



## Registration of Interest (ROI)

### NC Medicaid Children and Youth Services (Burke & Rutherford Counties) ROI #1020-001

**Responses to Registration of Interest #1020-001 Due:  
December 31, 2020 by 5:00 PM**

#### Key Information

<b>ROI Number:</b>	Registration of Interest (ROI) #1020-001
<b>Title:</b>	NC Medicaid Children and Youth Services (Burke & Rutherford Counties)
<b>Organization:</b>	Partners Health Management 901 S. New Hope Road Gastonia, NC 28054
<b>Re-Issue Date:</b>	December 1, 2020
<b>Due Date:</b>	December 31, 2020 by 5:00 PM
<b>Submit Response to ROI #1020-001 Documents to:</b>	Lisa Jordan, <a href="mailto:ljordan@partnersbhm.org">ljordan@partnersbhm.org</a> .
<b>Questions:</b>	Email Lisa Jordan at <a href="mailto:ljordan@partnersbhm.org">ljordan@partnersbhm.org</a>

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 operation 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-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 members 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 Registration of Interest (ROI) to solicit responses from appropriately qualified organizations to provide services to members eligible due to a mental health, intellectual or development disability or substance use disorder.

ROI #1020-001 will be used to identify **any MH/SU Providers** interested in and qualified to participate in trauma initiatives in Burke and Rutherford counties. Partners is *specifically* seeking mental health provider agencies and/or DSS agencies with clinical teams willing to have their clinical staff (up to 5 clinicians and one clinical team lead) trained and certified, as well as, maintain certification in order to participate in the project. Certification is awarded by Benchmarks after the designated clinical team leader and clinical team complete the required three-day training and demonstrate competence in the required modalities. Each clinical team will be trained in the use of the assessment, the impact of trauma, how to utilize the standardized measures and the Trauma-intensive Comprehensive Clinical Assessment (TiCCA) template. Clinicians that demonstrate proficiency through North Carolina's Child Treatment Program (NC CTP) rostering or through their professional license will be exempt from some aspects of clinical training. Clinical team leaders will receive additional training in facilitative administration including operational components. Completion of the training, in addition to ongoing fidelity monitoring, will deem a clinician as certified.

## Purpose

Benchmarks is administering a mental health block grant, sponsored by the NC Division of Mental Health, Developmental Disabilities, and Substance Use Services to pilot changes in processes that allow for children in foster care to receive trauma screening as part of a standardized process of evaluation. This two-year process will allow for multiple DSS agencies to receive training in the National Childhood Traumatic Stress Network's Trauma Training Toolkit for Child Welfare Professional curriculum. Mental health provider agencies who are selected to provide services will receive an enhanced rate through the Local Management Entity-Managed Care Organization. Benchmarks will provide clinical coaching as well as implementation and data support for this project. All efforts will be made to work toward processes that will ensure sustainability of the changes and processes made during the duration of the project. Funding for this course was provided by the federal Community Mental Health Services Block Grant Fund (CFDA #93.958) as a project of the NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services.

- a) **Program Description.** The Standardized Assessment Protocol for Youth in Foster Care is a pilot that prescribes for every youth, four years and older, entering foster care a standardized, trauma and evidence-informed assessment to ensure an appropriate diagnosis leading to proper service provisions with the goal of improving child and family outcomes.
- b) **Target Population.** Our target population is children entering foster care ages 4 years and older and children in foster care under the care of Burke and Rutherford counties.
- c) **Proposed Programming/Assessment.** We are seeking mental health provider agencies and/or DSS agencies with clinical teams willing to have their clinical staff (up to 5 clinicians and one clinical team lead) trained and certified, as well as maintain certification, in order to participate in the project. Certification is awarded by Benchmarks after the designated clinical team leader and clinical team complete the required three-day training and demonstrate competence in the required modalities. Each clinical team will be trained in the use of the assessment, the impact of trauma, how to utilize the standardized measures and the Trauma-intensive Comprehensive Clinical Assessment (TiCCA) template. Clinicians that demonstrate proficiency through North Carolina’s Child Treatment Program (NC CTP) rostering or through their professional license will be exempt from some aspects of clinical training. Clinical team leaders will receive additional training in facilitative administration including operational components. Completion of the training, in addition to ongoing fidelity monitoring will deem a clinician as certified.

Upon completion of the training, certified clinicians may begin receiving referrals. Initial cases will be reviewed and scored by Benchmarks’ “clinical coach” utilizing a standardized fidelity tool. Clinical coaching will be administered to the certified clinicians in conjunction with the clinical team leader. After two acceptable assessments, fidelity monitoring will be completed by the clinical team leader. The clinical team leader will continue to use the fidelity tool in order to assure compliance with all aspects of the tenets of the project. Every six months, consultation by the independent clinical coach will be given to the clinical team leader regarding his/her oversight. Clinical team leaders are not required to grade every assessment completed but must be able to demonstrate appropriate oversight.

Listed below is the fee schedule for clinician’s certification on an annual basis:

Organization with only one clinician who acts as Clinical Team Lead: \$1,000

Organization with Clinical Team Lead and additional clinician: \$1,250

Organization with Clinical Team Lead and 2 additional clinicians: \$1,500

Organization with Clinical Team Lead and 3 additional clinicians: \$1,750

Organization with Clinical Team Lead and 4 additional clinicians: \$2,000

Organization with Clinical Team Lead and 5 additional clinicians: \$2,500

- Provider agencies must consider and work with DSS partners toward sustainability of services and remaining in the areas served beyond the duration of the project. This includes, but may not be limited to, information and data sharing and may include co-location of clinicians at the DSS agency.
- Provider agencies will be reimbursed at a rate of \$150 per hour for the TiCCA for up to 6 hours.

- d) **Eligibility Requirements.** In order to be eligible to deliver this service, your organization must satisfy at least one of the following eligibility requirements:
  - Public/Private mental health agencies, able to bill Medicaid and credentialed with Partners Health Management.
  - Social Service agencies/departments who are able to bill Medicaid for services or draw down other dollars for services rendered.

**Please fully review all documents and requirements prior to submission of the ROI Response Form.**

***Please note: Issuance of an ROI, 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.***

## **Provider Requirements**

An organization must meet the following:

- a. provider qualifications, procedures, and standards established by DMA;
- b. provider qualifications, procedures, and standards for participation as established by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS);
- c. be currently certified as a Critical Access Behavioral Healthcare Agency (CABHA) and the requirements under 10A NCAC 27G;
- d. be credentialed by Partners;
- e. provider of behavioral health services for the past 5 consecutive years;
- f. provide all services in accordance with the relevant DMA clinical policies, DHHS service definitions; and other NC regulations and laws;
- g. within one year of enrollment as a provider of this service with DMA, the organization must achieve national accreditation with at least one of the designated accrediting agencies approved by DHHS;
- h. the organization shall be established as a legally constituted entity capable of meeting all the requirements of Provider Credentialing, The Medicaid Enrollment Agreement, Medicaid Bulletins, and service implementation standards; and
- i. in partnership with Partners, the provider organization shall collaborate with relevant community stakeholders for access to services, care coordination, 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 submit proposal by the submission deadline;
2. Provider/vendor does not submit proposal through mechanisms as directed in this ROI;
3. Provider/vendor does not submit proposal in format and/or using forms as directed in this ROI; and/or
4. Provider/vendor does not sign and date the forms as indicated.

## **Reporting**

Providers must submit any monthly reports to the MCO through their Provider Network Account Specialist.

## **Additional General Information**

The following outlines additional information related to the request for information:

- Titles and headings in this ROI and any subsequent RFI or RFP are for convenience only and shall have no binding force or effect.
- 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 firm/agency may be grounds for rejection of that individual or firm's/agency's proposal.
- 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.
- All responses, inquiries, or correspondences relating to or about the ROI, and all other reports, charts, displays, schedules, exhibits, and other documentation submitted by the individual or firm/agency will become the property of Partners when received.
- Pursuant to the provision of G.S. 143-54, and under penalty of perjury, the signer of any proposal submitted in response to this ROI thereby certifies that this proposal has not been arrived at collusively or otherwise in violation of either Federal or North Carolina antitrust laws.
- The transmittal letter must be signed and dated by an official authorized to legally enter into a contract with Partners. The individual or firm/agency shall submit with its proposal the name, mailing address, 8 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.
- Individuals or firms/agencies 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.
- Trade secrets or similar proprietary data which the individual or firm/agency does not wish disclosed to other than personnel involved in the evaluation will be kept confidential to the extent permitted by NCAC TO1: 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.

## **Disposition of Proposals**

After the processing the ROI/RFI/RFP, one copy of each proposal is retained by Partners. Unless return of additional copies of the proposals are requested by the applicants upon submission, all other copies will be destroyed. This request should appear in a cover letter accompanying the proposal.

## **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.

## **Submission of ROI Forms**

Please follow the directions below in order to successfully submit your ROI:

- Access the ROI #1020-001 Response Form and Agency Assessment Tool found on the Partners website at <https://providers.partnersbhm.org/request-for-services/>.
- Complete and sign the ROI #1020-001 Response Form.
- Clinical Director/Supervisor/Lead must complete the Agency Assessment Tool for ROI #1020-001.
- Email both completed forms to Lisa Jordan at [ljordan@partnersbhm.org](mailto:ljordan@partnersbhm.org) by 5 pm on December 31, 2020.

**All forms must be completed and submitted to Lisa Jordan by 5 pm on December 31, 2020 to be eligible for review.**

## **Resources**

### **Partners Health Management**

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

### **Medicaid and Health Choice Clinical Coverage Policies:**

<http://dma.ncdhhs.gov/providers/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>

### **Special Provisions-EPSTD**

<http://dma.ncdhhs.gov/providers/programs-services/medical/Health-Check-Early-and-Periodic-Screening-Diagnosis-and-Treatment>

### **NC Health and Human Services-Service Definitions**

<http://www.ncdhhs.gov/dmhservicedefinitions>

### **Partners Claims and Rates Information**

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