

State of Louisiana
Department of Health
Office of Behavioral Health

Request For Information (RFI)
for
Provision of Family Support Services

Release Date: August 1, 2017

Proposals Due: August 31, 2017

9:00 A.M. CST

Contents

Confidentiality	3
Introduction	4
<i>About the Office of Behavioral Health</i>	4
<i>About the Coordinated System of Care</i>	4
Statement of Need	5
Purpose of the RFI	6
Scope	7
FSO Requirements	8
A. Service Provision	8
B. Compliance with State and Federal Requirements	9
C. FSO Provider Agency Certification and Credentialing Requirements	9
D. FSO Staffing Requirements	10
E. FSO Activities	13
F. Reimbursement	14
RFI Response	15
<i>Outline</i>	15
Proposer Inquiries	17
RFI Procedure	17
How to Deliver the Response	17
Abbreviations and Terminology	18
CSoC Regional Map	19
Chart 1: Proposed CSoC Referral and Enrollment Process	20
Chart 2: Proposed Referral Process for FSO Services	21
Sample Cover Page	22

Confidentiality

The designation of certain information as trade secrets and/or privileged, confidential, or proprietary information shall only apply to the technical portions of your response to this Request for Information. *Any response to this request marked as copyrighted or marked as privileged, confidential, or proprietary in its entirety shall be subject to rejection without further consideration or recourse* based on the professional opinions of Louisiana Department of Health (LDH) legal staff.

Respondents should bear in mind that while trade secrets and other proprietary information submitted in conjunction with this RFI may not be subject to public disclosure, **the submitting party must claim protections at the time of submission**. The following guidelines provide accurate instructions to mark adequately certain information as privileged, confidential, or proprietary.

- The respondent shall clearly designate the part of the response that contains a trade secret and/or privileged or confidential proprietary information as “confidential” in order to claim protection, if any, from disclosure. The respondent shall mark the cover sheet of the response with the following legend, specifying the section(s) of the response sought to be restricted in accordance with the conditions of the legend:

“The data contained in pages _____ of this response have been submitted in confidence and contain trade secrets and/or privileged or confidential information, and such data shall only be disclosed for evaluation purposes. This restriction does not limit the State of Louisiana’s right to use or disclose data obtained from any source, including the proposer, without restrictions.”

- Further, to protect such data, respondents should identify and mark each page containing such data as “CONFIDENTIAL.” A watermark or footnote delineating each page containing such data as “confidential” shall satisfy this requirement.

Respondents must be prepared to defend the reasons why material should be held confidential. If another respondent or entity seeks to review copies of a respondent’s confidential data, LDH shall notify the owner of the asserted data of the request. If the owner of the asserted data does not want the information disclosed, it must take legal action as necessary to restrain LDH from releasing information LDH believes to be public record.

If the response contains confidential information, the respondent should submit a redacted copy of the response. Without the submission of a redacted copy, LDH may consider the entire response to be public record. When submitting the redacted copy, it should be clearly marked on the cover as a “REDACTED COPY.” The redacted copy should also state which sections or information have been removed.

Introduction

About the Office of Behavioral Health

Mission

OBH's mission is to work collaboratively with partners to develop and implement a comprehensive, integrated system of behavioral health and healthcare, social support, and prevention services that promote recovery and resilience for all citizens of Louisiana. OBH assures public behavioral health services are accessible, family-driven, have a positive impact, are culturally and clinically competent, and are delivered in partnership with all stakeholders.

About the Coordinated System of Care (CSoC)

As early as 1986, the System of Care approach has been encouraged as a means to effectively structure services and supports for children with significant behavioral health challenges and their families. Systems of care exist in accordance with a core set of values that ensure that family and youth voice is actively integrated at all levels (service delivery, policy development and decision-making), that services are individualized and culturally competent, and that whenever possible youth receive the services and supports they need in their homes and communities. A national evaluation of Systems of Care has found that enrolled youth spend more time in school, have improved grades, exhibit reductions in disciplinary problems, have fewer arrests, achieve improved emotional health including fewer suicide attempts, and demonstrate reduced use of inpatient and residential care.¹

Louisiana's Coordinated System of Care (CSoC) is the state's effort to bring this philosophy and approach to Louisiana to ensure that young people with significant behavioral health challenges in or at risk of out-of-home placement are able to receive the supports and services they need to be successful. The CSoC is an initiative that brings together the Department of Children & Family Services (DCFS); the Department of Education (DOE); the Louisiana Department of Health (LDH); the Office of Juvenile Justice (OJJ); the Governor's Office; and family, youth and advocate representatives to create and oversee a service delivery system that is better integrated, has enhanced service offerings and achieves improved outcomes. The CSoC is overseen by a Statewide Governance Board comprised of representatives from these key stakeholder groups and is guided by a Statewide Coordinating Council that represents a wider range of partners, including families and youth, who are responsible for formulating and establishing policy that guides the efforts of the implementing agency, the Louisiana Department of Health-Office of Behavioral Health (LDH-OBH).

¹ US Department of Health & Human Services. (2008). Helping Youth Thrive in the Community. Children's Mental Health Awareness Day May 8, 2008.

CSoC, using the Wraparound Model, a creative, individualized planning and care management process guided by System of Care values and principles, assists in identifying supports and services for children who have complex behavioral health needs who are either in or at risk of out-of-home placement (e.g. foster homes, group homes, juvenile detention facilities, residential treatment centers). These children are often involved with many state agencies. CSoC brings all of these agencies' efforts together into one coordinated network to offer the right services at the right time and at the right level of intensity.

Louisiana's CSoC serves eligible children and youth that have significant behavioral health challenges or co-occurring disorders that are in or at imminent risk of out of home placement as defined as: addiction facilities, alternative schools, detention, developmental disabilities facilities, foster care, homeless as identified by DOE, psychiatric hospitals, residential treatment facilities, and secure care facilities.

The goals of the CSoC include:

- To improve the overall outcomes for children with significant behavioral health challenges or co-occurring disorders;
- To reduce the number of children and youth in detention and residential settings; and,
- To reduce the state's cost of providing services by leveraging Medicaid and other funding sources.

Statement of Need

Support for and by family members within the System of Care has emerged as a core strategy for improving children's behavioral health. The System of Care approach has fundamentally changed the relationships that families of children and youth involved in child-serving systems have with those agencies. Increasingly, collaboration and partnership between families and service providers have been recognized as the threads that link successful programs, policies, and practices. The development of youth involvement in systems of care closely follows the growth and acceptance of family peer-to-peer support and the broader family empowerment movement, as well as the growth of consumer-provided services.

The role of the Family Support Organization (FSO) in the CSoC is to provide support, education and advocacy for children/youth with significant emotional and behavioral health challenges and their families. The FSO provides intensive face-to-face support to families and caregivers at the time and place that is most convenient for the family. The FSO staff members are expected to attend Child and Family Team (CFT) meetings, Individualized Education Program (IEP) meetings and other pertinent meetings regarding the child and family. Education, skill development and training may be provided in either an individual

and/or group setting. FSO staff serve as advocates in many forums. FSO staff advocate for families' needs while encouraging them to advocate for themselves. FSO staff empower parents and caregivers to take control of their lives by building on their strengths and providing support where needed.

To enhance advocacy for families and youth, the FSO incorporates both Parent Support Specialists and Youth Support Specialists. Parent Support Specialists are parents or guardians whose children have experienced challenges and successes similar to the families they serve. Youth Support Specialists are young people who have experienced and successfully weathered similar challenges as the youth they serve.

Responsibilities include: 1) coordination of direct peer-to-peer support to children/youth with significant emotional and behavioral health challenges enrolled in CSoC and their family members and caregivers; 2) individual and group educational sessions for these families and youth; 3) professional development and coaching of family and youth support staff; 4) billing within the Medicaid delivery system for family and youth support services; 5) data collection and reporting; 6) participation in the Statewide Coordinating Council; and 7) advancing family/youth voice throughout the System of Care.

Purpose of the RFI

Currently there is a single statewide FSO provider. LDH-OBH is considering alternative structures. LDH-OBH issues this Request for Information (RFI) to gauge the interest and capabilities of provider organizations or groups to provide the following:

1. Direct peer-to-peer support to children/youth with significant emotional and behavioral health challenges enrolled in CSoC and their family members and caregivers;
2. Individual and group educational sessions for these families and youth;
3. Professional development and coaching of family and youth support staff;
4. Appropriate billing and documentation to support billing for parent and youth support services;
5. Data collection and reporting;
6. Participation in the Statewide Coordinating Council; and
7. Advancement of family/youth voice throughout the System of Care.

This document describes the basic components of the current system and requests information regarding a provider's thoughts, interest and ability to meet the needs of Louisiana's CSoC program. A Request for Proposals (RFP) is not required for this inquiry.

OBH is requesting proposals for youth and parent support training and certification models which will be inclusive of, but not limited to all requirements outlined in this document and authority documents referenced as well as the Peer Workers Core Competencies, as

outlined by the Substance Abuse and Mental Health Services Administration (SAMHSA) located at <https://www.samhsa.gov/brss-tacs/core-competencies-peer-workers>. These include: recovery-oriented, person-centered, voluntary, relationship-focused and trauma-informed. In addition, this training will equip the youth and parent support workers with the knowledge and skills required to deliver all components of youth and parent support and training, as described in the OBH Service Definition Manual located at http://ldh.louisiana.gov/assets/docs/BehavioralHealth/LBHP/2014_RFP_Procurement_Library/LBHP_Service_Definitions_Manual_8.15.14.pdf. It is anticipated that, after reviewing proposals, LDH may select a proposed model or models of FSO service delivery.

Scope

The role of the Family Support Organization (FSO) is at the heart of the System of Care. With family members as full partners working within the System of Care, the Louisiana CSoC hopes to stimulate behavioral change across the system and support development of family driven and youth guided policies and procedures within the provider agencies and among community partners. In Louisiana's CSoC, family involvement, support and development at the regional level shall be structured through regionally-based FSO staff. The FSO staff shall participate in the wraparound planning process and provide support, skill development and education to families being served by the CSoC. The FSO staff is expected to serve as ambassadors of the CSoC message and associated values in all forums at the state and regional levels. The FSO shall hire staff that are diverse and reflective of the community and include both: youth with significant emotional/behavioral health challenges or co-occurring disorders who have been involved with public child-serving systems, and family members of such youth.

The CSoC has the capacity to serve 2400 children, youth and their families at any given time. CSoC is available throughout the state in each of the nine Act 1225 Regions.

Parishes by Region:

- Region 1: Jefferson, Orleans, Plaquemines, St. Bernard
- Region 2: Ascension, East Baton Rouge, East Feliciana, Iberville, Pointe Coupee, West Baton Rouge, West Feliciana
- Region 3: Livingston, St. Helena, St. Tammany, Tangipahoa, Washington
- Region 4: Assumption, Lafourche, St. Charles, St. James, St. John the Baptist, Terrebonne
- Region 5: Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, St. Mary, Vermilion
- Region 6: Allen, Beauregard, Calcasieu, Cameron, Jefferson Davis
- Region 7: Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon, Winn
- Region 8: Bienville, Bossier, Caddo, Claiborne, DeSoto, Jackson, Natchitoches, Red River, Sabine, Webster

Region 9: Caldwell, East Carroll, Franklin, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, West Carroll

It is OBH's intent, through the FSO, to:

- Establish statewide capacity to deliver Family and Youth Support Services;
- Provide and build capacity for Parent Support Specialists and Youth Support Specialists;
- Ensure FSO staff participation in the child and family team process for youth involved in FSO services;
- Provide direct youth and family support, including psycho-education services, to families and youth as providers enrolled with the CSoC Contractor under the State's Medicaid 1915(b)(3) and 1915(c) CSoC SED waivers and in coordination with the broader provider network's delivery of service;
- Participate in quality assurance and outcomes management/monitoring at local and state levels;
- Participate in planning, policy making and system oversight at local and state levels;
- Attend meetings of the Statewide Governance Board (SGB) of the CSoC;
- Participate in the Statewide Coordinating Council (SCC);
- Establish a Youth and Family Advisory Group; and
- Advance the CSoC philosophy across the state and regions.

FSO Requirements:

This section describes general requirements that apply to the FSO. Any FSO must understand and comply fully with the requirements of this section.

A. Service Provision

Children/youth enrolled in CSoC are eligible for four specialized services which are: Short Term Respite, Independent Living/Skills Building, Parent Support and Training, and Youth Support and Training. The FSO will be responsible for providing: 1) Parent Support and Training, and 2) Youth Support and Training. FSO services shall be delivered face-to-face with the majority occurring in community locations. FSO services may be provided on an individual basis or in a group setting.

Parent support and training is designed to benefit children/youth experiencing a serious emotional disturbance (SED) that are enrolled in the CSoC and are in or at risk of out-of-home placement. This service provides the training and support necessary to ensure engagement and active participation of the family in the child and family team planning process and with the ongoing implementation and reinforcement of skills learned throughout this process. The specialist may attend meetings with the family and assist family members to effectively contribute to planning and accessing services, including assistance with

removing barriers. The specialist assists in describing the program model and providing information, as needed, to assist the family. Support and training is provided to family members to increase their ability to provide a safe and supportive environment in the home and community for the child/youth.

Youth support and training services are child/youth-centered services that provide the training and support necessary to ensure engagement and active participation of the youth in the child and family team planning process and with the ongoing implementation and reinforcement of skills learned throughout the process. Services shall have a recovery focus that is designed to promote the skills necessary for both coping with and managing psychiatric symptoms while facilitating the utilization of natural resources and the enhancement of community living skills. Activities included must be intended to achieve the identified goals or objectives as established by the child and family team and documented in the child's plan of care. The services and activities shall be structured and scheduled, and emphasize the opportunity for youth to support other children and youth in the restoration and expansion of the skills and strategies necessary to move forward in recovery.

The full descriptions of the services may be found in the Service Definition Manual: http://ldh.louisiana.gov/assets/docs/BehavioralHealth/LBHP/2014_RFP_Procurement_Library/LBHP_Service_Definitions_Manual_8.15.14.pdf.

B. Compliance with State and Federal Requirements

The FSO services will be financed using a concurrent Medicaid managed care 1915(b)(3) and home and community based 1915(c) waiver authority. The FSO will be subject to LDH and Centers for Medicare and Medicaid Services (CMS) regulatory requirements and will provide services that are Medicaid reimbursable. These requirements entail a professional working knowledge of the Medicaid rules and regulations and expertise in Medicaid billing and coding.

The waiver renewal application approved July 2017 may be accessed at: http://www.ldh.la.gov/assets/csoc/Documents/Waiver/CMSApplicationfor1915cHCBSWaiver_201707.pdf

C. FSO Provider Agency Certification and Credentialing Requirements

In order to provide family support, the FSO shall be 1) certified by OBH; 2) credentialed by the CSoC Contractor and 3) contracted by the CSoC Contractor. CSoC Contractor's FSO providers are required to maintain active OBH Certification for their provider type and specialty at each service location. To obtain and maintain certification by OBH, all FSO staff must complete an OBH approved training as described below under "FSO Staffing Requirements." The organization shall follow rules and regulations associated with licensure

according to R.S. 40:2151 et seq., and shall be licensed by the Louisiana Department of Health - Health Standards Section if so required.

The FSO is required to ensure that all staff meet minimum qualifications and training requirements and remain current on those requirements. The FSO shall maintain the necessary documentation or proof that individual FSO staff members meet minimum staff qualifications and have completed the OBH approved training. The FSO shall be able to provide evidence of this certification to the CSoC Contractor. Once credentialed by the CSoC Contractor, the use of Medicaid reimbursement to support FSO service delivery under the waiver shall be allowed, subject to the limitations defined in the Service Definition Manual and any future modifications from CMS or LDH.

The current credentialing procedures are documented in the Magellan Provider Handbook Supplement for the Louisiana Coordinated System of Care, available at: <https://www.magellanprovider.com/media/1625/csocsupp.pdf>.

D. FSO Staffing Requirements

At full capacity of the CSoC, FSO providers shall have a staffing structure to support service delivery for up to 2,400 youth and families across all nine (9) CSoC regions. The required staffing ratio for parent support or youth peer support is 1 Full Time Equivalent (FTE) staff (may include part-time staff) to 20 youth/families. In addition, there will be 1 FTE supervisor to 80 youth/families. Positions providing direct service may include part-time staff.

An FSO or FSOs will complete the OBH-approved training and certification; meet stated core requirements prior to provision of any direct service; and, maintain certification throughout their employment by the CSoC Contractor. All parent and youth specialists are required to receive supervision/coaching to support the on-going development of skills and knowledge needed to deliver high quality youth and parent support, within the Wraparound model.

In addition, all staff members shall complete an OBH approved Introduction to Wraparound for youth and family support training. The training will be offered by OBH staff, with the requirement that an identified FSO Supervisor, will be trained by OBH staff to continue to deliver this training to new FSO staff on-going.

In order to maintain FSO certification and to ensure compliance with LDH and CMS standards, FSO staff must meet minimum qualifications and participate in OBH required training:

- Successful completion of youth and parent support training, according to a curriculum approved by the Office of Behavioral Health, prior to providing the

service to recipients and/or supervising Parent Support Specialists or Youth Support Specialists.

- Completion of continuing education in confidentiality requirements, Health Insurance Portability and Accountability Act (HIPAA) requirements and mandated reporting.
- A criminal background check, including fingerprinting through the Louisiana Department of Public Safety, State Police and a search of the U.S. Department of Justice National Sex Offender Registry, will be conducted prior to employment to ensure that the potential employee (or contractor) has not been convicted of any offenses against a child/youth or an elderly or disabled person and does not have a record as a sex offender. Criminal background checks must be performed as required by R.S. 40:1203 et seq., and in accordance with R.S. 15:587 et seq. Criminal background checks performed over 30 days prior to date of employment will not be accepted as meeting this requirement.
- Pass a motor vehicle screen.
- Pass a Tuberculosis (TB) skin test (or chest exam if recommended by physician) within 30 days prior to employment.
- Pass drug screening tests as required by agency's policies and procedures.
- Complete American Heart Association (AHA) recognized First Aid, Cardiopulmonary Resuscitation (CPR) and seizure assessment training within 90 days of hire, which shall be renewed within a time period recommended by the American Heart Association (AHA). Psychiatrists, APRNs, CNSs, PAs, RNs and LPNs are exempt from this training.
- Non-licensed direct care staff are required to complete a basic clinical competency training program approved by OBH prior to providing the service.

FSO must ensure that the following functions are covered by staff with the requisite experience and education:

- ◆ Executive Director/Program Director: This role is responsible for designing, developing and implementing strategic plans for the FSO in a cost-effective and time-efficient manner. The role shall be responsible for the day-to-day operation of the FSO, including managing committees and staff and developing business plans in collaboration with the board. The person performing this function shall demonstrate: success in resolving children's issues within the system; commitment to participating in on-going training, organizational development and capacity building of the CSoC; advanced knowledge of successful practices in delivering services to children or youth with significant emotional/behavioral health challenges or co-occurring disorders who have been involved with public child-serving systems; and extensive experience leading business-related functions (including, but not limited to, budgeting and fiscal management, human resources, board management, public relations, and quality assurance). The person in this role shall have no familial, financial or supervisory relationship with elected or

appointed state government officials or staff overseeing activities that are part of the System of Care. This role shall be filled by a person with a Bachelor's-level degree or higher level degree.

- ◆ Business Manager/Information Technology Support shall oversee the business and IT functions necessary for a successful FSO including billing and reporting (experience with medical billing and coding). These functions shall be filled by persons with at least a Bachelor's-level degree in business administration, accounting, finance, IT, or related field, with two years of professional experience or an equivalent combination of education and experience.
- ◆ Youth Support Specialists shall provide peer support services that are child/youth centered with a rehabilitation and recovery focus designed to promote skills for coping with and managing psychiatric symptoms while facilitating the utilization of natural resources and the enhancement of community living skills. The specialist serves as a member of the CFT and assists in describing the program model and providing information as needed to assist the family. The person fulfilling this role must be at least 18 years of age; possess a High School Diploma or equivalent or be currently-seeking diploma; and self-identify as a present or former child recipient of behavioral health services.
- ◆ Parent Support Specialists shall provide the parent training and supports necessary to increase the parent's ability to provide a safe and supportive environment in the home and community for the child or youth enrolled in the CSoC. The specialists provide the support necessary to ensure engagement and active participation of the family in the care planning process and with the ongoing implementation and reinforcement of skills learned. The specialist serves as a member of the CFT and assists in describing the program model and providing information as needed to assist the family. Staff in this role must be at least 21 years of age, possess a High School diploma or equivalent; and have a minimum of two years of experience living or working with a child with serious emotional disturbance or serious mental illness (youth over the age of 18) or be equivalently qualified by education in a human services field or a combination of life/work experience and education, with one year of education substituting for one year of experience. Preference is given to parents or caregivers of children with significant emotional/behavioral health challenges.
- ◆ Parent Support Supervisor(s) and Youth Support Supervisor(s) shall serve as direct supervisors and coaches of Parent Support Specialists and Youth Support Specialists, respectively. These personnel shall provide staff training and daily direction to subordinates, review pertinent documentation, attend Child and Family Team (CFT) meetings and IEP meetings, as well as conduct individual sessions with staff and enrolled children/youth and their families in order to assess and provide guidance to

staff members. These roles shall be filled by persons with a minimum of a bachelor’s-level degree in a human services field or a bachelor’s-level degree in any field with a minimum of two years of full-time experience working in a relevant family, children/youth or community service capacity. Relevant alternative experience may substitute for the Bachelor’s-level degree requirement in individual cases subject to approval by OBH. If this role is filled by a Licensed Mental Health Professional (LMHP), the LMHP role (below) is not required.

- ◆ A licensed mental health professional (LMHP) shall be available at all times to provide back up, support and/or consultation. Any LMHP employed or contracted by the FSO shall provide, and demonstrate the ability to provide, support and/or consultation and advice on activities of the Parent and Youth Support Specialists. The LMHP may serve in the supervisory role and have sufficient experience working in a relevant family, children/youth or community service capacity. Such a person must have: at least a Masters-level degree in an appropriate field and a current unencumbered license in their area of practice in the State of Louisiana to diagnose and treat mental illness or substance abuse, acting within the scope of all applicable State laws and their professional license. Experience working in relevant family, children/youth or community service capacity is desirable.

E. FSO Activities

Referrals shall be made by the CSoC Contractor to the FSO once selected by the family. The WAA shall ensure the completion of a comprehensive assessment to verify eligibility, complete enrollment documents and begin the planning process. A referral may be made to the FSO whenever indicated. The flowcharts herein delineate the proposed CSoC referral and enrollment and FSO referral processes.

The following table provides a high-level summary of the responsibilities of the WAA and FSO.

Responsibilities	
WAA	FSO
<ul style="list-style-type: none"> • Receive referral from CSoC Contractor 	<ul style="list-style-type: none"> • Establish a centralized intake process for all requests for FSO services
<ul style="list-style-type: none"> • Make initial contact with family to describe the wraparound process and as well as the four CSoC specialized services. 	<ul style="list-style-type: none"> • Receive referrals for FSO services (PST/YST) from the CSoC Contractor or WAA when immediate and routine needs are identified
<ul style="list-style-type: none"> • Conduct comprehensive assessment 	<ul style="list-style-type: none"> • Attend Child and Family Team meetings for those youth/families

	receiving FSO services
<ul style="list-style-type: none"> Identify Child and Family Team members 	<ul style="list-style-type: none"> Provide PST/YST services in accordance with family's POC
<ul style="list-style-type: none"> Convene and facilitate Child and Family teams 	<ul style="list-style-type: none"> Participate in the Statewide Coordinating Council
<ul style="list-style-type: none"> Document needs and service requests in the Plan of Care (POC) 	<ul style="list-style-type: none"> Develop active partnerships and effective working relationships with all WAA staff
<ul style="list-style-type: none"> Actively partner with FSO and the family to identify and select PST and YST providers for the family 	<ul style="list-style-type: none"> Actively partner with State and regionally-based WAA staff to promote the values of CSoC and the value of WAA services
<ul style="list-style-type: none"> Actively partner with State and regionally-based FSO staff to promote the values of CSoC and the value of FSO services 	<ul style="list-style-type: none"> Participate in the CSoC regional leadership groups.
<ul style="list-style-type: none"> Participate in the CSoC regional leadership groups. 	

F. Reimbursement

The FSO shall submit a claim to the CSoC Contractor for authorized services provided to children/youth or families enrolled in the CSoC. There is a limit of 750 maximum allowable hours for YST per child per calendar year. Only services provided on a face to face basis shall be considered for reimbursement. Time spent in coordination activities is not billable time; however, there is a factor for coordination built into the rates. Services shall be invoiced in 15 minute increments. The rates are \$12.91 per unit/\$51.64 per hour for individual services and \$3.23 per unit/\$12.92 per hour in a group setting.

RFI Response

Organizations interested in responding to this RFI must submit a capability statement of no more than 20 pages (in 12-point font, 1 inch margins) that details the organization's ability to meet the statement of need. The following information is required on the cover page of the response:

- Date of Submission
- Name of Organization
- Mailing Address
- Contact Information
- Printed Name & Title of Authorized Representative
- Signature of Authorized Representative

For your convenience, a sample cover page has been appended to the final section of this RFI document.

Outline

The proposal should include the following information in the order listed below.

1. Demonstrate an understanding of the Coordinated System of Care (CSoC) initiative including the values and principles on which it is premised and discuss how FSO services will be integrated with CSoC efforts in implementing regions.
2. Demonstrate experience working with youth with serious emotional/behavioral health challenges and families of these youth.
3. Demonstrate knowledge and prior experience with programs for delivering youth support and training and family support and training services or related services.
4. Demonstrate commitment to full participation in OBH- and CSoC Contractor-sponsored staff training, and commit to providing additional staff training.
5. Provide biographical information of Principals involved in the organization. Resumes or CVs should be included in the attachments and will not count toward the twenty (20) page limit.
6. Demonstrate where applicable current involvement and linkages with youth and family-serving entities including, but not limited to, behavioral health programs, DCFS, OJJ, and/or DOE.
7. Demonstrate the necessary structure for governance, administrative, and budgetary stability, specifically as they relate to the CSoC governance structures noted above.
8. Provide a plan to establish a Youth and Parent Advisory Board within three months of selection.
9. Provide a plan for recruitment and retention of a diverse regionally-based workforce within the CSoC implementing regions, to ensure appropriately matched staff to members.

10. Provide a plan to ensure quality services are being delivered.
11. Provide a sample staffing structure which includes: regionally-based staff (with appropriate supervision) as well as a centralized administrative structure. An organizational chart should be included in the document or as an attachment.
12. Provide narrative which details how you will specifically address ensuring appropriate levels of supervision of the regionally-based family support and youth support staff.
13. Provide narrative which details how you will monitor quality, conduct routine auditing, and manage compliance regarding service delivery by the regionally-based family support and youth support staff.
14. Provide narrative which outlines how you have previously, and how you will continue to identify, educate and engage families and youth to become advocates for their respective groups in their regional communities, as well as statewide.
15. Provide a methodology for ensuring compliance with minimum qualifications and mandatory training requirements (such as HIPAA, confidentiality, mandated reporting).
16. Demonstrate the ability to meet Behavioral Health Licensing Rules and Regulations. (See <http://dhh.louisiana.gov/index.cfm/directory/detail/7950/catid/154>)
17. Demonstrate that the organization is competently managed, responsible, financially capable and committed to achieving the objectives of the programs they manage. The organization must demonstrate the ability to meet its operating expenses and financial obligations for at least six months prior to receiving payment for services. Include the following attachments in order to demonstrate financial viability:
 - Audited financial statements
 - Financial Performance Reports
 - Business plan
 - A line of credit issued from a federally insured, licensed lending institution in the amount of at least \$50,000
 - General and professional liability insurance of at least \$500,000
 - Workers' compensation insurance
 - Other information that supports financial analysis
18. Provide at least three (3) professional references in attachments. References should attest to the proposer's professional qualifications, and intention to partner with local communities (including the regional private business sector) to enhance services to families. Attachments shall not count toward the twenty (20) page limit.
19. Additional materials may be included as attachments and must be clearly labeled as such. These may include annual reports, marketing materials, case studies, research papers, etc. Such attachments will not be included in the twenty (20) page limit.

Proposer Inquiries

The Department shall consider written inquiries regarding the RFI. Written inquiries and requests for clarification of the content of this RFI must be received at the email address provided below by August 8, 2017. Please note that this date has been revised to August 16, 2017 (date revised on August 9, 2017). Any and all questions directed to the RFI coordinator shall require an official response by August 16, 2017. Please note that this date has been changed to August 18, 2017 (date revised on August 9, 2017).

Action taken as a result of verbal discussion shall not be binding on the Department. Only written communication and clarification from the RFI Coordinator shall be considered official.

RFI Procedure

If your organization is interested in providing information on your ability to perform the requested services for the Office of Behavioral Health, please submit an electronic copy of your 20-page or less (12-point font with 1 inch margins) response to the contact listed below. Submissions may be in PDF or Microsoft Word format. The Department may invite qualified organizations to make oral presentations and participate in an individual question-and-answer session concerning their responses. Organizations should indicate in their responses whether they are willing to participate in these sessions. All organizations who have the interest and capacity to fulfill the activities specified in this RFI should respond **no later than 9:00 A.M. (CST) August 31, 2017.**

How to Deliver the Response

In response to this RFI, please send a PDF or Microsoft Word-formatted response via email to Connie.Goodson@La.Gov . Please direct questions regarding this RFI in writing to the following point of contact:

Connie Goodson, LMSW
Director of CSoC
Office of Behavioral Health
225-342-5236 or 504-568-2568
Connie.Goodson@La.Gov

Abbreviations and Terminology

CFT	<i>Child and Family Team</i>
CMS	<i>Centers for Medicare and Medicaid Services</i>
CSoC	<i>Coordinated System of Care</i>
DCFS	<i>Department of Child and Family Services</i>
DOE	<i>Department of Education</i>
FSO	<i>Family Support Organization</i>
FTE	<i>Full Time Equivalent</i>
IEP	<i>Individualized Education Program</i>
LDH	<i>Louisiana Department of Health</i>
POC	<i>Plan of Care</i>
LMHP	<i>Licensed Mental Health Practitioner</i>
OBH	<i>Office of Behavioral Health</i>
OJJ	<i>Office of Juvenile Justice</i>
PHIP	<i>Prepaid Health Insurance Plan</i>
POC	<i>Plan of Care</i>
PSS	<i>Parent Support Specialist</i>
PST	<i>Parent Support and Training</i>
RFI	<i>Request for Information</i>
RFP	<i>Request for Proposal</i>
Regionally-based	<i>Situated within the CSoC region served by a particular wraparound agency</i>
SAMHSA	<i>Substance Abuse and Mental Health Services Administration</i>
SCC	<i>Statewide Coordinating Council</i>
SGB	<i>Statewide Governance Board</i>
WAA	<i>Wraparound Agency</i>
YSS	<i>Youth Support Specialist</i>
YST	<i>Youth Support and Training</i>

CSoC Regional Map



REGIONS OF AVAILABILITY

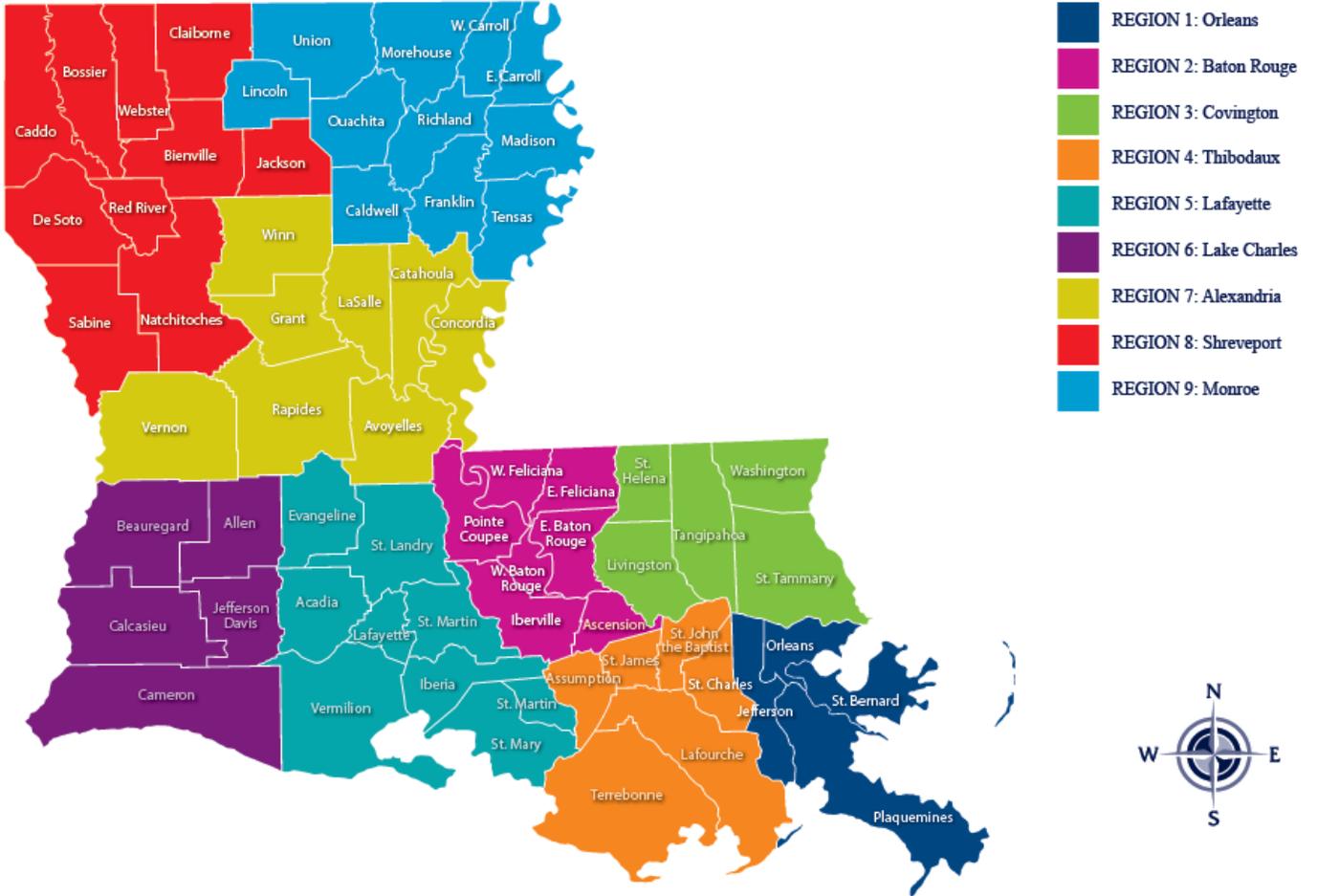


Chart 1. CSoc Referral and Enrollment Process

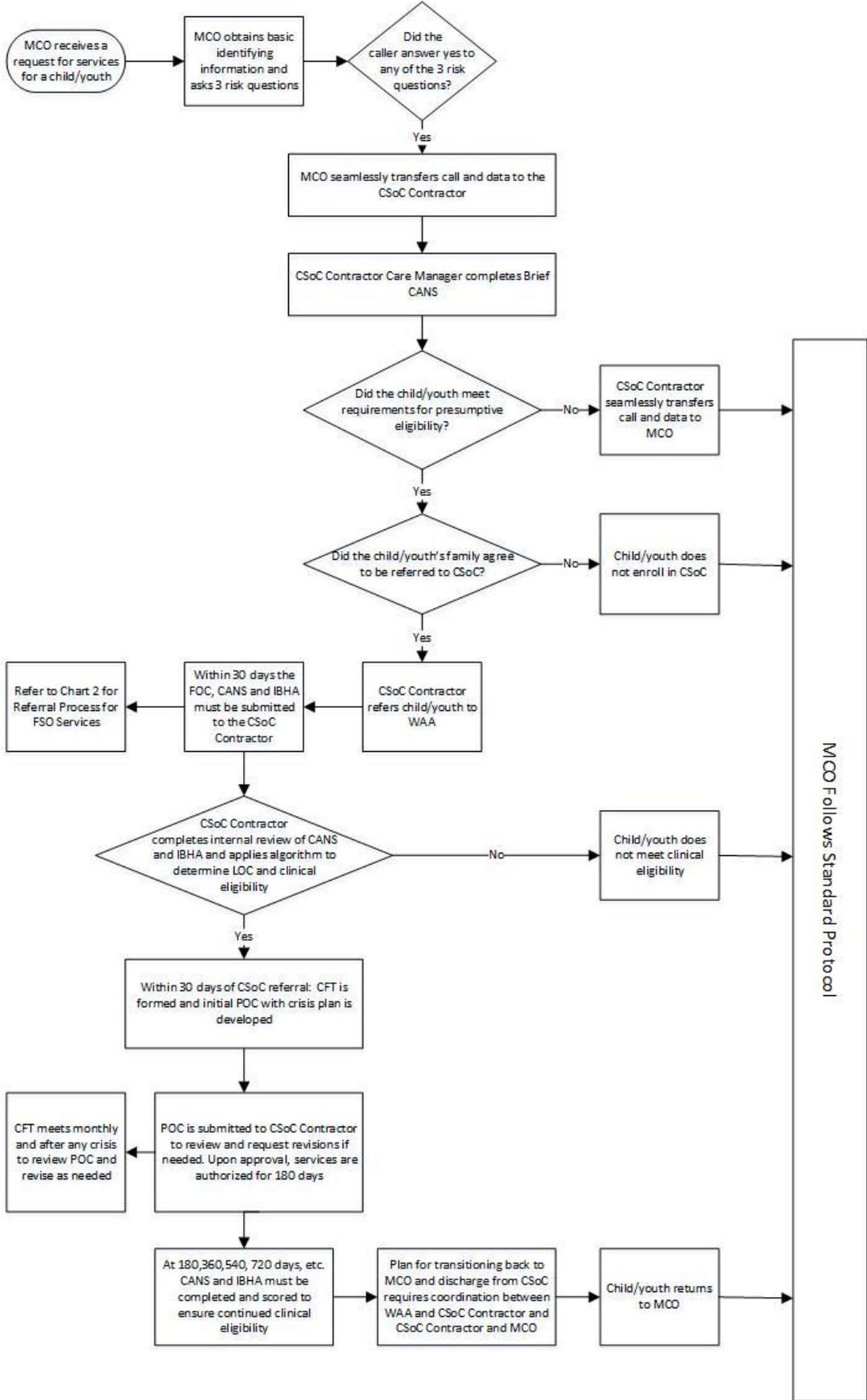
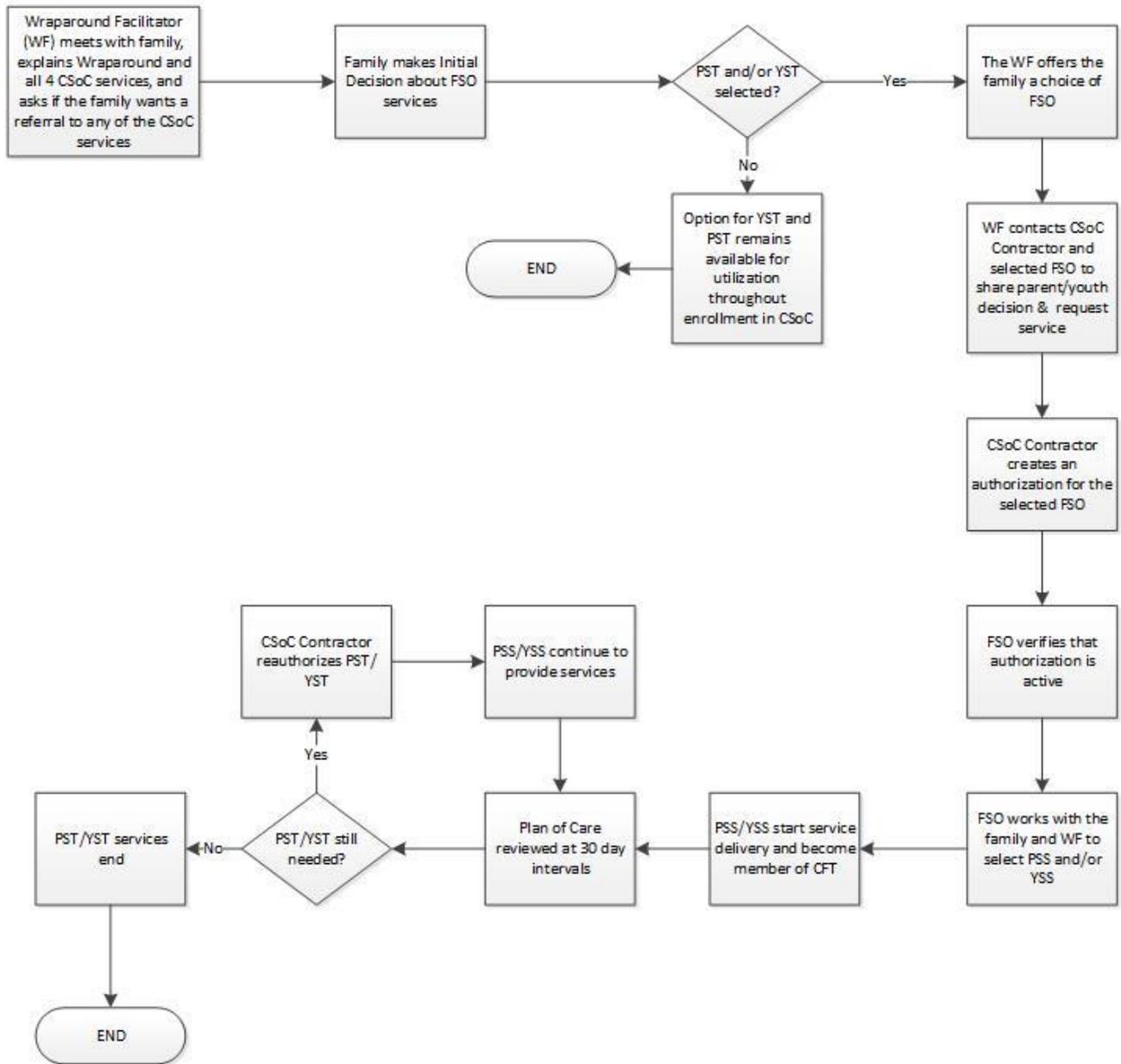


Chart 2: Proposed Referral Process for FSO Services



Name of Organization

Response to
Office of Behavioral Health
Request for Information
For

Provision of Family Support Services

Submitted on:

Month 00, 2017

Name of Organization
00000 Mailing Address
City, ST 00000-0000
Phone: (xxx) xxx-xxxx
Fax: (xxx) xxx-xxxx
Email: main@provider-email.com

Name of Authorized Representative, Title

Respondents are encouraged to use this page as a template for their response cover.