



Request for Proposal (RFP)

Professional Treatment Services in Facility-Based Crisis Program RFI #0522-001

Forsyth County – 650 N. Highland Avenue, Winston Salem, NC
Request for Proposal Form Due:
August 5, 2022 by 5:00 PM

Partners Health Management
901 S. New Hope Road
Gastonia, NC 28054

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.partnersbhm.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

Elkin Region Office
200 Elkin Business Park Drive
Elkin, NC 28621

Hickory Region Office
1985 Tate Blvd SE, Suite 529
Hickory, NC 28602

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 and Cleveland counties. Partners is responsible for managing county, state and Medicaid-funded mental health, 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 fourteen-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.

The primary purpose of this RFP is to meet an identified need in Forsyth County for professional treatment services in a facility-based crisis facility by selecting one provider through the RFP process. It is Forsyth County's intent to be supportive of this service. Pending appropriation of funds and Forsyth County Board of County Commissioner approval, existing County owned space may be renovated and leased to the awarded Provider for operation of the services.

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.

Scope of Work

This RFP is specifically to identify organizations interested in and qualified to provide Professional Treatment Services in Facility-Based Crisis Program (FBC) for adults. Organizations approved to provide FBC will adhere to the NC Division of Medical Assistance Clinical Coverage Policy No: 8A, NC Division of Mental Health/ Developmental Disabilities/Substance Abuse Services Service Definition for State funded Enhanced Mental Health and Substance Abuse Services and any other related laws and regulations.

Professional Treatment Services in Facility-Based Crisis Program (FBC) is an alternative to hospitalization for adults who have a behavioral health or substance use disorder or are experiencing a behavioral health crisis. FBC is for individuals in crisis who require a short-term intensive evaluation, treatment intervention or behavioral management to stabilize acute or crisis situations. This RFP is for a 24-hour residential facility, offered seven days a week, with 16 beds that provides support and crisis services in a community setting. FBC is provided in a licensed facility that meets 10A NCAC 27G .5000 licensure standards.

Both in-network and out-of-network providers are eligible to apply.

Respondents to this RFP should consider each of the following points in developing an application:

- process for establishing and implementing a Facility-Based Crisis program working in collaboration with the existing, co-located Behavioral Health Urgent Care and treatment programs;
- methods for establishing a working relationship with area law enforcement and other first responder programs;
- procedures for incorporating discharge planning throughout each stage of service delivery;
- protocols reflecting how the provider will move individuals through the continuum of care from the initial point of contact through facility based crisis, as clinically indicated (please include an explanation of how you will work with Integrated Care Centers, walk in clinics, and same day access centers within all the Partners' catchment area counties);
- methods for increasing awareness of the program services among specific identified community stakeholders and the community in general; and,
- a timeline for implementation of the service, staffing, procedures, protocols and establishment of collaborative relationships with community stakeholders;
- the process for obtaining and maintaining all required licensure(s).

For additional information regarding the services, please see [NC DMA Clinical Coverage Policy 8A](#), [NC DHHS Service Definitions Enhanced MHSA Services](#), [Senate Bill 630 Involuntary Commitment Revision](#) . For comprehensive information needed to respond to this RFP, please review all attached documents for Medicaid FBC, State FBC, Senate Bill 630 on Involuntary Commitment and Partners Behavioral Health Crisis Assessment and Intervention Service Definition.

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.

Information for the RFP Process

RFI Number:	Request for Proposal (RFP) #0522-001
Title:	Professional Treatment Services in Facility-Based Crisis Program
Organization:	Partners Behavioral Health Management 901 S. New Hope Road Gastonia, NC 28054
Issue Date:	May 27, 2022
Due Date:	August 5, 2022 by 5:00 PM
Submit Request for Proposal Forms electronically by email to:	Network Development at Providers@partnersbhm.org
Questions:	Email Network Development at Providers@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. Proposals that fail to meet the minimum application submission requirements will not be scored and will be screened out at pre-screening. A multi-member committee comprised of Partners staff and community partners (representing county employees, health care systems, and/or first responders) who are knowledgeable on the RFP topic will complete the post screening scoring process. Proposals 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 member representation. 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 via email regarding the outcome of the RFP process within 30 calendar days from the final determination date.

Mandatory Bidders Conference

The Bidders Conference are sessions to which providers/vendors interested in submitting an RFP are invited. The purpose of the conference is to review the RFP, explain its purpose, structure, process and answer questions. The Bidders Conference is mandatory and must be attended by **ALL** providers/vendors intending to submit a proposal. Proposals submitted by providers/vendors not in attendance at the Bidders Conference **will not** be considered for award.

The Bidders' Conference for this RFP will be held on Wednesday, July 14, 2022 at 9:00 am. A link to register for the FBC RFP Bidders Conference can be found on Partners website at <https://providers.partnersbhm.org/request-for-services/>

Frequently Asked Questions (FAQs)

Questions and answers about the RFP will be posted to the Partners' website no later than July 22, 2022.

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 or 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 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.

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. Be credentialed by Partners;
6. 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;
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. Provide modalities/evidence-based practices approved for use with this service and requirements for verification as designated;
10. Required reporting and documentation for service;
11. Required outcomes as designated;

12. In partnership with Partners, the provider organization shall collaborate with relevant community stakeholders for access to services, care coordination, and continuity of care.
13. The provider is expected to obtain and maintain all required facility licensures.
14. Provider is expected to enroll with public and private insurers, and when applicable, bill insurers for services delivered.
15. Provider must obtain any equipment needed for the provision of the services.

Exclusionary Criteria

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

1. Provider/vendor did not have representation at the **MANDATORY** Bidders Conference;
2. Provider/vendor does not submit proposal by the submission deadline;
3. Provider/vendor does not submit proposal through mechanisms as directed in this RFP;
4. Provider/vendor does not submit proposal in format and/or using forms as directed in this RFP; and
5. 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. The final RFP *narrative* response must be one PDF document which includes 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. Attachment A contains forms for the narrative. Page 7 of Attachment A is the attestation statement which must be completed and submitted as part of the narrative document. Attachment B will be the budget projection form submitted by the organization. Attachment B should not be longer than 2 pages (2 tabs in an Excel workbook or 2 pages in any other program).

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. (Budget projection forms can be landscape orientation and up to 8 ½ x 14 document size.) **All submissions must be legible, therefore; handwritten forms are not acceptable.**

Responses must be emailed to Providers@partnersbhm.org . There should be no more than 3 documents submitted:

1. **Narrative** (Attachment A) including attestation
2. **Budget projection** form (labeled as Attachment B and up to 2 tabs of Excel Workbook or up to 2 pages in another program)
3. **Provider attachments** (labeled as Attachment C - 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.

NARRATIVE-Attachment A

1. Title Page (counts as 1 page)

2. Provider Experience

Please describe the organization's history of experience as a Mental Health/Intellectual Developmental Disability/Substance Use Disorder provider. **(Limited to 5 pages or less)** Include the following:

- 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 behavioral health provider;
- d. how cultural competence is managed;
- e. experience working with special populations;
- 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

Please list all staff, title, credentials, special certifications and length of experience for those participating in the delivery of this service. **(Limited to 1 page)**

4. Provider Implementation Plan (step by step)

Please describe your plan for implementation/expansion for this service. **(Limited to 5 pages or less)** Include the following components in your response:

- a. program design/structure for staffing and supervisory experience available, include plans for how you will develop and train the required staff.
- b. how will staff work with community stakeholders; including hospitals, law enforcement, and other first responders in the provision of services;
- c. how will the FBC work in collaboration with the co-located treatment services to ensure comprehensive whole person care, while allowing individual choice to guide treatment and care.
- d. modalities or evidenced based practices to be used;
- e. plan for how service will be implemented;
- f. plan and timeline for how the services will be promoted and accessed by consumers;
- g. how family and natural supports will be included (if available);
- h. plan for how referral and discharge planning will be managed.

Ensure inclusion of all elements listed in RFP pages 2-3, under Scope of Work, in this section of the response.

5. Expected Outcomes

Describe expected outcomes for individuals served and the plan for how they will be measured, tracked and evaluated for adjustments. Outcomes should be specific, measurable, attainable, realistic and time limited. Include 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. **(Limited to 4 pages or less)**

6. Attestation (counts as 1 page)

This form attests your understanding of the following and must be signed and dated for acceptance into review status.

1. The information contained in this RFP and all attachments have been read;
2. Understanding and agreement that an organizational representative in attendance at the Bidder’s Conference is mandatory for application;
3. Understanding and agreement of all exclusionary criteria as listed on page 6 of RFP #0522-001;
4. Affirms that information submitted in the response is true and accurate to the best of their knowledge; and
5. Confirms the organization’s authorization to submit this information;

BUDGET PROJECTION

7. Provider Budget Projection-Attachment B (limited to 2 tabs-Excel workbook or up to 2 pages in another program)

You **must** submit a budget for FBC which includes the *initial start-up* and *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.

The budget should include 2 sections:

a. Section 1.

This part of the budget should detail all **start-up** costs for the 16 bed FBC. Start-up should include all projected revenue and expenses as well as a time period for start-up until opening of the facility. All revenue and expenses should be listed as distinct line items.

b. Section 2.

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, in both sections, 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 2 Section projected budget 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 and amount for start-up is differentiated from ongoing annualized costs.

PROVIDER ATTACHMENTS

8. Attachment C

Provider attachments should include the following, but are limited to 15 additional pages:

- Organizational Chart
- Admission and Discharge Policies
- 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
- Cultural competency plan
- Any collaborative or cooperative agreements established to implement this plan
- Any sanctions issued including but not limited to the following: contract terminations, payment suspensions, revocations, unresolved plans of correction, unresolved DHSR penalties/suspensions/revocations, unresolved tax or payroll liabilities, administrative dissolutions/revocation of authority, revenue suspensions, professional board licensure or certification actions, unresolved program integrity or network sanctions, Medicaid exclusion, lawsuits, and insurance claims or payouts. Provider must be in good standing with their accrediting body
- Disclosure of proposed or pending mergers and affiliations with other providers
- Identify funding currently utilized and current funders

Each attachment must be clearly labeled.

Final electronic submission package should include the following in up to 3 documents:

- Attachment A-Narrative up to 17 pages including attestation form
- Attachment B-Budget Projections-up to two (2) tabs of Excel workbook or up to 2 pages in another program
- Attachment C-Provider Attachments up to 15 pages

Rates

The rates for FBC are as follows:

Service	Procedure Code	Unit Definition	Units of Service	Rate for Service
Medicaid- Professional Treatment Services in a Facility Based-Crisis Program	S9484	1 unit	Per Hour	\$41.26
State-Professional Treatment Services in a Facility Based-Crisis Program	YP485	1 unit	Per Hour	\$32.13

Proposal Scoring

Prescreen-Determines Eligibility to proceed to review status. Satisfactory (at least 60) needed to proceed.

Maximum 100 points:

- Format followed (15)

- Answered all questions (20)
- Answers relevant (40)
- Adherent to length of pages (15)
- Submitted on time (10)

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 25 points, includes review of provider experience, EBPs used by provider, provider qualifications and evidence of cultural competency;
- II. Program Design-maximum 50 points, includes review of provider current service and organizational structure, service implementation plan, budget projections and timelines; and
- III. Program Evaluation (Outcomes)-maximum 25 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 each 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

Email complete RFP packet including Narrative with Attestation, Budget forms, and any provider attachments in one PDF document or in three separate documents (Attachment A – Narrative [PDF], Attachment B – Budget [PDF or Excel], Attachment C – Provider Attachments [PDF]). Providers@partnersbhm.org

The Narrative Attestation, Budget and other providers attachments need to be submitted by Friday, August 5, 2022 by 5:00 pm to be eligible for consideration in this process.

Timeline for Forsyth FBC RFP #0522-001

Friday, May 27, 2022:	Release date for RFI #0522-001 Forsyth County Facility Based Crisis
Wednesday, July 14, 2022:	Bidder's Conference
Friday, July 22, 2022:	Q&A to be Posted
Friday August 5, 2022:	Deadline for provider submissions
Monday, August 29, 2022:	Internal Decision Process Completed
Monday, September 20, 2022:	Award/Decision letters emailed to providers

Resources

Medicaid and Health Choice Clinical Coverage Policies

<https://medicaid.ncdhhs.gov/media/11239/open>

NC DHHS Division of MH/DD/SA Services Service Definitions

<https://www.ncdhhs.gov/media/15048/download?attachment>

NCDHHS APSM 45-2 Records Management and Documentation Manual:

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

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

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

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

<http://reports.oah.state.nc.us/ncac/title%2010a%20-%20health%20and%20human%20services/chapter%2027%20-%20mental%20health,%20community%20facilities%20and%20services/chapter%2027%20rules.pdf>

Medicaid and Health Choice Partners Rates Schedule

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

Partners Behavioral Health Crisis Assessment and Intervention Service Definition

https://providers.partnersbhm.org/wp-content/uploads/2018/08/BH_CAI_In_Lieu_of_Service_Definition_February_2017.pdf