

REQUEST FOR PROPOSAL

Substance Use Disorder Services 3.5 Non-Hospital. Clinically Managed Medium Intensity Residential for Adolescents and 3.7 Non-Hospital Withdrawal Management for Adolescents for the North Central and Northeast Regions

Summary and Purpose

Behavioral Health Alliance and Rural Pennsylvania (BHARP) and the Northeast Behavioral Health Care Consortium (NBHCC) partner with Community Care Behavioral Health (Community Care) to offer a network of licensed non-hospital withdrawal management and residential substance use disorder (SUD) treatment providers to meet the needs of HealthChoices members residing within the North Central 24-county and the Northeast four-county region. Recent conversations with BHARP, NBHCC, Single County Authorities (SCAs) in the regions, and Community Care have highlighted the limited availability of non-hospital SUD services available for adolescents meeting medical necessity guidelines for withdrawal management and residential substance use treatment.

Many youths are being treated at considerable distances from their home communities, limiting opportunities for family engagement, the practice of newly acquired skills during therapeutic leave, and making it more challenging to strengthen the recovery environment (family, peers, school, legal system) given the geographic distance. During the last year, the national health emergency has further limited service availability for adolescents who would benefit from these services.

The Department of Drug and Alcohol Programs (DDAP) recently approached BHARP, NBHCC, and Community Care to address the need for targeted SUD services for adolescents within the North Central and Northeast regions. With the support of DDAP, BHARP, and NBHCC Community Care is seeking to expand access to Adolescent Withdrawal Management (WM) (3.7) and Clinically Managed Medium Intensity Residential Services (3.5), in the North Central and Northeast counties through this Request for Proposal (RFP).

Though this competitive RFP process, BHARP, NBHCC, and Community Care seek to identify a minimum of one licensed substance abuse treatment provider to develop the following two levels of care within the Northeast and North Central regions:

- 3.5 Non-Hospital Clinically Managed Medium Intensity Residential Services for male and female adolescents (14-21); and,
- 3.7 Non-Hospital Withdrawal Management services for male and female adolescents (14-21).

Start-up funds are available for 3.5 and 3.7WM services through HealthChoices reinvestment funds and DDAP are available, including \$3.2 million in combined reinvestment and \$3 million from DDAP. DDAP funds are available for programmatic 'up-front' costs such as staff start-up salaries, training, rental or leasing costs, program materials and/or program development. Approved reinvestment funds are

available for physical plant construction and/or renovations of at least one facility, as well as other costs not covered by DDAP funding. DDAP funding is available until March 2023; reinvestment funds are available through December 31, 2024.

Expectations

Providers eligible to respond to this RFP must hold an active license to offer behavioral health services from at least one of the following:

- Pennsylvania Department of Health,
- Pennsylvania Department of Human Services; and/or,
- Pennsylvania Department of Drug & Alcohol Programs.

Prior to 3.5/3.7WM service implementation for adolescents, provider(s) must:

- Obtain DDAP licensure for 3.5/3.7WM services at the identified service location within the North Central or Northeast region.
- Obtain Pennsylvania Medical Assistance/PROMISe enrollment for the identified service location; and, if not currently credentialed/contracted, required to be credentialed by Community Care and contracted for both HealthChoices North Central and HealthChoices Northeast at minimum.

Optimal applicants include applicants who currently provide 3.5 and/or 3.7 WM Non-Hospital services, willingness to serve both male and female population, have an established history of delivering quality services based on strong recovery and resiliency principles, and a solid clinical background with exceptional expertise in providing SUD treatment to adolescents, with or without a co-occurring mental health diagnosis.

The successful bidder:

- Must secure a location that meets the DDAP requirements for licensure offering 3.5 and 3.7 WM non-hospital services, providing a minimum capacity of 12 beds, accessible to adolescents ages 14-21 years of age within the Northeast and North Central region.
- Be able to document the financial resources necessary to develop and sustain a non-hospital withdrawal management and residential facility serving adolescents.

- Must demonstrate knowledge of the current service system, supports, and resources for the communities/regions and populations that will be served along with substance use trends within the areas of service.
- Must maintain a collaborative relationship with each county SCA, service providers, and other county stakeholders.
- Must demonstrate a commitment to aligning service delivery with ASAM criteria for both levels of care with attention given to adolescent-specific considerations regarding support systems, staffing, assessment and treatment planning, and therapies.
- Must demonstrate a commitment for encompassing other services and/or community supports that are available within the regions and have a firm internal process that ensures pre-discharge, discharge, and post-discharge and/or integration of these services is provided whenever they are clinically appropriate for individuals.
- Must demonstrate a commitment to whole health, supporting the adolescent's life needs such as those related to medical, psychological, and social well-being, along with housing, school, transportation, and legal services and recognize coordination with all service systems involved is a vital link for individuals.

The RFP Process

Eligible providers who meet the licensure requirements and have the professional expertise to develop programs to meet the needs of the individuals to whom this RFP is targeted must address the areas and capabilities identified below.

Proposals will be evaluated and selected through a competitive bid process. On behalf of the Primary Contractors (BHARP and NBHCC), Community Care will establish a proposal review committee that may include, but is not limited to, individuals in recovery, family members of individuals in recovery, BHARP, NBHCC, and county SCAs. These review committee members will have no conflict of interest with any respondent to this RFP.

1. Timeline/Key Dates*

Below is an overview of the RFP process that Community Care will undertake in order to select the provider for the drug and alcohol services mentioned above.

Monday, December 6, 2021	RFP is Released
Monday, December 20, 2021	RSVP to Applicants' Conference

Wednesday, January 5, 2021	Applicants' Conference
Friday, January 7, 2022	Last day for Applicants to submit questions
Wednesday, January 12, 2022	Letters of Intent to Respond to RFQ are due
Wednesday, February 16, 2022	Submissions Due
Wednesday, March 2, 2022	Submissions Review by the Review Committee
Week of March 7 th , 2022	Final Candidate Interviews (if necessary)
Friday, April 22, 2022	Selection of Provider and Notification
January 1, 2023	Projected Date for Opening of Facility

**Dates are subject to change*

2. RFP Applicants' Conference

BHARP, NBHCC, and Community Care will hold an Applicants' Conference on Wednesday, January 5, 2022 via teleconference. All prospective applicants meeting the eligibility qualifications are invited to attend.

Interested agencies must RSVP to the RFP Project Manager, Beth Orr, with the names(s) and email addresses of the attendees. A dial-in number will be provided to those who RSVP. Please respond by close of business on Monday, December 20, 2021 via email to: orrbc@ccbh.com.

Contact with any staff at BHARP, NBHCC, and/or Community Care concerning this RFP, unless occurring at the Applicants' Conference or through the RFP Project Manager is grounds for disqualification. All prospective applicants are asked to forward all questions to the Project Manager. Prospective applicants are strongly encouraged to submit any questions to the Project Manager via email in advance of the Applicants' Conference. The Project Manager will collect all questions and disseminate responses to all prospective applicants that submit letters of intent. This process will ensure that all potential applicants receive the same information.

After the Applicants' Conference, any questions that arise shall also be directed to the Project Manager in the manner indicated above. **Questions will be accepted up until the close of business on Friday, January 7, 2022.**

3. Letter of Intent Submission

All potential applicants interested in submitting a response to this RFP are required to submit a letter of intent to the RFP Project Manager by Wednesday, January 12, 2022. Only submissions from applicants that have submitted the letter of intent will be considered for evaluation.

The letter of intent must include, at a minimum, the following:

- Name of the organization involved in the submission.
- A statement that the organization intends to submit a response for consideration to be selected for development of drug and alcohol services mentioned above.
- Name, title, address, telephone number, and email address of the contact person for the expected submission.
- For email submissions, "Adolescent 3.5 & 3.7 WM Non-Hospital Services RFP Letter of Intent" must be stated in the subject line.

Letters of Intent should be emailed to the Beth Orr, Project Manager, at orrbc@ccbh.com.

You will receive a confirmation email from the Project Manager that your Letter of Intent has been received/accepted. It is highly recommended that you attach a delivery and/or read receipt to accompany your email with the Letter of Intent.

4. Submissions and Deadline

All submissions must be received electronically by the Project Manager no later than 4:00PM EST on Wednesday, February 16, 2022.

- Submit an electronic PDF document to orrbc@ccbh.com. It is highly recommended that you attached a delivery and/or a read receipt to the email with your submission.
- Responses to this RFP must be according to the format, content and sequence as outlined.
- Attach a separate cover letter, signed by an authorized representative of your organization, with your submission.
- Label all attachments. Attachments do not count toward the section's page limits.
- Keep your budget information separate from the remainder of your submission. However, both parts of your submission should be electronically submitted together.

Please note that late submissions will not be considered

The Request For Proposals (RFP) Submissions Requirements

Applicants interested in developing adolescent non-hospital withdrawal management and residential services within the North Central and Northeast regions must meet the following requirements and are required to submit verifying documentation or information. Please respond to the following submission requirements in a specific way:

- a. Licensure Requirements
- b. Provider Background and Experience
- c. Staffing Requirements
- d. Programmatic Requirements
- e. Recovery Philosophy and Principles
- f. Quality Requirement
- g. Provider Location
- h. Financial Requirements

A. Licensure/Organizational Requirements (Maximum 1 page)

1. Providers must comply with all licensing requirements per the issuing agency and are expected to maintain a full license status.

Attach a copy of your current license(s).

2. Providers must comply with all Department of Drug and Alcohol Programs (DDAP manuals) [Case Management and Clinical Services Manual, which can be found at [D&A Treatment Providers \(pa.gov\)](http://pa.gov)]

Provide a statement, signed by your Executive Director, confirming your current compliance, or your intent to comply if not currently licensed, with DDAP manuals and written procedures, as indicated.

3. It is expected that the provider will be and shall maintain a status of an approved Medical Assistance (MA) provider (PROMISE enrolled) and shall adhere to all requirements outlined in the MA regulations.

Provide a statement, signed by your Executive Director, affirming that the agency is an approved MA provider and adheres to all required MA regulations. If your agency is not currently a MA provider, provide a statement, signed by your Executive Director, affirming that your agency agrees to become a MA provider if selected to offer adolescent 3.5/3.7WM

services.

4. If your agency is currently licensed by DDAP, discuss if your agency is in compliance with ASAM. If your agency has requested a waiver, please include the approved DDAP waiver, as applicable.

B. Provider Background and Experience (Maximum 3 pages)

Provide an overview of your organization's experience providing behavioral health services including at minimum:

1. Provide a brief overview of the agency's history, mission, and philosophy.
2. Describe in detail the agency's experience and key personnel's experience that will enable successful implementation of the proposed services at both the administrative and clinical levels.
3. Describe your agency's experience in collaborating and coordinating with other community service agencies and support and collateral organizations. Describe how the agency will collaborate with agencies and other stakeholders within the regions and other contiguous counties to better serve residents with substance use disorders.
4. Discuss how your agency collaborates and coordinates with the SCAs in the county(ies) in which you currently provide services (if applicable). Describe how your agency will work with the home county SCAs for individuals being served.
5. Describe your organization's experience in providing services to various populations such as adolescents, co-occurring disorders, LGBTQIA, forensic, individuals with trauma, etc.
6. Describe your organization's experience in addressing issues of cultural competency in serving populations from diverse backgrounds.
7. Describe your organization's experience implementing new programs and tracking outcomes. Provide a relevant example.
8. Describe your organization's experience adhering to fidelity measures of a program model. Provide a relevant example.
9. Discuss your agency's philosophy regarding Medication Assistance Treatment (MAT).

C. Staffing Requirements (Maximum 3 pages)

1. Provide a copy of the Table of Organization for your agency. Also provide Tables of Organization for your planned services. For each level of care specifically, show the structure of the program and depict

- the lines of responsibility for the clinical and administrative oversight.
2. Attach a job description for each clinical, supervisory, and administrative staff position in each level of care.
 3. Provide a staffing plan for each level of care staff, detailing the number of FTEs for each clinical staff and the staff/client ratios for each level of care in comparison to bed capacity.
 4. Describe the training plan for staff to assure competencies to develop the services as you envision them. Describe both trainings to be implemented for staff prior to services opening and on an ongoing basis. Describe how clinical consultation and in-service training for staff will be incorporated into each service.
 5. Describe the intended clinical supervisory structure for each service including supervisor to staff ratios and how consultation and training will be reinforced through supervision. Attach a copy of your agency's clinical supervision policy.

D. Programmatic Requirements (Maximum 5 pages)

1. Describe the treatment regimen, including evidence supporting the structure of the program(s) align with ASAM criteria. Provide detailed information on program components including but not limited to admission criteria, intake process, evaluation process, engagement efforts, education services, coordination of necessary services or other levels of care, length of service, any specialty groups, etc. Attach a weekly schedule for each service.
2. Describe how the agency expects to conduct the assessment and treatment planning processes. (e.g., What instruments will be utilized to perform assessments? What will be the agency's treatment review process and discharge planning process? What mechanism will be used to ensure that the member and other agencies, if relevant, will be included in the treatment planning process?)
3. Describe what measures will be in place to identify discharge indicators. Fully explain how the agency will identify and address treatment progress and quality of life indicators and individual feedback in an evaluation process.
4. Describe how the agency will work with the adolescent's family/natural supports to address clinical issues and build upon specific strengths within the relationship as a part of treatment planning. Outline how family members/natural supports will be engaged and utilized in the adolescent's treatment and recovery.
5. Describe how the agency will serve adolescents with co-occurring disorders (i.e., mental health).

6. Describe any evidence-based programming or specialized programming that will be implemented. Provide an explanation if no evidence-based programming will be utilized.
7. Discuss if/how telehealth may be utilized as part of services. Attach your agency's Telehealth policy and procedures, if applicable.
8. Describe the process when unable to accept or refer clients to the appropriate service due to capacity issues and/or lack of available funding, mechanism for tracking that these clients receive appropriate services, and how individuals may be prioritized for services.
9. Describe strategies/policies for client engagement and retention as well as adolescents who do not complete treatment.
10. Describe how your agency will meet the educational needs of the population to be served.
11. Providers should ensure that the adolescent's treatment and non-treatment needs are addressed.
 - a. Attach a verifying statement from your Executive Director of your organization's commitment to coordinating with other agencies for physical and/or behavioral health needs.
 - b. Attach a verifying statement from your Executive Director of your organization's commitment to coordinating with other agencies for D&A case coordination, etc.
 - c. Attach a verifying statement from your Executive Director of your organization's commitment to coordinating with Community Based Organizations to address identified Social Determinants of Health.

E. Recovery Philosophy and Principles (Maximum 2 pages)

1. Describe your agency's recovery philosophy and principles, your agency's understanding of Recovery-Oriented System of Care and examples of internal and external initiative(s) your agency implemented/participates in related to recovery.
2. Describe the utilization of peer-oriented services within your organization.
3. Describe the process for collaboration with bridges back to the community for individuals receiving other levels of care; pre- and post-discharge process; and plans for continuing to engage individuals returning to the recovery community.

F. Quality Requirements (Maximum 2 pages)

1. Describe how the success of the services provided will be measured and how outcomes measures will be collected and assessed. State your commitment to adhere to an outcomes monitoring protocol such as a client satisfaction survey. Identify who and what department within your organization will be responsible for outcomes measurement.
2. Submit a copy of a quality improvement activity that your agency has implemented within the past year.
3. Describe how the agency will monitor and measure the following outcomes per service:
 - a. Number of members successfully completing treatment vs. number of members who were discharged before completing treatment.
 - b. Average length of treatment
 - c. Number of readmissions in a 12-month period
 - d. Number of individuals who successfully completed recommended 7-day follow-up appointments.

G. Provider Location (Maximum 1 page)

Facilities from which proposed services will be delivered must be Labor and Industry approved and accessible by clients with physical impairments.

1. Discuss the location(s) that may be suitable within North Central and Northeast regions for the identified services.
2. Attach a detailed implementation schedule, outlining timeframes and activities from award to implementation of services, including maximum bed capacity and delineating number of female and male beds.

H. Financial Requirements (Maximum 3 pages)

1. Provide a detailed summary of the organizational/departmental infrastructure that gives you the capability to develop and implement each service.
2. Providers must demonstrate their payor mix and/or revenue sources. Discuss the traditional (Medical Assistance, commercial insurance, private pay) and non-traditional (local/state/Federal grants, awards) funding sources your agency accesses. Attach a chart of funding allocations for your previous fiscal year.
3. Attach a detailed budget for each service. Separate out start-up costs in a 6-month budget that is inclusive of any one-time costs (renovations, equipment, etc.) from a service budget that includes on-

going operational costs and shared costs with other existing programs.

- Include indirect costs, inclusive of administrative overhead and clinical oversight you will assign to the program.
 - Identify a proposed negotiated rate for each service in your budget submission.
4. Describe commitments the organization will make to the sustainability of the services during the first several years of operation for each level of care. (Providers utilizing reinvestment funds for renovations and/or fixed assets are subject to compliance with HealthChoices Behavioral Health Program Requirements for County Reinvestment Plans (Appendix N)).

Miscellaneous Bidder Information

1. Any proposal may be rejected if it is conditional, incomplete, or deviates from guidelines set forth in this RFP. However, Community Care and/or its Primary Contractors reserve the right to accept any part of the proposal and not be obligated in any way to accept those parts that do not meet with approval. Community Care and/or its Primary Contractors reserve the right to negotiate any part of the proposal.
2. This RFP does not commit BHARP, NBHCC, and/or Community Care to award funding. BHARP, NBHCC, and/or Community Care reserve the right to cancel this RFP in whole or in part.
3. BHARP, NBHCC, and/or Community Care reserve the right to seek additional proposals beyond the final submission date if the proposals received do not meet the guidelines or the intent of this RFP.

Proposal Scoring

Each member of the proposal review committee will individually evaluate and assign ratings. For each section, the mid-value will be awarded for proposals meeting the criteria. For those exceeding it, additional points will be awarded. If the criteria are not fully met, 0 points will be awarded for that section.

The reviewers' scores will be averaged for a single score for each proposal.

Provider Interviews

Interviews will be scheduled at the discretion of the Review Committee, BHARP, NBHCC, and Community Care.

Written questions will be provided to respondents prior to the interview.