



REQUEST FOR PROPOSAL (RFP)

RFP #1120-001

NC Medicaid Residential Service for Children (Ages 18-21) With Complex Needs

ISSUE DATE: November 6, 2020

SUBMISSION DEADLINE DATE: November 30, 2020

Partners reserves the right to modify this RFP to correct any errors or to clarify requirements.

Any changes will be posted on our website at www.partners.org.

Notification of any changes will be listed in a Provider Alert and/or Provider Communication Bulletin.

Corporate Office:
901 South New Hope Rd.,
Gastonia, NC 28054
704-884-2501

Northern Regional Office:
200 Elkin Business Park Dr.
Elkin, NC 28621
336-835-1000

Central Regional Office:
1985 Tate Blvd SE, Suite 529
Hickory, NC 28602
828-327-2595

Introduction

Effective February 1, 2013, Partners Health Management (Partners) began operating as a Managed Care Organization (MCO) under the Medicaid 1915(b)/(c) Waivers. Partners has a service area that reaches from the Virginia border in Surry County to the South Carolina border in Gaston, Cleveland and Rutherford counties. Partners is responsible for managing county, state and Medicaid-funded mental health, IDD (intellectual and developmental disability) and substance abuse services. As a single point of accountability for all public funding for behavioral health care, Partners authorizes the utilization and payment of services for citizens in the nine-county catchment area. Managed Care Organizations in North Carolina, including Partners, are charged with improving access and the quality of services, empowering consumers and improving outcomes of individuals served.

Partners is nationally accredited by URAC, an accreditation body that certifies health care and health plan-related organizations, to provide utilization management, a health call center and as a health network. With representatives from each of its participating counties, a board of directors governs the organization.

Partners is initiating this Request for Proposals (RFP) to solicit responses from appropriately qualified organizations to provide services, as outlined in this RFP, to program enrollees eligible due to a mental health, intellectual or development disability or substance use disorder.

This RFP is specifically to identify organizations interested in and qualified to become enrolled as approved network providers through Partners credentialing process. This RFP will also be used to identify current Partners network providers interested in and qualified to provide services as outlined in this RFP. The number of providers selected will depend on the assessed need across the catchment area.

The provider must adhere to all relevant NC Division of Medical Assistance Clinical Coverage Policies, NC Department of Health and Human Services Service Definitions, Partners requirements and any other related laws and regulations.

Purpose of the RFP

The purpose of this RFP is to identify appropriately qualified organizations in providing residential services to Children with Complex Needs (Ages 18-21). The location for services is within Partners catchment area. The organization providing services must have the capability and capacity to provide the needed services as well as demonstrate use of evidenced based practices and a strong system for outcomes measurement. Through this RFP, Partners will increase the network availability of Supervised Living .5600 C residential services for children with dual diagnosis.

Organizations approved to provide services will adhere to the appropriate NC Division of Medical Assistance and NC Division of Mental Health, Developmental Disabilities, Substance Abuse Services regulations based on the service provided. All clinical policies, service definitions and any other related laws and regulations must be followed. *Organizations must be current providers of MH/IDD/SU residential services and have, at minimum, a 5-consecutive year history of providing such services. All proposed services must be geographically located within Partners' catchment area (Burke, Catawba, Cleveland, Gaston, Iredell, Lincoln, Rutherford, Surry or Yadkin county).*

Responses to this RFP must clearly show the organization's history and expertise in the area of services. It is important to explain how the needs of consumers will be assessed and needs met, as well as how services will be promoted for visibility and ease of access. It is important to follow and adhere to the RFP instructions for format, completeness, and timeliness to be considered in this RFP process.

Issuance of an RFI or RFP does not guarantee a financial award nor does it indicate a commitment on the part of the issuer to pursue further contractual relationship.

Timelines for RFP Process

Residential Service for Children with Complex Needs

Mandatory Bidder's Roundtable Discussion: Friday, October 30, 2020, 2:00-3:30 PM

Issue Date: November 6, 2020

Deadline Date for Submission: November 30, 2020 by 5:00 PM

Submission Process: *Electronically submit Narrative with Attestation, Budget Forms and attachments to ljordan@partnersbhm.org*

Questions: Email Lisa Jordan at ljordan@partnersbhm.org

Review Process: Within 30 calendar days of submission deadline, all proposals will be screened for completeness and accuracy. Proposals will be scored based on adherence to criteria, requirements and standards as listed in this RFP. A multi-member committee comprised of Partners staff experienced in monitoring and/or knowledgeable on the RFP topic will complete the screening and scoring. Any proposal meeting satisfactory or more will be advanced to the RFP Review Committee for final decisions. The RFP Review Committee is comprised of cross departmental Partners staff and/or a combination of provider, consumer, or other stakeholder representation. All members of the RFP Review Committee are selected for their experience and/or knowledge of the RFP topic area. The RFP Review Committee will complete review and final decisions within 30 calendar days from the receipt of the screened and scored proposal packages.

Announcement of Awards: All applicants will receive written notice regarding the outcome of the RFP process within 30 calendar days from the final determination date.

Residential Services Needed

Providers can express interest ***in the residential services being sought:***

A. **One (4 bed) .5600 C Licensed Group Home**

Description-This group home would be co-ed and serve children, ages 18-21, with dual diagnoses of IDD and MH or SU. Diagnosis can include ASD. Clinical Coverage Policy 8-D2 would be followed.

Funding sources include regular Medicaid B under In-Lieu-Of Service Definition. The location must be

within Partners' catchment area, home must be open for services on or before January 4, 2021. There may be potential for more than one home for which this RFP will be used at a later date.

Description-This service includes provision to children eligible under the criteria for Children with Complex Needs. Eligibility criteria includes the following:

1. Medicaid eligible children ages 9 and under 21; **and**
2. Who have been diagnosed with a developmental disability (including Intellectual Disability and/or Autism Spectrum Disorder) and a mental health disorder; **and**
3. Who are at risk of not being able to return to or maintain placement in a community setting; **and**
4. Has a history of mental health and intellectual and/or developmental disabilities diagnoses or treatment **AND 1 or more** of the following risk factors will include the following:
 - The child is exhibiting behaviors that are a danger to self or others at this time; and/or
 - Has been expelled or is at risk of expulsion from school due to disruptive or dangerous behaviors; and/or
 - Has experienced incidents for crisis such as frequent ED visits, out of home placements, involvement with criminal justice system, or involuntary commitments.

If the rate you are requesting in your proposal for any of these residential services exceeds Partners' current rate schedule, you must include a cost analysis for provision of the service.

For a full description of these services please refer to [NC DMA Clinical Coverage Policies](#)

Frequently Asked Questions (FAQs): Please send questions about the RFP and/or service definition to ljordan@partnersbhm.org no later than **November 13, 2020 at 5 pm**. Questions and answers will be posted to the Partners' website no later than 10 calendar days from the deadline date for questions.

General Provider/Vendor Standards and Requirements

The following outlines additional information related to the submission of proposals:

1. For consideration as an applicant, the provider/vendor must understand and be prepared to comply with the terms of Partners Procurement Contract.
2. Partners reserves the right to enter into a procurement contract with respondents to this RFP, if the information contained in the proposal sufficiently meets the requirements of this RFP and the standards of the applicable service definition, outcomes are well-defined, and success has been previously achieved.
3. **Any and all costs** incurred by an individual or provider/vendor in preparing or submitting a proposal are the bidder's sole responsibility. Partners will not reimburse bidders for any pre-award costs incurred.
4. Titles and headings in this RFP and any subsequent RFP are for convenience only and shall have no binding force or effect.
5. All proposals are subject to the terms and conditions outlined herein. All responses will be controlled by such terms and conditions. The attachment of other terms and conditions by any individual and provider/vendor may be grounds for rejection of that individual or provider's/vendor's proposal.

6. In submitting its proposal, applicants agree not to use the results therefrom or as part of any news release or commercial advertising without prior written approval of Partners.
7. All responses, inquiries, or correspondences relating to or in reference to the RFP, and all other reports, charts, displays, schedules, exhibits, and other documentation submitted by the individual or provider/vendor will become the property of Partners when received.
8. Pursuant to the provision of G.S. 143-54, and under penalty of perjury, the signer of any proposal submitted in response to this RFP thereby certifies that this proposal has not been arrived at collusively or otherwise in violation of either Federal or North Carolina antitrust laws.
9. The individual or provider/vendor shall submit with its proposal the name, mailing address, email address and fax and telephone number of the person(s) with authority to bind the party and answer questions or provide clarification concerning the proposal.
10. Individuals or provider/vendor may propose to subcontract portions of work provided that their proposals clearly indicate the scope of the work to be subcontracted, and to whom. All information required about the prime grantee is also required for each proposed subcontractor.
11. Trade secrets or similar proprietary data which the individual or provider/vendor does not wish disclosed to other than personnel involved in the evaluation will be kept confidential to the extent permitted by
12. NCAC T01: 05B.1501 and G.S. 132-1.3 if identified as follows: Each page shall be identified in boldface at the top and bottom as "CONFIDENTIAL." Any section of the proposal that is to remain confidential shall also be so marked in boldface on the title page of that section.

Specific RFP Provider/Vendor Standards and Requirements

An organization must meet the following as appropriate to this specific RFP:

1. Medicaid qualifications for participation as established by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS);
2. the requirements under 10A NCAC 27G;
3. key components of the DMA Clinical Policy and Service Definition(s) defined by the State of North Carolina; or
4. key components required for an implementation of a new Services Definition under the 1915 B or C waivers;
5. organizations must be current providers of MH/IDD/SU residential services and have, at minimum, a 5-consecutive year history of providing such services;
6. be credentialed by Partners;
7. the organization shall be established as a legally constituted entity capable of meeting all of the requirements of provider credentialing, The Medicaid Enrollment Agreement, Medicaid Bulletins, and service implementation standards;
8. meet mandatory provider/vendor qualifications and staff competencies for service;
9. participate in trainings, meetings or collaboratives, related to this service, as required by Partners;
10. provide modalities/evidence-based practices approved for use with this service;
11. required reporting and documentation for service;
12. required outcomes as designated; and
13. in partnership with Partners, the provider organization shall collaborate with relevant community stakeholders for access to services, care management, and continuity of care.

Exclusionary Criteria

Applicant proposals will be excluded from scoring, review and potential award if the following occur:

1. Provider/vendor does not attend the Mandatory Bidders' Roundtable Discussion;
2. Provider/vendor does not submit proposal by the submission deadline;
3. There was not a response submitted for RFP #1120-001 (a requirement to submit a proposal for this RFP);
4. Provider/vendor does not submit proposal through mechanisms as directed in this RFP;
5. Provider/vendor does not submit proposal in format and/or using forms as directed in this RFP; and
6. Provider/vendor does not sign and date the forms as indicated.

Format of Proposal Submission

The Proposal must be submitted in the following order to be considered for award. Each section must be clearly titled and include page numbers. Each section must fully answer the questions but stay within the allowed page limit as designated. Attachment A is the final RFP *narrative* response, which must be one document containing the Title Page, Provider Experience, Provider Qualifications for Service, Provider Implementation Model, and Expected Provider Outcomes, not to exceed a total of **17 pages**, as noted for each section. Partners has provided a narrative template document, which providers may use should they desire; however, please note that Page 6 of the Narrative Template is the attestation statement which **must** be completed and included as part of any narrative documents that are submitted. Attachment B will be the budget projection form and Attachment C will be the supporting provider information.

Responses must be submitted **electronically** using 8 ½ x 11-inch document size, moderate margins, portrait orientation, 11 or 12-point font and at least 1.15 line spacing.

Responses must be scanned and emailed to ljordan@partnersbhm.org There should be no more than **3** documents submitted: the **narrative** (Attachment A) including attestation, the **budget projection** form (Attachment B) and the **provider attachments** (all provider attachments should be submitted as one document).

Please ensure all documents are emailed in the required format and no pages are missing as this could disqualify your response from review.

A package must be completed and submitted for each 4 bed .5600 B Licensed Group Home.

ATTACHMENT A: NARRATIVE

Provider Narrative Criteria (not to exceed a total of 17 pages, as noted in each section):

1. **Title Page (counts as 1 page)**
2. **Provider Experience (limited to 5 pages or less):** Please describe the organization's history of experience as a Mental Health/Intellectual Developmental Disability/Substance Use residential provider.

Include the following components in your response:

- a. organization's qualifications for providing the services as listed in this RFP;

- b. evidenced based practices used in the organization;
 - c. number of years operating as a residential behavioral health provider;
 - d. how cultural competence is managed;
 - e. experience working with special populations **and** individuals with dual diagnosis;
 - f. capacity for expansion of services;
 - g. organizational and supervisory structure;
 - h. methods for crisis management; and
 - i. how consumer safety is ensured.
- 3. Provider Qualifications for Service (limited to 1 page):** Please list all staff, title, credentials, special certifications and length of experience for those participating in the delivery of this service.
- 4. Provider Implementation Model (limited to 4 pages or less):** Please describe your plan for implementation/expansion for this service (**step by step**).
Include the following components in your response:
- a. program design/structure for staffing and supervisory experience available, if you do not currently provide this type of residential service please include plans for how you will develop and train the required staff;
 - b. modalities or evidenced based practices to be used, how the direct service staff will be trained in the EBP and reinforce components of the EBP on a daily basis with individuals served;
 - c. plan for how service will be implemented;
 - d. plan and timeline for how the services will be promoted and accessed by consumers;
 - e. plan for how crisis will be managed.
- 5. Expected Provider Outcomes and how they will be measured:** Describe expected consumer outcomes and the plan for how they will be measured, tracked and evaluated for adjustments. Outcomes should be specific, measurable, attainable, realistic and time limited. In provider attachments, include examples of data from the past 12 months of services including lengths of stay, recidivism-rate of return to services or higher level of services and consumer satisfaction with services. Attach any tools (not included in page count) used to measure outcomes. Please include how you will comply with implementing and tracking outcomes for this service. Describe how you will report aggregate data, as requested, to Partners. *If you have a reporting format you will use, please label as such and include in your provider attachments.*
- 6. Attestation (counts as 1 page):** The form must be signed and dated for acceptance into review status.

ATTACHMENT B: BUDGET PROJECTIONS

Provider Budget Projection Criteria: You ***must*** submit a budget for the Residential Services for Children with Complex Needs. The budget must include the projected annualized revenue and expenses for this service. The budget should include all projected revenue, personnel costs and direct service expenses. For each line item, include a narrative explanation justifying how costs were calculated. Narrative explanation should include projected number of consumers to be served in the 12-month period and an average of the estimated length of stay in service. The budget needs to reflect **all** revenue for this service (all sources), projected for one year and need to be reflected in a revenue section. **All** expenses for this service (including

insurance, food, travel, total personnel, etc.), projected for one year, need to be reflected in an expenses section. All revenue and expenses should be listed as distinct line items.

The personnel costs need to reflect each staff member working in the service (employee or contracted), their title/position, the percentage of the Full Time Equivalency (FTE) related to their position, type of qualifications/licensure, total salary/wages paid, and the total paid for benefits.

Example budget narrative:

Budget Line Item Description	Explanation and Justification
Rent-\$36,000	\$3,000 per month x 12 months = \$36,000 Based on actual cost

You must complete the projected budget form and submit it labeled as Attachment B as part of the RFP response. Any electronic format can be used as long as the information is comprehensible.

Any rate requested that exceeds Partners' rates as listed in the *Rates* section below must be accompanied by a full cost analysis justifying the increase in rate and explanation of how the rate will result in more effective outcomes, shorter lengths of stay, and reduction in recidivism. An additional two pages is allowed for this section.

ATTACHMENT C: Provider Attachments

Attachment Criteria*: Attachments may include the following, but are limited to 15 additional pages:

- Organizational Chart
- Verification of certifications to provide service specific evidenced based practices
- Verification of certifications to provide services to specific specialty populations
- Tools used to measure outcomes/Outcome data
- Outcomes Reporting Form
- Cultural competency plan

****Each attachment must be clearly labeled.***

ONE FINAL SUBMISSION PACKAGE MUST INCLUDE THE FOLLOWING:

- Attachment A-Narrative up to 17 pages including title page and attestation form
- Attachment B-Budget Projection Form
- Attachment C-Provider Attachments up to 15 pages

Rates

The [Partners Rate Schedule](#) is as follows:

- A. .5600 C 4 bed Licensed Group Home-rate is based on the needs of the individual:
 - Supervised Living Residential Services Moderate (H2016 HI) is \$160.14 per day
 - Supervised Living Residential Services High (T2020) is \$141.31 per day
- B. Individualized/Enhanced service rates may be requested as necessary.

Proposal Scoring

All proposals will be scored on the following points and elements:

Prescreen-Determines Eligibility to proceed to review status. Satisfactory (at least 50) needed to proceed. Maximum 100 points:

- Format followed (16)
- Answered all questions (20)
- Answers relevant (40)
- Adherent to length of pages (12)
- Submitted on time (12)

Review-Determines eligibility to be considered for an award. Review covers all items as listed under the Narrative and Budget sections of the RFP. Review panel decisions may include consideration of other factors for an award such as, but not limited to funding availability, geographical locations served, good standing status as a provider, sanctions history, current investigations, etc. *Issuance of an RFP and/or proceeding through the review process does not guarantee a financial award nor does it indicate a commitment on the part of the issuer to pursue further contractual relationship.*

The scoring part of the review consists of 3 areas:

- I. Functional Requirements- maximum 28 points, includes review of provider experience, EBPs used by provider, provider qualifications and evidence of cultural competency;
- II. Program Design-maximum 48 points includes review of provider current service and organizational structure, service implementation plan, budget projections and timelines; and
- III. Program Evaluation (Outcomes)-maximum 24 points-includes provider experiences with evaluating outcomes and plan for outcomes tracking, evaluation and reporting.

Disposition of Proposals

After award and/or amendments of contracts, one copy of the successful proposal is retained by Partners. All other copies will be destroyed.

Freedom of Information

The North Carolina Public Records Law under Chapter 132 of the North Carolina General Statutes guarantees that the public has access to the public records of governmental bodies in North Carolina. The public records and public information compiled by the agencies of North Carolina government or its subdivisions are the property of the people; therefore, it is the policy of the State that the people may obtain copies of their public records and public information free or at minimal cost unless otherwise specifically provided by law.

RFP Submission

A package must be completed and submitted for the residential service you proposed to provide (.5600 C Licensed Group Home). A final submission package should include the following:

- Attachment A-Narrative up to 17 pages including attestation form and title page
- Attachment B-Budget Projections Form
- Attachment C-Provider Attachments up to 15 pages

Email the complete Narrative with Attestation, Budget forms and any provider attachments in no more than 3 documents to: ljordan@partnersbhm.org

The Narrative with Attestation, Budget Projections Form and other provider's attachments need to be submitted by Monday, November 30, 2020, by 5:00 pm to be eligible for consideration in this process.

Resources

Medicaid and Health Choice Clinical Coverage Policies:

<https://dma.ncdhhs.gov/providers/clinical-coverage-policies/behavioral-health-clinical-coverage-policies>

NCDHHS APSM 45-2 Records Management and Documentation Manual:

<https://www.ncdhhs.gov/document/apsm-45-2-records-management-and-documentation-manuals>

Partners' Provider Knowledge Base:

<https://providers.partners.org/>

NCDHHS NC Division of Health Service Regulation Mental Health Licensure and Certification

<https://www2.ncdhhs.gov/dhsr/mhlcs/mhpage.html>

10 A NCAC 27 G NC Rules for MH/DD/SA Services and Facilities

<http://ncrules.state.nc.us/ncac.asp?folderName=\Title%2010A%20-%20Health%20and%20Human%20Services\Chapter%2027%20-%20Mental%20Health,%20Community%20Facilities%20and%20Services>

Medicaid and Health Choice Partners Rates Schedule

<https://providers.partners.org/claims-information/>

Early Periodic Screening, Diagnostic and Treatment Medicaid Services for Children

<https://www.ncdhhs.gov/providers/provider-info/mental-health/early-periodic-screening-diagnostic-and-treatment-medicaid-services-for-children>

<https://dma.ncdhhs.gov/medicaid/get-started/find-programs-and-services-right-you/medicaids-benefit-children-and-adolescents>