



**Louisiana Department of Health
Office of Behavioral Health
Central Louisiana State Hospital**

Request for Information (RFI)

For

**TRANSITIONAL BEDS TO THE COMMUNITY STATEWIDE FOR MALE
AND/OR FEMALE CIVIL INTERMEDIATE CLIENTS**

RFI #3000019525

Due Date/Time: 10-28-2022/5:00P.M. (CST/CDT)

NOTE: This Request for Information (RFI) is solely for information and planning purposes and does not constitute a solicitation. This information will be reviewed and discussed by the state agency and may result in the advertisement of a formal and competitive Request for Proposal for any or all of the services included in the RFI.

Only information which is in the nature of legitimate trade secrets or non-published financial data may be deemed proprietary or confidential. Any material within a response to this RFI identified as such must be clearly marked and will be handled in accordance with the Louisiana Public Records Act. R.S. 44:1-44 and applicable rules and regulations. Any response marked as confidential or proprietary in its entirety may be rejected without further consideration or recourse.

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Glossary

Contractor: The successful proposer who is awarded a contract.

Department or LDH: Louisiana Department of Health.

Discussions: For the purposes of this RFI, a formal, structured means of conducting written or oral communications/presentations with responsible Proposers who submit proposals in response to this RFI.

Must: Denotes a mandatory requirement.

Original: Denotes must be signed in ink.

Proposer: An individual or organization submitting a proposal in response to an RFI.

Redacted Proposal: The removal of confidential and/or proprietary information from one copy of the proposal for public records purposes.

Shall: Denotes a mandatory requirement

Should, May, Can: Denotes a preference, but not a mandatory requirement.

State: The State of Louisiana

Will: Denotes a mandatory requirement.

Acronyms

ACT/FACT: Assertive Community Treatment/Forensic Assertive Community Treatment

CEA: Cooperative Endeavor Agreement

CLSH: Central Louisiana State Hospital

CNA: Certified Nursing Assistant

DSW: Doctor of Social Work

e-PHI: Electronic Protected Health Information

HIPAA: Health Insurance Portability and Accountability Act

JLCB: Joint Legislative Committee of the Budget

LDH: Louisiana Department of Health

LMHP: Licensed Mental Health Professional

OBH: Office of Behavioral Health

OSP: Office of State Procurement

PSH: Permanent Supportive Housing

RFP: Request for Proposals

RN: Registered Nurse

S/PMI: Severely/Persistently Mentally Ill

SSI: Social Security Income

TJC: The Joint Commission

1 GENERAL INFORMATION

1.1 Background

The mission of the Louisiana Department of Health (LDH) is to protect and promote health and to ensure access to medical, preventive, and rehabilitative services for all citizens of the State of Louisiana. The LDH is dedicated to fulfilling its mission through direct provision of quality services, the development and stimulation of services of others, and the utilization of available resources in the most effective manner.

LDH is comprised of Medical Vendor Administration (Medicaid), Office for Citizens with Developmental Disabilities, Office of Behavioral Health, Office of Aging and Adult Services, and the Office of Public Health. Under the general supervision of the Secretary, these principal offices perform the primary functions and duties assigned to LDH.

LDH, in addition to encompassing the program offices, has an administrative office known as the Office of the Secretary, a financial office known as the Office of Management and Finance, and various bureaus and boards. The Office of the Secretary is responsible for establishing policy and administering operations, programs, and affairs.

Central Louisiana State Hospital (CLSH) is a twenty-four (24) hour health care facility licensed by the State of Louisiana with a current capacity of one hundred twenty (120) staff beds, and is accredited by The Joint Commission (TJC). CLSH is under the LDH/OBH umbrella and shares a common mission: “to strive to provide quality, person centered care, with a focus on recovery and resiliency, in a safe and secure environment.” CLSH is highly committed to cooperative work with other state agencies and with the regional mental health program to ensure the integration and coordination of hospital-community services into a comprehensive system of mental health care.

1.2 Purpose of RFI

The purpose of this RFI is to solicit proposals from qualified proposers that can provide a Licensed, Shelter Care Group Home located throughout the state of Louisiana for the Severely/Persistently Mentally Ill (S/PMI) adult male and/or female population with an array of services to clients discharged from CLSH.

Services shall include: twenty-four (24) hour supervision with a 1:10 ratio: one (1) staff to ten (10) clients, from 8:00 am - 5:00 pm and a 1:20 ratio, one (1) staff to twenty (20) clients, from 5:00 pm – 8:00 am. Other services include community groups, independent living skills (meal preparation, shopping, and household chores), crisis services, medication monitoring, and transportation to appointments, recreational outings and other social activities for adult males and/or females with severe and persistent mental illness.

1.3 Project Overview

A contract is necessary to provide services for a less restrictive housing option for the clients of Central Louisiana State Hospital with severe and persistent mental illness who are ready for discharge and will require more supervision than regular housing or Permanent Supportive Housing (PSH). The primary objectives for the group home are to provide safe housing with supervision, to promote the development of skills necessary to live, socialize, be productive in the community, and ultimately to transition the person to more independent housing when appropriate.

Attachment I details the overview of the project requirements inclusive of deliverables and desired results that the State is considering.

2. ADMINISTRATIVE INFORMATION

2.1 RFI Coordinator

Requests for copies of the RFI must be directed to the RFI coordinator listed below:

Celeste Gauthier
Mental Hospital Administrator
LDH/OBH Central Louisiana State Office
242 West Shamrock St.
Pineville, LA 71360
Celeste.Gauthier@la.gov

The Request for Information will be posted on the LaPac website shown here <https://wwwcfprd.doa.louisiana.gov/osp/lapac/pubMain.cfm> and the Louisiana Department of Health at <https://ldh.la.gov/news/category/46>

2.2 Schedule of Events

<u>Activity/Event</u>	<u>Date</u>
Public notice of RFI	08/18/2022
Deadline for receipt of written inquiries	08/28/2022
Response to written inquiries	09/28/2022
Deadline for receipt of RFI	10/28/2022

LDH/OBH Central Louisiana State Hospital reserves the right to deviate from this Schedule of Events.

2.3 Response Content

2.3.1 Executive Summary

This section should serve to introduce the scope of the response. It should include administrative information including, at a minimum, responder's contact name and phone number, email address and any other pertinent contact information. This section should also include a summary of the responder's qualifications and ability and willingness to comply with the State's requirements.

2.3.2 Corporate Background and Experience

The responder should give a brief description of the company including a brief history, corporate structure and organization and number of years in business. Responders should also describe their experience with projects of this type with other states or corporate/governmental entities of comparable size and diversity.

2.3.3 Approach and Methodology

The responder should provide approach and methodology recommended to accomplish the scope of services described. Best practices garnered from previous experience with this scope of services should be described. Provide a list of issues/concerns that were not taken into consideration in the Scope of Services described herein that you think is important for the agency to consider. Provide alternative solutions for accomplishing the project objectives, if applicable, and any other additional pertinent information.

2.3.4 Cost Estimate

Provide an estimate of total cost (inclusive of travel and all project expenses). For information purposes, provide the total estimated number of hours, by classification, for project staff, the billing rate by classification, and an estimated percentage of the effort that will be completed by a subcontractor (if applicable).

2.4 Response Instructions

2.4.1. Response Submittal

Responders interested in providing information requested by this RFI must submit responses containing the information specified no later than the deadline for response to RFI as stated in the Schedule of Events.

The responses must be received by **electronic** copy only to Celeste.Gauthier@la.gov on or before the date and time specified in the Schedule of Events. E-mail submissions are the only acceptable method of delivery. Fax, mail, and courier delivery shall not be acceptable, and will not receive additional consideration. Vendors should allow sufficient time to ensure receipt of their e-mailed proposal by the time specified in the Schedule of Events. State servers limit email sizes to 30MB uncompressed and 10MB encrypted. If vendor's email exceeds these sizes, it is the responsibility of the vendor to send multiple emails to avoid rejection and non-delivery.

Responses received after the deadline, corrupted files, and incomplete submissions (e.g. Partial submissions) will not be considered and will not be evaluated

2.5 Additional Instructions and Notifications to Responders

2.5.1 RFI Addenda/Cancellation

The State reserves the right to revise any part of the RFI by issuing an addendum to the RFI at any time. Issuance of this RFI, or subsequent addendum, (if any) does not constitute a commitment by the State to issue an RFP or any other process resulting in award of a contract of any type or form. In addition, the State may cancel this informal process at any time, without penalty.

2.5.2 Ownership of Response

The materials submitted in response to this request shall become the property of the State.

2.5.3 Cost of Preparation

The State shall not be liable for any costs incurred by responders associated with developing the response, preparing for discussions (if any) or any other costs, incurred by the responder associated with this RFI.

Scope of Services-Attachment 1

A. Project Overview

Adult males and/or females with severe and persistent mental illness, who are undergoing treatment at CLSH, may stay at CLSH for a protracted length of time due in part to a lack of suitable housing options. Most of these clients will become disabled if they do not continue treatment after discharge. Some have a history of violence or unpredictable behavior and/or a forensic involvement which will require more supervision than a Permanent Supportive Housing (PSH) option with wrap-around (Assertive Community Treatment/Forensic Assertive Community Treatment (ACT/FACT) services can provide. Having a continuum of housing services, including group home services, increases discharge options and allows clients to transition into the community with a gradual step down approach in structure for persons requiring twenty-four (24) hour supervision upon discharge from the hospital setting. For these reasons, supervised, stable, safe housing provided in a group home setting is a priority for some clients who are going to live outside of a restrictive hospital setting. Although many of these clients will never live independently, they can function in communities with appropriate supervision, support and a housing option fit for their needs until they are ready for a PSH option.

The Proposer shall provide evidence that they can provide appropriate housing options with twenty-four (24) hour supervision for eligible adult male and/or female clients of CLSH with severe and persistent mental illness who have been deemed by CLSH to be ready for discharge but who will need more structure than a PSH or ACT/ FACT can provide. The primary objectives are that the housing be safe and supervised. The clients, most of whom are unable to care for themselves independently, will need an entire spectrum of services to include mental health treatment and related services, medication administration, basic food and clothing provision, structure in their daily routine, advocacy so they receive entitled benefits, transportation, and crisis support to prevent re-hospitalization.

Planning must be designed to tolerate the episodic nature of mental illness with its uncertainties, capacity for growth, and its propensity for setbacks, false starts, disagreements, and periods of rapid or minimal change which are significant stressors for the affected individual.

B. Mandatory Requirements:

1. Facility Location Requirements:

- a. The Proposer must provide evidence that they have ownership of a group home(s) within the state of Louisiana with up to twenty (24) beds and an array of services to the Severely/Persistently Mentally Ill (S/PMI) adult male and/or female population. The group home(s) must be able to accommodate clients of the following type:
 - i. Age: 18 years or older: **AND**
 - ii. Mental illnesses including, but not limited to, schizophrenia, schizoaffective disorders, mood disorders, and severe personality disorders that substantially interfere with a person's ability to carry out such primary aspects of daily living as self-care, household management, interpersonal relationships and work or school; **AND**
 - iii. **Disability:** Impaired role functioning, caused by mental illness, as indicated by at least **two (2)** of the following functional areas:
 - i. Unemployed or has markedly limited skills and a poor work history, or if retired is unable to engage in normal activities to manage income; **OR**
 - ii. Employed in a sheltered setting; **OR**
 - iii. Requires public financial assistance for out-of-hospital

maintenance (e.g., SSI) and/or is unable to procure such without help (does not apply to regular retirement benefits);

OR

- iv. Severely lacks social support systems in the natural environment (e.g., no close friends or group affiliations, lives alone, or is highly transient); **OR**
- v. Requires assistance in basic life skills (e.g., must be reminded to take medicine, and/or engage in activities of daily living, must have transportation arranged for them, needs assistance or structural support with household management tasks); **OR**

Exhibits social behavior which results in demand for intervention by the mental and/or judicial or legal system;

- b. Must provide evidence that the group home(s) meet all licensure requirements for a shelter care home, as located under the LDH Health Standards Section at <http://ldh.la.gov/index.cfm/directory/detail/702>.

2. Contract Requirements:

- a. The Proposer must be aware that they will be required to provide all of the following deliverables if at the close of the RFI it is decided by LDH will follow-up with an RFP, contract or CEA for the services listed in this RFI.
 - i. Develop and maintain on an annual basis, specific, measureable, and time-limited programmatic goals/outcomes with planned action steps towards their completion.
 - i. Involve a collaborative process utilizing the team approach including program manager, mental health specialist, dual diagnosis treatment program manager, psychosocial rehabilitation program manager, mental health staff as appropriate, and, most importantly, the client and his family.
 - ii. Ensure services reflect an appropriate mix of professional services (e.g., clinical management, medication management, supportive counseling, parent/family intervention, group counseling, and behavior intervention development) and paraprofessional services (e.g., individual group psychosocial skills development service integration, clinical management team, clinical management coordination).
 - iii. Design mental health services to bridge the gap between already existing services and those necessary to provide for the needs of the client while assisting in the client's progress towards becoming a productive and contributing individual. The focus is on helping clients identify, access, and utilize those resources needed while receiving the support and training needed to assist in their recovery.
 - iv. Develop program evaluation methods which will incorporate objectives and reflect programmatic growth, achievement of outcomes, or an explanation for failure to progress.
 - v. Provide ongoing clinical direction, oversight, and coordination of services for all clients including assurance of the clients' active

involvement, coordination and management of services and access and coordination of all services not provided by the Proposer including clinic based mental health services.

- vi. Complete a comprehensive evaluation and identification of client's strengths and deficits in relation to the skill demands and supports required in the particular environment in which the client wants or needs to function.
- vii. Provide or assure the provision of support services necessary to enable the client to maintain and succeed in community living, including but not limited to:
 - a. Supportive counseling and companionship;
 - b. Transportation to community services
 - c. Learning and performing basic daily living skills;
 - d. Building a personal social network;
 - e. Support services needed for the client to attain vocational goals
 - f. Assistance to the client in obtaining benefits for which he may be eligible;
 - g. Linkage with other community services;
 - h. Prevocational training and accompanying vocational assessments;
 - i. Parenting skills, collaboration with families, communities, and inpatient facilities;
 - j. Social, leisure time access to parks, movies, restaurants, etc.;
 - k. Utilizing/developing a social support system; and
 - l. Assistance to the client in the integration of therapeutic principles and psychosocial skills into his natural environment and daily routine.
- ii. Crises services are necessary to assist clients in controlling and resolving critical or dangerous problems that threaten personal safety or well-being. The focus of crisis intervention is on problems or barriers to recovery that threaten the person's life or functioning. The Proposer shall:
 - i. Provide crisis intervention and support services twenty-four (24) hours per day, seven (7) days per week.
 - ii. Develop and submit for approval, upon award of the contract, a crisis assistance plan describing twenty-four (24) hour accessibility of staff and individualized crisis contingency plans for each client that focuses on natural supports to provide assistance and stabilization. The approved plan shall be ready at contract implementation.
 - iii. Social rehabilitation is directed at helping individuals gain or regain the practical skills needed to live and socialize in the community. The Contractor shall: Provide social rehabilitation services that are available in the community and will be offered to clients based on their assessment needs.
 - iv. Include activities that teach daily and community living skills and address diet, personal hygiene, cooking, shopping, budgeting, housekeeping, use of transportation, and use of other community resources in the natural settings where clients live, learn, and socialize.
 - v. Provide educational approaches to teach clients how to cope with

- and compensate for their disabilities, how to manage medications, recognize danger signs, and utilize professional resources when necessary.
- vi. Assist in developing interpersonal skills and leisure time activities and interests, which provide a sense of participation and personal satisfaction.
 - vii. Provide opportunities for age-appropriate, culturally sensitive and appropriate daytime and evening activities, which offer the chance for companionship, socialization, and enjoyment. One of the pervasive problems that persons with severe and persistent mental illness face is that of isolation. The use of social and recreational opportunities available in the community should be maximized.
 - viii. Assist clients in and educate them towards the goal of preparing their own meals, cleaning, and caring for their own clothes, managing their own medications, and other activities of daily living moving them toward a goal of independence.
- iii. All services provided must be individualized, appropriate, and aimed at improving the functioning of the client. The following outcome measures will be employed to determine the efficacy of programs and their success in achieving established goals:
- i. Fifty percent (50%) decrease in hospital recidivism within the first year for persons placed in the group home;
 - ii. Evidence of compliance with requirements of the program;
 - iii. Results indicating a more socialized, integrated person (social relations):
 - a. Increase of natural supports and social integration and activities with family, friends, co-workers and neighbors;
 - b. Increased sense of individualism and increase sense of self-respect/dignity, as indicated by a client satisfaction report; Increased capacity for independent functioning; a greater capacity for independent community living;
 - c. Increased movement toward financial stability; and
 - d. Decrease in legal problems that may threaten or jeopardize the recovery process.
 - iv. The services should provide for greater participation in self-help activities, minimize recurrence of problems, bring noted improvement in client's quality of life, and gain client satisfaction. Other unscheduled visits by the Contract Monitor to evaluate and oversee the contract may occur.
 - v. In addition to the measures outlined above, a client satisfaction survey may be utilized to determine the satisfaction with services provided.
- iv. If a contract is awarded as a result of RFI, contract or CEA it will be for up to twenty-four (24) residential beds. Due to Central Louisiana State Hospital's expectation that the Contractor will make every effort to appropriately place clients in the community within a twelve (12) month period, only with written approval from the CLSH CEO may per diem rate payments be extended beyond twelve (12) months for a client, but shall never exceed a total of eighteen (18) months from initial admission by a client.

- v. The quarterly report submitted by the Contractor will be reviewed for detailed discharge efforts made per client by contract staff to ensure timely placements.
- vi. The Contractor shall identify barriers and disadvantages that threaten the exercise of equal rights and equal opportunities of persons with severe and persistent mental illness in the areas of housing, education and employment and shall identify and when possible implement the means of eliminating those barriers for the clients served through this contract. The Proposer shall use a systematic approach to ensure the protection of rights, and equal opportunity of this population. Contractor shall provide education in personal advocacy to clients served through the contract and their families to aid them in understanding their rights, and make them aware of the availability of external resources to assist in upholding these rights.
- vii. The Contractor shall assist clients in efforts to ensure that clients receive appropriate housing, educational services and employment consideration, supporting the goal of the Americans with Disabilities Act of 1990 as well as the 1973 Vocational Rehabilitation Act and subsequent amendments. The Contractor shall assist clients to eliminate unfair treatment and discrimination against qualified workers with disabilities, to improve access to mainstream resources and to obtain consideration of disabled applicants' qualifications taking into account reasonable accommodations and support services.
- viii. Under no circumstances shall the Proposer provide legal counsel or representation to clients through this contract.

3. Operations Requirements:

- i. The Proposer must be a Mental Health Rehabilitation services provider that meets all applicable licensing requirements during the entire term of the contract, as outlined at <http://ldh.la.gov/index.cfm/directory/detail/702>.
- ii. The Proposer must have twenty-four (24) hour crisis services available or have a plan to implement the required services before a contract is put into place.
- iii. The Proposer shall have cooperative agreements with medical and mental health facilities to provide for emergency and ongoing medical/mental health services.

- v. The Contractor shall submit a Transition Plan that describes how clients already receiving Mental Health Services will be smoothly transitioned into new programs with minimal disruption.
- vi. The Proposer shall meet on a quarterly basis with CLSH clinical staff to provide information regarding clients served. At these meetings, review of services provided will help evaluate the progress of services and lead to the modification of service plans as needed.
- vii. The Proposer shall submit a quarterly report to the CLSH Contract Monitor detailing the discharge efforts made per client by contract staff. Specifically the report will contain each client's diagnosis, treatment plan goals, and community resources contacted regarding discharge efforts, and successful placements or reasons for failure to place clients.
- viii. The Administrative/Management Office of the Contractor should be located within the state of Louisiana.
- viii. The Proposer shall coordinate all efforts closely with all CLSH Mental Health programs.

- x. The Contractor shall ensure that programs meet all applicable licensing and certification requirements of the State of Louisiana.

4. Staffing Requirements/Qualifications:

- i. The Proposer shall show that they have the ability to provide the following:
 - i. On-site trained staff with a ratio of 1:10, one (1) staff to ten (10) clients, from 8:00 am - 5:00 pm and a ratio of 1:20, one (1) staff to twenty (20) clients, from 5:00 pm – 8:00 am, seven (7) days a week, to provide a range of services, including full time round the clock supervision and crisis line.
 - ii. A criminal background check will be conducted upon hire and every two (2) years subsequent to hire. The following agencies will be utilized for this purpose:
 - a. Louisiana State Police
 - b. Bureau of Criminal Identification and Information
 - c. Both checks listed above must include clear results from the Sex Offender Checklist
 - d. Results from the checks provided in a. & b. should contain the agency name, agency email address, applicant name, applicant social security number, and the results whether no disqualifying information was found or whether more information is needed including fingerprint cards.
 - e. Facilities should maintain the results page for proof of checks performed in their records.
 - f. Checks should be performed initially at hire for all employees and every two (2) years; thereafter, for staff who have the responsibility for the care, control, supervision, and discipline over children up to age 18 and whose duties require access to Medicaid recipients' and applicants' Electronic Protected Health Information (e-PHI).
 - iii. In addition to Criminal Background Checks listed above in items a.-f., LDH also requires exclusionary databases to be checked as follows:
 - a. Exclusionary Databases:
 - b. Office of Inspector General List of Excluded individuals and Entities (LEIE) (<http://exclusions.oig.hhs.gov/>):
 - c. Contains the following information: (1) the name of the excluded person at the time of the exclusion, (2) the person's provider type, (3) the authority under which the person was excluded, (4) the State where the excluded individual resided at the time of exclusion or the State where the entity was doing business, and (5) a mechanism to verify search results via Social Security Number (SSN) or Employer Identification Number (EIN).
 - d. When checking the LEIE, providers should maintain documentation of the initial name search performed (such as a printed screen-shot showing the results of the name search) and any additional searched conducted, in order to verify results of potential name matches.
 - e. Facilities should maintain proof of checks performed in their records for employees by printing the search results.
 - f. Checks should be performed initially at hire and monthly

thereafter to determine the exclusion status of current employees.

i. Louisiana Department of Health (LDH) Program Integrity & (PI) Adverse Actions (<https://adverseactions.dhh.la.gov/>):

- ☐ Results contain basic information about the excluded party, reason for exclusion, type of exclusion, effective date of exclusion and reinstatement date if any.
- ☐ Facilities are required to maintain proof of checks performed in their records for employees by printing the search results.
- ☐ Checks should be performed initially at hire for CNA/DSW employees or any employee whose compensation is funded with Medicaid dollars and every month thereafter.

iii. CNA/DSW Registry (<https://tlc.dhh.la.gov/>):

- ☐ Results contain the employee certification number, the date of original certification and certified from/to date, and status.
- ☐ Facilities are required to maintain proof of checks performed in their records for employees by printing the search results.
- ☐ Checks should be performed initially at hire for CNA/DSW employees or any employee whose compensation is funded with Medicaid dollars and every six (6) months thereafter.

iv. Other States

- ☐ When a person's application shows residency or employment in one (1) of the states listed, it is required that the state's excluded databases are checked.
- ☐ There are a number of states that have databases. They are Alabama, Arizona, Arkansas, California, Connecticut, Florida, Hawaii, Idaho, Illinois, Kentucky, Maine, Maryland, Michigan, Mississippi, Nebraska, Nevada, New Jersey, New York, Ohio, Pennsylvania, South Carolina, Tennessee, Texas, Washington, Washington D.C., West Virginia, Wyoming. Go to (<https://exclusions.oig.hhs.gov>) OIG Exclusion List | Exclusion Screening of All Databases - Streamline Verify and scroll down to find the most current states and their database links.

- Facilities are required to maintain proof of checks performed in their records for employees by printing the search results.
 - Checks should be performed initially at hire.
- iii. Recruit and hire qualified staff, resulting in efficient and effective delivery of service.
- iv. Maintain job descriptions for each job position, containing minimal criteria for the position, as well as specific job functions and responsibilities.
 - v. Support staff, including clerks and secretarial personnel, shall have work experience and be sufficiently trained in data processing.
 - vi. Each job position shall have a defined pay range.
- vii. Documentation of orientation and training received shall be contained in each staff member's personnel file and is subject to review by CLSH.
- viii. The Proposer shall implement and maintain, on an on-going basis, an in-service training program for the staff, with training sessions in keeping with LDH Health Standards licensing requirements.
- ix. The Proposer shall provide for intensive initial training of staff relevant to their program component.
 - x. At a minimum, training must include proper fire and emergency safety procedures such as: CPR, Heimlich maneuver, First Aid, and Crisis Management.
 - xi. Additionally, staff shall be required to participate in all training and intervention programs as deemed appropriate by CLSH.
- xii. Written job evaluations shall be completed annually on each staff member. xiii. The Proposer shall identify, hire and train at a minimum, the following staff:
 1. Program Director (1): Minimum Qualifications: Licensed Mental Health Professional (LMHP) or six (6) years' experience working with mentally ill adults along with supervisory/administrative experience.
 2. Program Manager (1): Minimum Qualifications: A Board certified or Board eligible psychiatrist, a psychologist who is licensed as a practicing psychologist under the provisions of Louisiana R.S. 37:2351 et seq., a Board Certified Social Worker, a Licensed Professional Counselor, or a Registered Nurse who meets the qualifications for a Licensed Mental Health Professional (LMHP).
 3. Psychosocial Rehabilitation Program Manager (1): Minimum Qualifications: Paraprofessional under the supervision of an LMHP and has a Bachelor of Arts degree in a mental health related field or has a Bachelor of Science degree in a mental health related field, has a bachelor's degree in a mental health related field and has four years' experience providing direct services in a mental health/physical health/social service educational/correctional setting, or has two years' experience as a Mental Health Assistant in a mental health rehabilitation setting.
 4. Psychosocial Rehabilitation Mental Health Specialist (1): Minimum Qualifications: An individual who is supervised by an LMHP **and** meets all of the following three criteria:
 - a. Has a high school diploma or General Equivalency Diploma (GED);
 - b. Has two years' experience working with Adult, Severely and Persistently Mentally Ill; **and**
 - c. Has completed Certified Medication Administration Training.

5. Record keeping requirements

a. Programmatic record keeping:

i. Each client will have a case record which includes, at a minimum, the following information:

1. Identifying information – Sex, race, and address of the client; birth date and birth place of the client; name and address of employment or school; court and/or legal status and name of person authorized to give consent, if applicable; the names, addresses and phone numbers of other persons or providers involved with the client case/plan; the client's physician's address and phone number.
2. Health record - Must include any serious or life-threatening medical condition of the client, including a description of any current treatment or medication necessary for the treatment of serious or life-threatening condition(s) and/or any known allergies.
3. Complete history of the client including, where applicable: Family data; employment record; prior medical history; medications; known allergies; as well as any other such pertinent information.
4. The client assessments, evaluation and individualized plan(s).
5. Copy of client's activity, behavior, and medication log.
6. Copy of client's progress notes of group, educational and vocational participation.
7. Copy of all client financial records, including bank accounts.
8. Any incident reports involving the client.
9. Any other record keeping requested or mandated by State Licensing or CLSH.

a. Client records shall be stored (secured) in such a manner as to be accessible to all staff involved with the client and in accordance with Health Insurance Portability and Accountability Act HIPAA compliance. Closed client records will be retained for the period prescribed by law.

b. Written comprehensive evaluations, service agreements, and quarterly summaries shall be maintained on each client. New service agreements shall be accomplished every six (6) months reflecting changes/updates as outcomes are achieved. Quarterly summaries shall provide documentation of services provided, including outcomes achieved and/or barriers with plans to address them. Copies of quarterly summaries shall be provided to referring CLSH clinician and contract monitor. b.

Required documentation:

- i. The Proposer will employ record-keeping procedures which will provide an audit trail for expenditures and income received. Appropriate financial documentation for reimbursement must be submitted by the fifteenth (15th) day of the month to CLSH. Failure to establish and retain adequate documentation of all expenditures shall represent a contractual breach and will result in disallowance of such expenditures, as defined in the Liquidated Damages Section.
- ii. The Proposer shall respond in writing, within fifteen (15) calendar days of receipt, to issues of concern raised by CLSH clinicians and/or CLSH Contract Monitor from their program reviews and/or site visits.

- iii. Documented results of program evaluations will be made available for annual evaluation by State Office of Behavioral Health staff as well as ongoing evaluations by CLSH.
- c. Admission and discharges:
 - i. All referrals for admission will come from CLSH. A Referral Packet on a client referred for discharge by the CLSH Treatment Team will be sent for Proposer's review to determine eligibility. All appropriate clients shall be accepted, or discussion of denial shall be held, with the CLSH Clinical Director.
 - ii. Discharge Planning is a dynamic process which shall be developed with the active participation of the client and is initiated when discharge criteria (i.e., the conditions under which services are considered no longer medically necessary) is identified during the development of the Service Agreement. Discharge Plans shall include a written summary of the client's program, progress, date and reason for discharge, and recommendations and referrals for further treatment and services. Discharge Plans must be completed within thirty (30) calendar days prior to discharge be signed by the Clinical Manager and client, and a copy forwarded to the referring CLSH clinician.
 - iii. PLANNED - The client shall be discharged from the program according to timeframes established in the service agreement with consensus of the client, Proposer and treatment personnel.
 - iv. UNPLANNED - If a client elopes or voluntarily leaves, Proposer must make every effort to find the client and assist in finding appropriate alternative housing if recommended. Efforts could include (but are not limited to) contacting law enforcement and family.
 - v. EMERGENCY - The Proposer shall have an emergency management plan in place which covers events to include: elopement, criminal behavior, medical and psychiatric emergencies, and natural and manmade disasters. The plan shall include the mitigation, preparedness, staff orientation of the plan, response and recovery. A client shall be removed from the program by the Proposer when the client's continued presence poses danger to self, other clients, staff or members of the community. Formal notice of the emergency discharge must be provided to treatment personnel and OBH within twenty-four (24) hours after discharge.

6. Reporting Requirements

- a. Proposer will report data as needed for issues such as admissions, discharges incident reports, etc.