Request for Proposals

York County Telepsychiatry Services

Summary and Purpose

Community Care Behavioral Health Organization (Community Care) and York/Adams HealthChoices Management Unit (HCMU) are seeking proposals from licensed outpatient mental health providers interested in providing Telepsychiatry services to Community Care eligible members in York County. Community Care and HCMU have identified a potential need to enhance our network by adding Telepsychiatry in York County. Emphasis will be given to providers who are able to serve children and adolescents and individuals being released from prison.

Proposed Service

Telepsychiatry is the use of electronic communication and information technologies to provide or support clinical psychiatric care at a distance. Telepsychiatry services use real-time, two-way interactive audio-video transmission. Guidelines for telepsychiatry programs may be found in the *OMHSAS Guidelines for the Approval of Telepsychiatry* Bulletin issued on 12-12-2011 (OMHSAS-11-09). Outpatient mental health providers are licensed by the Department of Public Welfare (DPW) as psychiatric outpatient clinics under 55 Pa. Code, Chapter 5200.

Telepsychiatry is limited to certain outpatient services under the OMHSAS guidelines. For the purposes of this RFP, the following services are included:

Initial Evaluation – MD Service
MD Med Check
Therapist on remote end with member during evaluation
Therapist on remote end with member during evaluation (child and adolescent)
Therapist on remote end with member during med check

Telepsychiatry is a covered service for Medical Assistance through Community Care for eligible members. In instances when a Community Care member has primary insurance coverage, Community Care is always the payor of last resort.

Pending DPW approval, reinvestment funds up to $25,000 may be available to cover the start up of the service. The provider will be able to bill the HCMU for unscheduled time during the implementation and for participation in required training that the County and Community Care will deliver. Reinvestment funds up to $10,000 maybe available for Telepsychiatry equipment and supplies.

Expectations

The goal of this program is to provide psychiatric care in situations where services would otherwise be prevented or delayed due to location or availability of resources. It is anticipated that 40 hours of Telepsychiatry services be delivered per week and shall be in addition to the hours currently provided in York County. The Telepsychiatry time cannot be taken from existing psychiatric time in the county.

Two priority scenarios will be given emphasis. One scenario is when children and adolescents need timely psychiatric evaluations to assess behavioral health needs and to recommend appropriate treatment interventions and medications, if needed. These children may be involved with Children, Youth, and Families and/or Juvenile Probation and may not need ongoing psychiatric care. Another scenario is when adults are being released from prison and need psychiatric care in the community. The purpose of receiving Telepsychiatry in this scenario is most likely for the transition period from the time the individual is released from prison until the person is linked to a local psychiatrist.

Applicants must possess current outpatient psychiatric licensure through DPW and be enrolled with Pennsylvania Medical Assistance (via PROMISE) as a provider. The applicant must be credentialed and contracted with Community Care for outpatient mental health services. The program must follow all applicable laws and regulations, in accordance with the Medical Assistance program.

Other desired qualifications include:

- prior knowledge of the behavioral service delivery system in York County;
- thorough understanding of the challenges of delivering services to the priority populations emphasized above;
- demonstrated commitment to recovery and providing recovery-oriented services; and,
- an established record of providing high quality services.

Following is information detailing the RFP process. Interested providers who have the professional expertise to develop a program to meet the needs of the individuals for whom this initiative is targeted should address the issues and capabilities identified below.

The Request for Proposal (RFP) Process

All proposals will be evaluated and selected based on qualifications and without regard to race, creed, color, national origin, gender, religion, age, or disability. Proposals will be evaluated and selected through a competitive bid process. Community Care will establish a proposal evaluation committee comprised of county representatives and Community Care staff.

Prospective applicants may submit questions to Sherry Bross, Program Manager, by calling 717-731-3673 or emailing brosscl@ccbh.com. Contact with any other staff at Community Care concerning this RFP is grounds for disqualification. Contact with representatives of HCMU, York County Human Services Department, or York/Adams Mental Health-Intellectual and

Developmental Disabilities Program regarding this RFP after its release is also strictly prohibited.

All submissions must be received by 4:00PM on Wednesday, May 15, 2013. Submissions not received by this date and time will be ineligible for consideration.

Submissions must be mailed to:

Sherry Bross
Program Manager
Community Care Behavioral Health
1200 Camp Hill Bypass, Suite 100
Camp Hill, PA 17011

An original and six (6) copies of the response to the RFP are to be submitted. Please keep budget submissions separate from the remainder of the submission. Staple your proposed budget separately. Include both start-up costs and an annualized program budget in your budget submission. Please include an electronic file (in Microsoft Word) on CD-ROM with the submission.

RFP Submission Requirements

Applicants interested in implementing Telepsychiatry in York County must meet the following requirements and are required to submit verifying documentation or information as outlined below.

A. Current Licensure Status(es) and Staffing Requirements

1. Possess current Department of Public Welfare licensure and Medical Assistance/PROMISe enrollment to provide outpatient mental health services.
    a. Attach a copy of current license(s).
    b. Attach a copy of verification of Medical Assistance/PROMISe enrollment with respect to current licensure.
2. Provide a Table of Organization for your agency and for this program specifically.
3. Discuss staffing for this program and the qualifications for each position. Please include where you will get your psychiatric services from or if you will need assistance in locating such.

B. Skills and Experience Requirements

Provide an overview of your organization's experience serving individuals in York County who would be eligible for Telepsychiatry Services, including at a minimum:

1. A description of your organization's experience serving individuals with mental health disorders.
2. Your organization's experience collaborating with the existing behavioral health service system.
3. Your organization's experience coordinating with the physical health system, including primary care physicians.

4. Your organization's experience working with the local communities within York County.
5. How your organization operationalizes recovery principles in day-to-day treatment services.
6. How your organization addresses issues of cultural competency.
7. A relevant example of your organization' experience in implementing new programs and tracking outcomes.
8. A relevant example of your organization's experience adhering to fidelity measures of a program model.

C. Programmatic Requirements

Provide an overview of your implementation of the above proposed service and include the following elements:

1. A description of your organization's philosophy and the philosophy for this program.
2. An explanation of how your agency will structure this program to effectively meet the needs of individuals, with emphasis given to the populations listed above.
3. A description of any evidence based or best practice approach that you will be utilizing.
4. A description of the initial and ongoing training requirements for program staff, including recovery-oriented training, trauma-informed care, and co-occurring disorders. Describe any additional training staff may require and plans for staff to obtain the additional training.
5. A description of how this program addresses principles of recovery oriented care.
6. A description of the supervisory structure of the program.
7. Strategies that staff will utilize to engage individuals and families (when applicable) to ensure active participation.
8. The methods by which staff, the individual and the family (when applicable) will collaborate to identify formal and informal services and supports and establish linkages.
9. How coordination of care will be achieved with other service providers.
10. Promotional efforts that will be utilized to advance this new program.
11. A description of your implementation timeframe from proposal selection to full start-up.

D. Quality Requirements

1. Provide a current Quality Improvement Plan (QIP). Include a statement as to how your organization will modify its current QIP to reflect this new service.
2. Describe the data your organization will provide to Community Care and the County on a regular basis to assess the effectiveness of the program in meeting the needs of the identified population.
    a. State your commitment to adhere to an outcomes monitoring protocol to be mutually determined with Community Care and the County.
    b. Identify who and what department within your organization will be responsible for outcomes measurement.
    c. Discuss any additional outcome data that would be relevant to collect.

E. Infrastructure Requirements

1. Provide a detailed summary of the organizational/departmental infrastructure that gives you the capacity to develop and implement this program.

2. Describe your organization's experience and capability to maintain a database of individual information that will enable you to provide the mutually agreed upon outcomes data.
3. Referencing your separate budget submission, provide a budget narrative that explains your anticipated expenditures and revenue sources.
4. Submit a separate, detailed budget proposal for the program. Provide both a start-up budget for the first six-months of the program and an annual 12-month budget.

Miscellaneous Bidder Information

Requirements

1. Responses to this RFP must be according to the format, content, and sequence as outlined. Additional information regarding any concerns, barriers, or modified ideas may be included for consideration and must be clearly identified as such.
2. An authorized representative of the lead agency must sign proposals.
3. Any proposal may be rejected if it is conditional, incomplete, or deviates from the guidelines set forth in this RFP. However, Community Care and the County 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 the County reserve the right to negotiate any part of the proposal.
4. This RFP does not commit Community Care and the County to award funding. Community Care and the County reserve the right to cancel this RFP in whole or in part.
5. Community Care and the County reserve the right to seek additional proposals beyond the final submission date if, in its sole discretion, proposals received do not meet the guidelines or the intent of this RFP.