



REQUEST FOR PROPOSALS

Extended Acute Inpatient Care for Children/Adolescents

August 18, 2022

HealthChoices Allegheny County
REQUEST FOR PROPOSALS (RFP)

Extended Acute Inpatient for Children and Adolescents

Release Date: August 18, 2022

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Section 1: Purpose

Community Care Behavioral Health (Community Care) and the Allegheny County Department of Human Services, Office of Behavioral Health (ACDHS) seek an existing licensed Inpatient Mental Health provider to develop and operate an Extended Acute Inpatient Unit for Children/Adolescents. ACDHS and Community Care are not interested in procuring additional acute, traditional inpatient mental health beds for this population through this current RFP.

The Extended Acute Inpatient Unit will be a licensed hospital-based psychiatric unit accredited by the Joint Commission on Accreditation of Healthcare Organizations. The unit will operate 24/7 and 365 days a year following all inpatient regulatory and performance standards. The selected provider will be open to admission 24/7 and commit to being inclusive and serving those with the most complex needs and challenges. ACDHS and Community Care prefer the unit be located within Allegheny County or close to Allegheny County. The Extended Acute Inpatient Care unit will have a minimum of 10-12 bed capacity.

The eligible target population will have serious emotional problems with persistent behavioral symptoms behavioral and/or functional impairment and where there is experience with, or evidence of, the following:

- Significant trauma, including repeated trauma
- Emotional and behavioral dysregulation
- Problematic social/peer relationships
- Parent/child relational problems
- Significant history of out-of-home placements, multiple clinical interventions, and/or multiple inpatient mental health admissions, Psychiatric Residential Treatment, intensive community-based clinical services, or emergency room utilization due to extreme behaviors and safety concerns.
- Co-occurring developmental or intellectual disability
- Current and previous history of
 - impulsively and/or aggression, acting out to self and/or to others
 - self-injurious behaviors
 - engaging in high-risk activities e.g., elopement
 - inability to benefit therapeutically from less restrictive treatment environments
 - sexually reactive behaviors
 - complex physical health needs that may impact behaviors
 - trauma including, but not limited to emotional, sexual, physical abuse
 - co-occurring drug and/or alcohol abuse

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The target population for the Extended Acute Inpatient unit is Medicaid-enrolled Allegheny County Children/Adolescents' residents who are primarily between 12 and 18 years of age. However, children between 8 and 10 years of age have required longer-term hospitalizations after presenting with the same array of symptoms listed above, including complex childhood trauma. ACDHS and Community Care have not deemed the 8 - 10 age group as the target population. However, Section 6 of this solicitation requests each respondent reply to the hypothetical situation of a child/children aged 8-10 need treatment on the proposed Extended Acute Inpatient Unit with a milieu with adolescents up to age 18. The Evaluation Committee will not score responses to the inquiry in Section 6 because the question is for informational purposes only.

Referrals to the Extended Acute Inpatient Unit can originate from traditional inpatient mental health units recommending transfer for a longer term stay or a community-based/ambulatory prescriber's psychiatric evaluation indicating the service is necessary as a diversion from acute inpatient hospitalization. The Extended Acute Inpatient Unit for Children/Adolescents will operate under 5100 Regulations to have the ability to utilize therapeutic holds, seclusion, restraints, and PRN medication if medically indicated. The need for these types of support mechanisms will to be less prevalent than those required in a standard inpatient mental health unit. The unit differs from a Psychiatric Residential Treatment Facility in the ability to provide daily on-site psychiatric support, PRN medications, and when necessary, restraint and/or seclusion.

The Extended Acute Inpatient Unit will provide Children/Adolescents the opportunity to participate in supervised community activities when it is clinically appropriate to do so. The primary goal of this aspect of the program is to create opportunities for the Child/Adolescent to successfully engage with community support to assist with the transition to the next level of care and their aftercare environment.

This competitive procurement process will result in the evaluation of proposals submitted by qualified respondents. Community Care and ACDHS will jointly establish an Evaluation Committee comprised of consumers, consumer family members, behavioral health providers, and/or other Allegheny County human service and behavioral health stakeholders.

An Evaluation Committee comprised of broad stakeholders will review and score respondents' proposal submissions. If necessary, the Committee will request interviews with finalist candidate(s) before any award is determined.

Section 2: Procurement Timeline

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Event	Due Date
RFP Release	Thursday, August 18, 2022
Respondents' Conference RSVP and Questions Due	Tuesday, August 23, 2022
Respondents' Conference 10:00 a.m. to noon	Thursday, August 25, 2022
Final Q&A Posted to ACDHS Website	Thursday, September 1, 2022
Letters of Intent (LOI) Due	Friday, September 2, 2022
Proposal due to Community Care by 3:30 pm	Friday, September 30, 2022
Evaluation Committee orientation and distribution of proposals	*Tuesday, October 4, 2022
Evaluation Committee scoring session 1	*Friday, October 7, 2022
Evaluation Committee scoring session 2 (if necessary)	*Tuesday, October 11, 2022
Respondent interviews (if necessary)	Monday, October 17, 2022
Selection of vendor and notification of award	*Wednesday, October 26, 2022

*Date is subject to change

The Project Director listed below is the sole point of contact for this RFP. Contact with any staff at Community Care, ACDHS, Allegheny HealthChoices, Inc., or an Evaluation Committee member concerning this RFP is grounds for disqualification, unless authorized by the Project Director. Interested parties shall submit **all requests and questions in writing to the Project Director via e-mail.**

Project Director Contact Information

Forward written questions via e-mail to: Rosemary Dempsey, dempseyr@ccbh.com

Respondents' Conference

On Thursday, August 25, 2022, Community Care will hold a virtual **Respondents' Conference** via Microsoft Teams. Interested Respondents can RSVP through the link provided in the announcement email OR email the Project Director. Include the name(s) and email address all attendees in this email so the Project Director can add their contact information to the Microsoft Teams meeting invitation.

Community Care and ACDHS will answer the Respondents' questions at the RFP Respondents' Conference. For questions to be addressed at the Respondents' Conference, Respondents need to submit questions by close of business **Tuesday, August 23, 2022.**

Letter of Intent

All respondents intending to submit a proposal must email a Letter of Intent to by 4:00 p.m. on **Friday, September 2, 2022.** The Letter of Intent should include, at a minimum, the following:

- Name of the Respondent Organization
- A statement noting the intent to submit a proposal, signed by an Executive of the organization

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- Name, title, telephone number, and email address of the contact person(s) for the respondent's proposal

Submission Deadline

Respondents are to submit an electronic version of the **proposal and budget** by **3:30 p.m. on Friday, September 30, 2022**. The Committee will not review proposals after this point.

- Submit the proposal in Microsoft Word format.
- Submit the budget and narrative in Microsoft Excel.
- Respondents may also send a .pdf version in addition to Word and Excel submission.

Proposal Evaluation

Members of the Evaluation Committee will separately review the proposals. For Section 4, Technical proposal, reviewers will assign a rating based on the response. The maximum score for a proposal is based on the number of criteria in the RFP and maximum score. Reviewers will assign a mid-value rating to each section that meets the minimum criteria. Reviewers will assign additional points to those sections exceeding the criteria. For example, proposals that meet the requirements (minimum criteria) in a section that is worth 10 points, will receive a score of 5 points. If the response exceeds the minimum criteria, Reviewers may assign 6-10 points. If the criteria are not present, Reviewers will assign 0-4 points. If a response is not present, the Reviewers will assign the score of zero for that section. Scores between 1 and 4 will be based on the extent the response deviates from the minimum criteria. Analysts will average each evaluators' scores to generate a single score for each proposal.

The Evaluation Committee may recommend not to review/score a proposal if the proposal is conditional, incomplete, and/or deviates from the guidelines included in this solicitation. ACDHS will make the final determination on any proposal recommended for non-review. If the status of non-review is determined, the Project Director will notify the respondent of the decision to not evaluate a proposal, and the basis for the decision reached, prior to the announcement of any award.

Respondent Interview(s)

The Evaluation Committee may request, and schedule Respondent interviews to clarify portions of the proposal. The Evaluation Committee will provide written questions to Respondents prior to the interview. This does not preclude the committee or the respondents from questions and answers being shared during the interview.

Vendor Selection

Once the Evaluation Committee has concluded the scoring process, Community Care will forward the aggregated scores to ACDHS for review and final determination.

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Section 3: Instructions

1. An authorized executive representative of the agency must sign the proposal.
2. Qualified respondents must meet the minimum requirements detailed in Section 4A: Mandatory Requirements
3. Respondents' proposals must format the content, so it follows the outline of the Technical Proposal
4. Proposals are to include a restatement of the question before the narrative response in each section.
5. Responses should be succinct and emphasize "how" they will meet the spirit of the question.
6. The length of responses needs to be within the set page limits for each section.

Limitations to this solicitation

1. ACDHS and Community Care reserve the right to cancel this RFP in whole or in part.
2. This RFP does not commit Allegheny County or Community Care to award funding.
3. Allegheny County and Community Care reserve the right to seek additional proposals beyond the final submission date, if, at their sole discretion, the proposals received do not meet the guidelines or the intent of the RFP.
4. Community Care and ACDHS reserve the right to negotiate any part of the proposal.
5. Community Care and ACDHS reserve the right to accept any part of the proposal, and neither party must accept those parts that do not meet with approval.
6. ACDHS and Community Care consider the budget submitted at the time of response to be a proforma estimate of the direct and indirect costs required for program development.

Section 4. Technical Proposal

Respondents interested in developing and operating the Inpatient Mental Health Extended Acute Unit for Children/Adolescents in Allegheny County are to submit verifying documentation or information covering the following areas:

- A. Mandatory Requirements
- B. Clinical Approach
- C. Staffing Requirements
- D. Skill and Experience Requirements
- E. Programmatic Requirements
- F. Quality Requirements
- G. Project Budgets

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A. Mandatory Minimum Requirements (no page limit)

The following are mandatory requirements. Proposals not demonstrating these requirements will not receive further consideration during the review process.

1. Provide a statement of your organizational commitment to the development of the program and intention to meet the needs of the target population.
2. Provide evidence the organization is a Pennsylvania Medicaid enrolled provider in good standing with a license to operate a psychiatric unit.
3. Have an existing contract with Community Care HealthChoices network to deliver and receive reimbursement for inpatient mental health services at the time of the proposal submission.
4. Have an existing contract with Community Care to deliver and receive HealthChoices reimbursement for inpatient mental health services.
5. Have or obtain PROMISE enrollment for a service location within or near Allegheny County
6. Possess or confirm physical space can be obtained and have an occupancy permit for the intended purpose.
7. Have the program space equipped for operations and licensed within approximately six months of proposal award.
8. Agree to execute an agreement upon the OMHSAS' approval of reinvested capitation funds according to the terms outlined in the Behavioral HealthChoices Program Standards and Requirements.
9. Attest to have existing resources capable of supporting individuals without insurance to apply or reapply for health insurance.
10. Confirm a commitment to work with ACDHS and Community Care through the implementation, development, and ongoing monitoring of the unit.

B. Staffing Requirements: (4-page limit)

1. Submit the staffing pattern, full-time equivalents, minimum education, and training qualifications for each position
2. Describe staffing ratios that are consistent with the minimum standards described in the psychiatric inpatient regulations
3. Submit job descriptions for key personnel (not included in the page limit)
4. Describe any additional staff positions needed to meet the needs of the target population
5. Describe protocols for the clinical supervision of staff.
6. Describe staff orientation and ongoing training.

C. Experience, Skills, and Philosophy Requirements: (2-page limit)

1. Provide an overview of your organization's experience in serving the target population.

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2. Explain your organization's skills in working with the target population's unique needs and complex issues.
3. Describe your organization's philosophical approach to operating extended acute inpatient care for the target population.
4. Submit a table of organization that includes the proposed Extended Acute Inpatient Care Children and Adolescent unit. (Not included in the page limit)

D. Programmatic Requirements: (8-page limit)

1. Submit a project plan with a timeline with details about the tasks required to start the program.
2. Describe how the Extended Acute Inpatient Unit will function in terms of the following:
 - a. Referrals sources and process
 - b. Access standards and process
 - c. Daily and weekly program schedule
 - d. Supervision and Case Consultation
 - e. Family, peer, and community involvement
 - f. Collaboration and coordination of care with other behavioral health and social services involved, or may need to become involved in the youth's care plan
 - g. Physical health/wellness integration
 - h. Discharge planning with and without an available discharge environment
 - i. On-call or after-hours availability of prescribers
 - j. Provide treatments and therapies considered best practice for the target population experiencing emotional and behavioral dysregulation related to grief, loss, trauma, and possible unknown living situation.
 - k. Provide evidence-based interventions direct care staff can practice in the milieu.
 - l. Respond to individuals' culture and preferences
 - m. Provide opportunities for therapeutic community integration

E. Case Scenarios: (3-page limit)

Please read each vignette and formulate an engagement strategy, barrier and needs assessment, resources, and support to recommend, transition plan, and follow-up arrangements. Describe the strategies, resources, linkages, and supports the team will provide. Anticipate discharge complications, and address how the staff would manage with the child or adolescent and with other service systems.

Vignette 1

Ruby is a 13-year-old girl going into the 7th grade. Her treatment team referred Ruby to an evaluation for psychiatric inpatient mental health hospitalization due to instances of aggression in

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her most recent foster home, including kicking holes in walls, hitting family members when angry, and breaking items in her room. She has poor boundaries and a history of physical abuse and neglect by her biological mother. Ruby was not on medication previously but was started on 30mg of Cymbalta and 2mg of Risperdal while inpatient.

Ruby has a history of multiple unsuccessful foster care placements and was adjudicated a dependent when she was 11 years old. She has 2 younger sisters who live together in the same pre-adoptive home. Ruby lived in that home as well for approximately 11 months when CYF initially took custody, but the foster mother requested Ruby's removal due to continued episodes of physical aggression and property destruction. Ruby has monthly visits with her sisters, but Ruby usually has an escalation of behaviors following these visits. Ruby has had five other foster homes placement in the past 15 months, none of which have lasted for more than 6 months. She also spent time at a CYF group shelter.

Ruby's most recent foster mother stated that Ruby cannot return to the home, even with the existing support of Family Based Mental Health Services. Ruby's history of mental health treatment includes outpatient therapy, medication management, acute partial hospitalization, and two previous inpatient mental health hospitalizations.

Ruby has been inpatient for four weeks and has established stabilized behaviors in the milieu. She continues to struggle with her emotional regulation and is very tearful at times due to not knowing where she will live. She is medication adherent and moderately engaged in treatment. She is ready for discharge from the hospital but faces disposition challenges related to finding a foster placement that can meet her needs and manage her behaviors.

Diagnosis:

F33.1: Major depressive disorder, Recurrent episode, Moderate

F43.9: Unspecified trauma- and stressor-related disorder

Z62.810: Personal history of physical abuse in childhood

Vignette 2

Henry is a 15-year-old male who is going into the 10th grade. He lives at home with his grandmother and 17-year-old sister. Henry's biological mother passed away in 2019 from a heroin overdose and he has lived with his grandmother ever since. His grandmother is in her early 70s and has physical health issues that restrict her mobility. Henry has a long history of neglect. OCYF facilitated Henry's foster care when he was a toddler. The placement was due to neglect related to his mother leaving him alone in his crib for days at a time.

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From an early age, Henry exhibited behavioral challenges. He was defiant and struggled to follow directions. He has poor emotional regulation and low frustration tolerance. In the past six months, he has become increasingly agitated in the home, often resulting in verbal aggression towards his grandmother and physical aggression towards his sister. Henry has broken items in the home when upset, including the television. He struggles to take accountability for his behaviors. Henry received intermittent IBHS support, but the family struggled to maintain appointments and services often closed after three months. He also received FBMHS in 2021. He also receives medication management and is prescribed 72mg of Concerta daily. He agrees to adhere to his medication regimen but often forgets to take it.

Grandmother has physical limitations, so she struggles to manage his aggressive behavior. Grandmother called 911 which led to Henry entering the local emergency room for a psychiatric evaluation. Subsequently, Henry is either admitted to an inpatient psychiatric hospital or sent back to his grandmother's if he exhibits self-regulated behaviors during the evaluation. At Henry's recent outpatient psychiatric evaluation, his psychiatrist prescribed a Residential Treatment Facility. The outpatient team sent multiple referrals. An RTF accepted Henry for future admission since a bed is not available for 2-3 months.

Henry's grandmother wants to support Henry but feels it is too unsafe for him to live in her home currently due to his level of aggression. She would like to see him stabilized on medication and engaged in consistent treatment. She is open to him returning to her home after RTF treatment. She recently filed a 302 petition after Henry pushed his sister down the stairs when he was upset. The 302 resulted in Henry's admission to a psychiatric inpatient hospital one week ago. Team members have raised concerns that Henry returning to his grandmother's home will create a safety concern for his grandmother and sister, and result in him re-presenting at the emergency room.

Diagnosis:

F90.2: ADHD combined type

91.3: Oppositional Defiant Disorder

F94.1: Reactive Attachment Disorder

F. Quality and Data Reporting Requirements: (2-page limit)

1. Describe how your organization trains staff on the use of chosen evidence-based practices
2. Describe how your organization monitors fidelity to the chosen evidence-based practices
3. Describe how your organization will monitor and improve the quality of services delivered in this new program.

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4. Describe the personnel responsible for data collection, analysis, and reporting of the program data.
5. Describe a successful quality improvement activity the leadership of this proposed program has accomplished in the past year.
6. Submit a draft monitoring and improvement plan with measures and monitoring frequencies. (Not included in the page limit)

G. Site Description and Plan (1-page limit)

1. Describe the service location where your organization intends to operate.
2. Describe what steps are necessary to secure and read the physical space to operate the program
3. Is this service location currently owned and operated by your organization?
4. Is the service location currently PROMISE enrolled?
5. What is the mailing address and PROMISE enrollment number?
6. Describe the shared area as well as the residents' rooms.
7. Describe any safety and special needs accommodations available on the unit

Section 5. Cost Proposal

Respondents' budgets inform Community Care and ACDHS of the direct and indirect cost. Respondents' budgets will inform but not determine the eventual Behavioral HealthChoices or Allegheny County reimbursement rates.

1. Submit the following budget items:
 - a. A six-month startup budget and narratives including development costs, fixed assets, one-time costs, expenses related to the purchase, renovations, and furnishings in Microsoft Excel
 - b. A six-month operational budget of operating costs with specific detail about each staff position and full-time equivalency in Microsoft Excel.
2. Describe any intention to pursue funding or funding received, beyond Reinvestment Funds, ACDHS funding, or Behavioral HealthChoices reimbursement related to the
 - a. clinical program development
 - b. lease, or renovation or purchase of a physical program space
3. Submit a copy of the Respondent organization's most recent financial statement.

Section 6. Respondent Inquiry

Evaluators will not score this section. The information requested is for information purposes only.

In the event a child between 8-10 years of age requires treatment in an extended inpatient unit,

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describe how your organization would

- i. Provide multi-modal treatment within a milieu of children and adolescents that could have an age difference that spans ten years.
- ii. Tailor clinical intervention despite the diverse needs
- iii. Organize physical space to ensure safety.