

**STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE OF BEHAVIORAL HEALTH**

Request for Information (RFI)

For

Management of Behavioral Health Services for the Non-Medicaid Population

Release Date: February 11, 2015

Contents

I.	Purpose of this Request for Information (RFI)	3
II.	Introduction.....	3
III.	Statement of Need.....	3
IV.	Scope.....	4
V.	Inquiries.....	10
VI.	Invitation to Respond.....	10
VII.	RFI Response	10
VIII.	Preparation Cost	11
IX.	Ownership of Response	11
X.	Confidentiality	12

I. Purpose of this Request for Information (RFI)

This Request for Information (RFI) will help inform the State of Louisiana in its planning for the delivery of certain administrative and quality oversight functions for the Department of Health and Hospitals - Office of Behavioral Health (DHH-OBH) public behavioral health system. DHH-OBH is seeking an entity to manage the non-Medicaid behavioral health services offered by the state through State General Funds (SGF) and several federal funding sources. The intent of the RFI is to determine the interest and capabilities of an entity to provide the services outlined in this RFI.

II. Introduction

The mission of DHH-OBH is to lead the effort to build and provide a comprehensive, integrated, person-centered system of prevention and treatment services that promote recovery and resilience for all citizens of Louisiana. DHH-OBH assures public behavioral health services are accessible, impactful, culturally and clinically competent and are delivered in partnership with all stakeholders.

III. Statement of Need

DHH-OBH provides guidance and technical assistance to providers of public services for adults with a severe mental illness, children and adolescents with serious emotional/behavioral disorders, parents of children at-risk of out of home placement, all people experiencing an acute mental illness, as well as individuals of all ages with substance use disorders (SUDs). DHH-OBH is responsible for monitoring and oversight of public mental health (MH) and SUD services for the citizens of the state.

DHH-OBH works closely with a system of ten (10) independent healthcare districts or authorities (also referred to as local governing entities or LGEs, which are listed in Table 1 below) located throughout the state. Within the LGEs, services are provided through various arrangements including state operated services, state contracted services, rehabilitation agencies, community addiction and mental health clinics, and contracts with an array of licensed and certified professionals and specialists.

Table 1: Local Governing Entity (LGE) Districts/Authorities

Region 1	Metropolitan Human Services District (MHSD)
Region 2	Capital Area Human Services District (CAHSD)
Region 3	South Central Louisiana Human Services Authority (SCLHSA)
Region 4	Acadiana Area Human Services District (AAHSD)
Region 5	Imperial Calcasieu Human Services Authority (ImCal)
Region 6	Central Louisiana Human Services District (CLHSD)
Region 7	Northwest Louisiana Human Services District (NLHSD)
Region 8	Northeast Delta Human Services Authority (NEDHSA)
Region 9	Florida Parishes Human Services Authority (FPHSA)
Region 10	Jefferson Parish Human Services Authority (JPHSA)

DHH-OBH operates two intermediate/long-term inpatient care psychiatric hospitals: Eastern

Louisiana Mental Health System (ELMHS) in Jackson, Louisiana and Central Louisiana State Hospital (CLSH) in Pineville, Louisiana. DHH-OBH also has Cooperative Endeavor Agreements (CEAs) with four private hospitals to provide acute care for adults and children/adolescents. In addition, the CEA hospitals provide treatment to adult patients who have been Judicially Committed and are waiting for transfer to the long-term hospital.

DHH-OBH currently has a managed care system in place to ensure that an array of services is available for the Medicaid population, quality of services is monitored, and outcomes are measured. There is a need to ensure the same or similar services are available to the non-Medicaid population.

Data estimates of Louisiana's uninsured population and non-Medicaid individuals who have received services through the Louisiana Behavioral Health Partnership can be accessed through the following sources:

- Louisiana's Uninsured Population: A Report from the 2013 Louisiana Health Insurance Survey Sponsored by The Louisiana Department of Health & Hospitals (2013): <http://dhh.louisiana.gov/assets/medicaid/LHIS/2013LHIS/LHIS2013Final.pdf>
- Louisiana Behavioral Health Partnership Transparency Report for Fiscal Year 2014 (2015): http://new.dhh.louisiana.gov/assets/docs/BehavioralHealth/LBHP/Act212_TransparencyReport/Act212_FinalBMACapproved_12312014.pdf

DHH-OBH is seeking an entity that is capable of implementing a system of service management inspired by the Health Home Model for the non-Medicaid population in need of behavioral health services in outpatient, residential, and acute care settings for both mental health and substance use disorders. For reference, an overview of the Health Home Model and Medicaid required services can be found at <http://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/health-homes-technical-assistance/downloads/medicaid-health-homes-overview.pdf>. The entity would be responsible for ensuring that the non-Medicaid population receives services that are comparable, given available funding sources, to those received by the Medicaid population. Currently, services are provided to the non-Medicaid population through SGF and the following grants:

- Community Mental Health Services Block Grant (MHBG)
- Cooperative Agreements to Benefit Homeless Individuals (CABHI)
- Louisiana Partnerships for Success (LaPFS)
- Projects to Assist in Transition from Homelessness (PATH)
- State Adolescent Treatment Enhancement & Dissemination Program (SAT-ED)
- Substance Abuse Prevention and Treatment Block Grant (SAPT)

The respondent shall be able to create and implement the system and begin operation by December 1, 2015.

IV. Scope

A brief description of the proposed functions of the respondent is listed below. While these are the desired functions, we understand that it may not be possible for the respondent to provide all of them. Respondents to this RFI will help the state shape the final list of functions for the

non-Medicaid managed care system.

Ensure that non-Medicaid eligible individuals within the identified population have access to comprehensive, integrated, and person-centered public behavioral health services that promote resiliency and recovery, are easily accessible, and are outcomes focused.	
Utilization Management/ Continuity of care:	<ul style="list-style-type: none"> • Determination of medical necessity, prior authorization, and authorization for continuation of services for the following: <ul style="list-style-type: none"> ○ Adults with a serious mental illness (SMI) or substance use disorder (SUD) needing outpatient behavioral health services ○ Adults with SUD needing residential treatment ○ Adults with SMI needing acute hospitalization ○ Children and adolescents needing acute care ○ Children and adolescents needing outpatient behavioral health treatment ○ Children and adolescents needing residential SUD treatment ○ Parents of children who are at-risk of out of home placement ○ Adults in an acute care unit who are Judicially Committed and waiting for transfer to long-term care • Provider enrollment • Screening, assessment, plan of care and treatment plan development, concurrent review, and referral • Ensure that the plan of care specifies all services, including support services, that are appropriate given the individual's needs • Identify and refer non-Medicaid members who may be eligible for specialized services or initiatives (such as CABHI, Access to Recovery) • 24/7 telephonic availability for screening and referral to emergency services and service providers • Collaborate with inpatient/residential facilities in discharge planning • Ensure a seamless transition during changes in level of care • Develop UM policies and procedures that include utilization review and service authorization
Coordination of Care/Network	<ul style="list-style-type: none"> • Maintain a network of qualified providers including, but not limited to, relationships with the ten LGEs and cooperating hospitals offering an appropriate range of services • Demonstrate that mechanisms are in place to align non-Medicaid services and Medicaid covered services • Partner with state agencies (Department of Health and Hospitals [DHH], Office of Juvenile Justice [OJJ], Department of Children and Family Services [DCFS], LA Department of Education [LDOE], Department of Corrections [DOC]); primary care, oral health, and other physical health providers; and other local stakeholder agencies for care coordination • Develop a Network and Management Plan that includes:

	<ul style="list-style-type: none"> ○ Number and types of providers needed ○ Collection and publication of a list of OBH approved provider rates ○ Annual needs assessment and resolution plan ○ GEO mapping and coding • Ensure care managers are available for all members 24/7 • Develop a care management plan that includes early identification, assessment, treatment planning, referrals, linkage, monitoring, continuity of care, follow-up, and documentation <ul style="list-style-type: none"> ○ In cases where needed residential or inpatient services are not available in the individual's geographic area, the statewide provider network should be utilized, the lack of services should be documented and an alternative plan should be justified ○ In cases where needed outpatient services are not available in the individual's geographic area, the lack of services should be documented and an alternative plan should be justified • Develop and implement care coordination and continuity of care policies and procedures to be approved by DHH-OBH • Monitor service delivery to identify and address barriers to care • Assume responsibility for coordination of all services regardless of referral source, including those mandated by the court or those referred by hospitals due to placement issues • In continuous collaboration with DHH-OBH, work closely with DHH attorneys, DHH agencies such as the Office for Citizens with Developmental Disabilities (OCDD), courts and community partners to ensure that DHH meets all court ordered mandates • Work closely with courts to educate judges on appropriateness of services requested
Accountability	<ul style="list-style-type: none"> • Develop an Accountability Plan that includes method for: <ul style="list-style-type: none"> ○ Ensuring accountability of LGEs in providing the following core services: <ul style="list-style-type: none"> ▪ Assessment ▪ Orientation ▪ Treatment ▪ Client education ▪ Consultation with professionals ▪ Counseling services ▪ Referral ▪ Medication management ▪ Rehabilitation services ▪ Crisis mitigation ○ Ensuring pay for performance in regard to services provided by the LGEs and their subcontractors ○ Providing data and recommendations to allow DHH-OBH to ensure efficiency and effectiveness of LGEs and their sub-

	<ul style="list-style-type: none"> ○ contractors ○ Identifying performance measures related to financial responsibility of the LGEs • Provide quarterly reports and an annual report card/score card of LGE performance to include service type, duration, outcomes, and costs in an effort to determine gaps in services and ensure LGEs are responsive to client needs • Ensure continued evaluation for Medicaid eligibility • Have a system that allows members to transition seamlessly between Medicaid and non-Medicaid eligibility
Quality Assurance/ Quality Improvement	<ul style="list-style-type: none"> • Develop quality assessment and performance improvement policies and procedures approved by DHH-OBH that include: <ul style="list-style-type: none"> ○ Provider quality performance measures and report cards/scorecards for providers ○ Provider performance improvement program ○ Corrective action procedures • Track, monitor, and report on services including type, duration, outcomes, and costs • Monitor and support development of local provider capacity to fill gaps in service • Perform an agreed-to number of quality and clinical audits each year • Develop a mechanism to track maintenance of appropriate certification, credentialing, and accreditation including maintenance of insurance • Assess member and provider satisfaction
Data Collection, Analysis, and Reporting	<ul style="list-style-type: none"> • Provide client-level data on services provided and service providers, as well as summary reporting and trend analysis of services and outcomes • Provide data required for federal and state reporting • Assess cultural competency of providers on an ongoing basis • Utilize an electronic system that shall include all information required by DHH-OBH • Submit all reports timely and in a format approved by DHH-OBH
Systems and Technical Requirements	<ul style="list-style-type: none"> • Must be able to support all key functions required by DHH-OBH, including, but not limited to: <ul style="list-style-type: none"> ○ Twenty-four (24) hour, seven (7) days a week toll free telephone access line user and technical support (for providers and members) ○ Member services for members (including eligibility) ○ Care management ○ Quality management ○ Grievances and appeals ○ Provider network management ○ Member rights and responsibilities ○ Financial reporting and member/provider cost tracking ○ Implementation and transition planning

	<ul style="list-style-type: none"> ○ Business continuity, disaster recovery and emergency preparedness ○ Performance measurement and accountability ○ Reporting requirements (including ad hoc reports) ○ Secure electronic data interchange ○ Secure online web-based portal for clients to search availability of services and providers by geographic area or LGE • Must have the capability to collect and securely transmit to the DHH-OBH behavioral health data warehouse client-level, standardized data (CLSD) as defined by DHH-OBH • Provide and ensure read-only access to all systems, including access to the respondent's data warehouse for the purpose of data analytics and data validation
Program Integrity Functions	<ul style="list-style-type: none"> • Provide training to LGEs to identify patterns of billing fraud, waste, and abuse
Education and Training	<ul style="list-style-type: none"> • Educate, train and/or provide technical assistance and support to providers on the following: <ul style="list-style-type: none"> ○ Evidence-based and best practices ○ Managed care ○ Cultural competence and linguistic needs ○ National Voter Registration Act (NVRA) ○ Data collection and reporting, including use of appropriate data systems ○ Rights and responsibilities ○ Services available and the process for obtaining services ○ Freedom of choice
Resolving Grievances and Appeals	<ul style="list-style-type: none"> • Develop policies and procedures to be approved by OBH • Address member and provider grievances and appeals within required timeframes • Report to DHH-OBH
Customer Service	<ul style="list-style-type: none"> • Provide twenty-four (24) hour, seven (7) days a week member and provider call center • Make available interpretive services • Make available a provider registry that allows members and providers to search for available services
Hospital Functions (includes ELMHS acute unit and all CEA hospitals)	<ul style="list-style-type: none"> • Determine medical necessity for all acute hospitalizations that includes the following processes: <ul style="list-style-type: none"> ○ Authorize and continue to reauthorize as long as medically necessary ○ Review for additional authorization once service no longer meets medical necessity but extenuating circumstances exist, such as specific placement issues or court mandates ○ Deny services when appropriate and respond to hospital inquiries regarding denials • Maintain spreadsheet of all continued stay requests that includes all data points required by OBH

	<ul style="list-style-type: none"> • Provide weekly report on each individual with begin and end dates for all authorizations for acute care hospital stays to ensure invoices can be reconciled • Determine continued medical necessity for Judicial Commitments placed in acute beds while waiting for long-term care • Assist acute units in developing discharge and aftercare plans, including wrap-around services when needed • Ensure CEA hospitals continue to meet all accreditation requirements • Ensure hospitals follow plan of care for all individuals whose treatment is funded through DHH-OBH • Become a participant in the Provider Link system to ensure that both the respondent and DHH-OBH are able to review CSR requests and authorizations
Prevention and Wellness	<ul style="list-style-type: none"> • Monitor LGE Prevention Provider Network activities related to: <ul style="list-style-type: none"> ○ Training regarding healthy parent-child-family interaction to parents/families who have a family member (adult or child) who is experiencing behavioral health issues ○ Promoting community wellness by raising awareness of behavioral health issues through participation in state and national awareness campaigns and overall wellness activities ○ Dissemination of educational materials to include information about behavioral health services available within the LGE ○ Promoting early identification of children who are at-risk for emotional or behavioral health disorders through appropriate screening and referral to services • Ensure that LGE Prevention Provider Network services meet quality measures
Substance Abuse Prevention and Treatment and Community Mental Health Services Block Grants	<ul style="list-style-type: none"> • Ensure that Block Grant requirements are met, including, but not limited to, ensuring that individuals in need of treatment are admitted in this order: <ul style="list-style-type: none"> ○ Pregnant injecting drug users ○ Other pregnant substance users ○ Other injecting drug users ○ All others • Survey and report on service delivery, populations served, integration of care, access to services, disparities, trauma-informed care, person-centered planning, funding allocation, and unmet needs • Collaborate, coordinate, and participate in the Louisiana Behavioral Health Advisory Council
Pharmacy	<ul style="list-style-type: none"> • Provide oversight for prescription procurement, dispensing, distribution, monitoring, and reporting for DHH-OBH pharmaceutical services • Reporting as required by DHH-OBH

Tobacco Cessation and Problem Gaming	<ul style="list-style-type: none"> • Provide screening for problem gaming and tobacco usage • Refer to appropriate network providers • Track and report referrals
--------------------------------------	--

V. Inquiries

DHH-OBH will consider written inquiries regarding the Scope of this RFI when submitted before **February 20, 2015**. To be considered, written inquiries and requests for clarification of the content of this RFI must be received by the RFI Coordinator at the email address provided below before **4:30 p.m. CT** on the date specified. An official response from DHH-OBH and a copy of all questions and answers will be posted by **February 27, 2015**, to the following web link:

<http://new.dhh.louisiana.gov/index.cfm/newsroom/category/46>

RFI Coordinator: Dr. Janice Petersen

Inquiry Submission: Janice.Petersen@la.gov

VI. Invitation to Respond

If your organization is interested in providing information on your ability to perform the requested services described above, please submit an electronic (PDF) copy of your response by 4:30 p.m. CT on **March 13, 2015**, to the RFI Coordinator by the due date and time.

Electronic PDF Format Copy Submitted to: Janice.Petersen@la.gov

This RFI is available in PDF format at the following online link:

<http://new.dhh.louisiana.gov/index.cfm/newsroom/category/46>

VII. RFI Response

The following information is required as an introduction in the response:

- Date of submission
- Name of organization
- Mailing address
- Contact information
- Printed name and title of authorized representative
- Signature of authorized representative (electronic signature also accepted)
- Biographical information of principals involved in the organization
- At least three references who can attest to the respondent's professional qualifications, as well as the quality of services the respondent has provided

NOTE: For convenience, a template cover page has been appended to the final section of this RFI document for use.

If interested in responding to this RFI, submit a capability statement of no more than 20 pages (in 12 pt. font with 1 inch margins) that details the ability to meet the statement of need and also address the following requirements:

1. Respondents should demonstrate an understanding of all services to be provided, including the values and principles on which they are premised, and discuss how services for the identified population will be integrated, including the full continuum of care.
2. Respondents should demonstrate at least 3 years comprehensive experience in working with adult, adolescent and child/youth patients with serious mental illness and/or co-occurring substance use in outpatient, residential and inpatient settings, and/or adolescents with co-occurring psychiatric and developmental disorders and should discuss previous experience managing behavioral health services.
3. Respondents should demonstrate knowledge and prior implementation of evidence-based practices for all proposed programs.
4. Respondents should demonstrate experience in determining medical necessity and in working with providers to negotiate additional services when necessary.
5. Respondents should demonstrate organizational viability, providing examples of specific customers, contact information, and assessments of program performance.
6. Respondents should demonstrate capacity to recruit staff and implement the proposed system on a rapid timeframe.
7. Respondents should demonstrate, where applicable, current involvement and linkages with emergency rooms, parish coroners, and mental health centers in the communities they currently serve, as well as their involvement with the Bayou Health plans.
8. Respondents should demonstrate the necessary structure for governance, administrative, and budgetary stability.
9. Respondents should outline their method for setting quality-related benchmarks and monitoring service utilization to detect over and under-utilization.
10. Respondents should provide a proposed budget which includes a breakdown of projected costs/revenues necessary for assuming responsibility for all requirements of the RFI.
11. Respondents should demonstrate adequate financial resources for performance of the requirements outlined in RFI or the ability to obtain such resources as required during performance under the requirements should they be awarded a contract. Respondents should include for each of the last three (3) years, copies of financial statements, preferably audited, including at least a balance sheet and profit and loss statement, or other appropriate documentation which would demonstrate to DHH the respondent's financial resources sufficient to conduct the project. Additional materials may be included as attachments and must be clearly labeled as such. These may include annual reports, marketing materials, case studies, research papers, etc.

VIII. Preparation Cost

The respondent assumes sole responsibility for any and all costs and incidental expenses associated with the preparation and reproduction of any response submitted to this RFI.

IX. Ownership of Response

All responses become the property of DHH and will not be returned to the respondent. DHH retains the right to use any and all ideas or adaptations of ideas contained in any response received to this solicitation. Selection or rejection of the offer will not affect this right. If a contract is awarded, all responses will become subject to the Louisiana Public Records Act.

X. Confidentiality

The designation of certain information as trade secrets and/or privileged, confidential, or proprietary information shall only apply to the technical portions of your response to this Request for Information. *Any response to this request marked as copyrighted or marked as privileged, confidential, or proprietary **in its entirety** is subject to rejection without further consideration or recourse* based on the professional opinions of Department of Health & Hospitals (DHH) legal staff.

Respondents must be prepared to defend the reasons why material should be held as confidential. If another respondent or entity seeks to review copies of a respondent's confidential data, DHH will notify the owner of the asserted data of the request. If the owner of the asserted data does not want the information disclosed, it must take legal action as necessary to restrain DHH from releasing information DHH believes to be public record.

If the response contains confidential information, the respondent should submit a redacted copy of the response. Without the submission of a redacted copy, DHH may consider the entire response to be public record. When submitting the redacted copy, it should be clearly marked on the cover as a "REDACTED COPY." The redacted copy should also state which sections or information have been removed.

Name of Organization

Response to
Office of Behavioral Health
Department of Health and Hospitals

Request for Information

For

Management of Behavioral Health Services for the Non-Medicaid Population

Submitted on:

Month 00, 2015

The data contained in pages _____ of this response have been submitted in confidence and contain trade secrets and/or privileged or confidential information, and such data shall only be disclosed for evaluation purposes. This restriction does not limit the State of Louisiana's right to use or disclose data obtained from any source, including the respondent, without restrictions.

Name of Organization
00000 Mailing Address
City, ST 00000-0000
Phone: (xxx) xxx-xxxx
Fax: (xxx) xxx-xxxx
Email: main@provider-email.com

Name of Authorized Representative, Title

Respondents are encouraged to use this page as a template for their response cover.