as family housing, employment, and food security. The children and families served by this program are at the greatest risk of involvement with child welfare and of negative early educational outcomes (such as suspension and expulsion), and without intervention and support these children and families may experience worsening mental and emotional wellness, increasing behavioral problems in home and early education settings, increasing need for more intensive behavioral health services, and increasing risk for involvement with child welfare and juvenile justice systems. Core services in the ECSS program will include family-based assessment and planning, care coordination to reduce adversity for the families of infants and young children, universal and targeted health promotion programming, treatment interventions including Licensed Mental Health Professional (LMHP) services, and psychiatric services with qualified professionals having specialized knowledge and experience in infant and early childhood mental health (IECMH).

1.2 Purpose of RFI

This RFI is issued for the purpose of gathering information from qualified companies, individuals, etc. who show a demonstrated capacity to provide state-level coordination, administration, and management of the ECSS program. The ECSS management entity will be a management organization responsible for credentialing and contracting with a network of locally- and regionally-based ECSS provider sites. The ECSS management entity shall implement a process for local/regional provider selection; shall ensure provider development (as defined in Attachment I) and the ability of local/regional ECSS sites to deliver high-quality care to infants, young children, and their families; shall provide claims management for the network of sites; shall provide clinical and programmatic oversight; and additional administrative functions as outlined in Attachment I.

1.3 Program Overview

Attachment I provides an overview of the program requirements inclusive of deliverables and/or desired results that the State is considering.

2 ADMINISTRATIVE INFORMATION

2.1 RFI Coordinator

Written inquiries regarding RFI content or Scope of Services must be emailed to the RFI coordinator listed below:

Beth Scalco, LCSW, MPA Special Projects Manager Louisiana Department of Health/Office of Behavioral Health Beth.Scalco@LA.GOV

Any and all written inquiries and responses will be posted by the date specified in the Schedule of Events to the following web links:

2.2 Schedule of Events

| Activity/Event | Date |
|---|-------------------|
| Public notice of RFI | November 9, 2022 |
| Deadline for receipt of written inquiries | November 23, 2022 |
| Response to written inquiries | December 9, 2022 |
| Deadline for receipt of RFI Submissions | December 30, 2022 |

OBH reserves the right to deviate from this Schedule of Events.

2.3 Response Submittal

Vendors interested in providing information requested by this RFI must submit responses containing the information specified no later than the Deadline for Receipt of electronic RFI response as stated in the Schedule of Events.

The responses must be received by **electronic** copy only to <u>Beth.Scalco@LA.GOV</u> on or before the date and time specified in the Schedule of Events. E-mail submissions are the only acceptable method of delivery. <u>Fax. mail.</u> and courier delivery shall not be acceptable, and will not receive <u>additional consideration</u>. Vendors should allow sufficient time to ensure receipt of their e-mailed proposal by the time specified in the Schedule of Events. State servers limit email sizes to 30MB uncompressed and 10MB encrypted. If vendor's email exceeds these sizes, it is the responsibility of the vendor to send multiple emails to avoid rejection and non-delivery.

Responses received after the deadline, corrupted files, and incomplete submissions (e.g. Partial submissions) will not be considered and will not be evaluated.

2.4 Response Content

The purpose of this Request for Information is to solicit interest from parties potentially willing and realistically able to administer the Early Childhood Supports and Services (ECSS) program. A response indicates intent to either:

- 1. apply to a future request for proposals (RFP) for this program, should an RFP be issued, OR
- 2. enter into a Cooperative Endeavor Agreement (CEA) by supplying in-kind services of monetary value.

Responses from interested parties shall be organized in the following sections within the page limit constraints identified next to each section. This includes attachments.

Responses shall demonstrate the respondent's knowledge of the proposed components of the ECSS program, as well as general understanding of the population and systems required for implementation. Responses shall also include general acknowledgement, with evidence of ability, to successfully either 1) submit an application for a future RFP, or 2) enter into a CEA through the provision of in-kind services of monetary value.

2.4.1 Executive Summary (2 pages)

Responder must provide an executive summary clearly stating their interest in applying to a future RFP, or entering into a CEA, to operate the Early Childhood Supports and Services (ECSS) statewide program. The summary shall exhibit qualifications to run like programs and seriousness of potential to respond to a future RFP, or enter into a CEA, for administration of this program. LDH expects the response to demonstrate the responder's awareness and experience with infants/young children and families, vulnerable populations, Medicaid services administration, coordinating and collaborating with community agencies to address environmental risks and social determinants of health (SDOH), and statewide program operations including multiple provider contracting and monitoring.

Responder shall include in this section a singular contact name and contact information with phone number, email address, and physical address.

ECSS Philosophy (2 pages)

Describe your entity's understanding of the ECSS principles and philosophy and the role of local/regional ECSS programs/consortiums.

Corporate Background and Experience (2 pages)

Provide a brief description of your entity's history, organizational structure including presence in other states and years in business. Describe experience in operations of programs administered for infants/young children and families, vulnerable populations, Medicaid, coordinating/collaborating with community agencies to address environmental risks/SDOH, under administratively complex/regulatory driven programs or with complex financing systems and multiple vendor contracting.

In-Kind Services (2 pages)

If applicable, present a description of the in-kind services of monetary value reasonably determined by LDH to be an amount no less than 5% of the total contract amount that your entity plans to provide, that would meet the stipulations of a Cooperative Endeavor Agreement. This should describe services in the form of marketing, education, training, or otherwise, as related to the services at issue in order to satisfy a cooperative endeavor collaboration between the parties.

Approach and Methodology (15 pages)

The responder must demonstrate the following:

- There is a comprehensive, operational strategy in place at the organization level to ensure compliance with applicable state and federal rules guiding program operation on a routine basis and when new laws or regulations are enacted, such as but not limited to Cultural and Linguistic Appropriate Service Standards, Health Insurance Portability and Accountability Act, Section 1915(b) of the Social Security Act, and Medicaid Managed Care, as applicable.
- If applicable, the organization has achieved high compliance with federal managed care rules as evidenced by a current technical report in accordance with 42 CFR 438.358 and produced by an external quality review organization which meets the criteria at 42 CFR 438.354.
- The organization has an effective business continuity, disaster recovery and emergency preparedness and management plan in place, which ensures operations are not interrupted when a disaster or a state of emergency is declared by the State, including demonstrated strategies for locating all enrollees prior to an impending emergency/disaster, locating providers and enrollees post emergency/disaster, actively linking enrollees to new or temporary providers for services as needed, maintaining consistent, effective communication with agencies providing case management and providers to obtain near real-time information on enrollee needs and provider status, addressing identified needs and issues timely to ensure enrollee continuity of care and health and welfare in the community, and reporting activities and progress on no less than a daily basis to the State as requested.
- The organization has an effective grievance management system which operates in accordance with state and federal rules, resolves filed grievances in a timely and appropriate manner, and includes tracking and trending of grievances and quality of care concerns to identify and address issues on a systemic basis;
- The organization has an effective utilization management and care management system which meets NCQA accreditation standards (as applicable), proactively identifies and addresses the needs of enrollees at risk of hospitalization or out-of-home placement, maintains the integrity of system of care values, addresses over and under-utilization in a timely manner, meets service authorizations timelines for expedited and routine requests, and has systems in place to inform care management and utilization management decisions.
- The organization shall develop and manage an adequate provider network for all covered benefits and services which ensures timely access to care for enrollees in both rural and urban parishes.
- The organization operates an enrollee service line to provide for timely crisis response and service authorizations 24 hours a day, 7 days a week, 365 days a year using an automated

- call distribution system with a Telecommunications Device for the Deaf (TDD) and/or relay system;
- The organization has processes and procedures in place which allow for real-time oral and signing interpretation services free of charge to enrollees while meeting timely access standards;

2.5 Response Submittal Instructions

Responders interested in providing information requested by this RFI must submit responses containing the information specified no later than the deadline for response to RFI as stated in the Schedule of Events. Electronic submissions are the only acceptable method of delivery. Responders must email their response to the RFI Coordinator.

2.6 Additional Instructions and Notifications to Responders

RFI Addenda/Cancellation

The State reserves the right to revise any part of the RFI by issuing an addendum to the RFI at any time. Issuance of this RFI, or subsequent addendum (if any), does not constitute a commitment by the State to issue an RFP or any other process resulting in award of a contract of any type or form. In addition, the State may cancel this informal process at any time, without penalty.

Ownership of Response

The materials submitted in response to this request shall become the property of the State.

Cost of Preparation

The State shall not be liable for any costs incurred by responders associated with developing the response, preparing for discussions (if any), or any other costs incurred by the responder associated with this RFI.

ATTACHMENT I

Scope of Services

Covered Benefits and Services Provided To Program Participants

The potential management entity for the ECSS program shall be able to provide through an expansive network of subcontracted locally based providers for all program participants the core specialized behavioral health services and care coordination. The respondent shall possess the expertise and resources to ensure the delivery of quality behavioral healthcare services and shall determine program appropriateness for enrollees. This entity must also have the ability to coordinate with the Louisiana Medicaid program and its managed care entities for administration of appropriate Medicaid reimbursable services.

The ECSS management entity will be a management organization responsible for credentialing and contracting with a network of locally- and regionally-based ECSS provider sites.

Required core services must be available statewide through the contracted network of locally- and regionally-based providers. Covered services are:

- Family-based assessment and planning, including family psychosocial assessment, assessment of environmental risk and needs, and development of a service agreement/plan of care that ensures family voice and choice, as well as family empowerment and ability to generalize skills and strategies learned to achieve durable positive outcomes for the child and family.
- Care coordination using best practice models, referrals and warm handoffs, and processes for follow up to ensure care and continued communication across the team supporting the family's array of needs. Care coordination to reduce adversity for the families of infants and young children, though a network of community partners including both governmental and non-governmental organizations, must include the ability to connect families for assistance in the areas of safe housing and food security, supports for economic stability and employment, childcare/early education, domestic violence intervention, and treatment for parental mental health and SUD needs.
- Universal and targeted health promotion programming, aimed at promoting responsive, nurturing caregiving relationships at a low threshold for entry.
- Treatment interventions including Licensed Mental Health Professional (LMHP) services, with qualified professionals having specialized knowledge and experience in infant and early childhood mental health (IECMH). This includes evidence-based practice (EBP) therapeutic models that treat the child-parent dyad to address trauma exposure, repair and/or enhance safe, supportive caregiving relationships, and increase positive parenting to enhance the child's emotional regulation and decrease disruptive behaviors. EBP models delivered shall include Child Parent Psychotherapy (CPP) and Parent-Child Interactive Therapy (PCIT), and other identified models as needed.
- Psychiatric services, with qualified professionals having specialized knowledge and experience in infant and early childhood mental health (IECMH).

Local/Regional Site Selection

The ECSS management entity shall be able to implement a selection process for local/regional sites, following standards for number of sites statewide and dispersal based on population and need.

Selection of local/regional sites will be based on a selection process implemented by the ECSS management entity, to result in sites contracting with the ECSS management entity for delivery of services. Criteria for selecting local/regional sites shall include:

- Ability and expertise in delivering high-quality treatment services for infant and early childhood mental health (IECMH),
- Ability and expertise in providing care coordination, including the development and coordination with local networks of governmental and nongovernmental organizations to access assistance to reduce environmental risk and enhance the social determinants of health (SDOH),
- Demonstrated support of local stakeholders, including community partnerships and collaborations, demonstrating the ability to develop and coordinate local networks of governmental and nongovernmental organizations to access assistance to reduce environmental risk and enhance the social determinants of health (SDOH),
- Ability to create a low threshold for program entry, through efforts at community outreach, building early identification referral pathways with systems including early education and primary care, and strategic efforts to reduce the stigma of accessing a variety of program components,
- Ability to reduce healthcare disparities/increase equity in service delivery, through culturally competent staff, training, and programming, and continuous quality improvement to identify, analyze, and address potential disparities in program entry, retention, satisfaction, and outcomes.

Provider Development

The ECSS management entity shall ensure provider and service development and the ability of local/regional ECSS sites to deliver high-quality care to infants, young children, and their families, through

- Coordination and delivery of provider training to all program staff of local/regional ECSS sites on necessary skills and competencies including cultural competence, family-based psychosocial assessment and service planning, best practices in care coordination to reduce adversity, health promotion interventions, diagnostic assessment using the DC 0-5, and EBP therapies.
- Clinical and programmatic oversight. This will include ongoing consultation and support to local/regional sites to maintain and enhance quality of care, including cultural competence and
- Facilitating local/regional site efforts to build local community partnerships, through the ECSS management entity's development and maintenance of state-level partnerships with governmental and nongovernmental organizations.

Statewide Administrative Services

The respondent shall be able to provide statewide management of administrative services, including but not limited to:

- Credentialing providers for a statewide provider network;
- Determine program appropriateness and eligibility for enrollees;
- Ability to reimburse providers for services and administrative costs through an invoicing system
- 24 hour, 7 days a week toll-free telephone access line for providers and enrollees;
- Member services;
- Care management (CM);
- Utilization management (UM);
- Quality management (QM);
- Grievances and appeals process;
- Data and systems management;
- Provider network management;
- Provider training.