



Office of Behavioral Health

Request for Information (RFI)

For

Coordinated System of Care (CSoC) Program

RFI due date/time: October 21, 2024/5:00 p.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.

September 03, 2024

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1 GENERAL INFORMATION

1.1 Background

The mission of the Office of Behavioral Health (OBH) is to work collaboratively with partners to develop and implement a comprehensive, integrated system of behavioral health and healthcare, social supports, and prevention services that promote recovery and resilience for all citizens of Louisiana. OBH ensures 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. OBH also delivers direct care through hospitalization and has oversight of behavioral health community-based treatment programs through the human services districts and authorities. Services are provided for Medicaid and non-Medicaid eligible populations. The agency acts as a monitor and subject matter expert for the Coordinated System of Care (CSoC) contract.

The CSoC program is a research-based model that is part of a national movement to develop family and youth-driven care and to keep children with severe behavioral health needs at home, in school, and out of the child welfare and juvenile justice system. The CSoC program also creates partnerships with public and private providers to form a multi-agency, multi-disciplinary system of care. The system of care model requires collaboration among agencies, families, and youth for the purpose of improving access and expanding the array of coordinated community-based, culturally and linguistically competent services for CSoC youth and families. More information on the CSoC program can be found at <https://ldh.la.gov/index.cfm/subhome/49>.

1.2 Purpose of RFI

This RFI is issued for the purpose of gathering information from qualified entities who show a demonstrated capacity to provide coordination, administration, and management of specialized behavioral health services to Louisiana Medicaid children and youth eligible for, or enrolled in, the CSoC program. The CSoC program serves children and youth with severe emotional disturbances through the State's Medicaid 1915(b)(3) and 1915(c) waivers.

1.3 Program Overview

Attachment I provides an overview of the program requirements inclusive of deliverables and/or desired results that the State is considering.

2 ADMINISTRATIVE INFORMATION

2.1 RFI Coordinator

Written inquiries regarding RFI content or Scope of Services must be emailed to the RFI coordinator listed below:

Kisha Thomas Williams
Program Manager
Louisiana Department of Health/Office of Behavioral Health
Kisha.Thomas2@la.gov

Any and all written inquiries and responses will be posted by the date specified in the Schedule of Events to the following web links: <https://ldh.la.gov/news/category/46>.

2.2 *Schedule of Events*

<u>Activity/Event</u>	<u>Date</u>	<u>Time</u>
Public notice of RFI	09/19/2024	5:00 p.m. (CST/CDT)
Deadline for receipt of written inquiries	09/27/2024	5:00 p.m. (CST/CDT)
Response to written inquiries	10/07/2024	5:00 p.m. (CST/CDT)
Deadline for receipt of RFI Submissions	10/21/2024	5:00 p.m. (CST/CDT)

OBH reserves the right to deviate from this Schedule of Events.

2.3 *Response Submittal*

Vendors interested in providing information requested by this RFI must submit responses containing the specified information no later than the Deadline for Receipt of electronic RFI response as stated in the Schedule of Events.

The responses must be received by **electronic** copy only to Kisha.Thomas2@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 date and 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.

2.4 *Response Content*

The purpose of this Request for Information is to solicit interest from parties potentially willing and realistically able to respond to a future request for proposals to administer the CSoC program. A response indicates intent to apply to a future RFP for this program. Responses from interested parties shall be organized in the following sections within the page limit constraints, including attachments, identified next to each section. Responses shall use a Times New Roman font of twelve (12) points, be double spaced and have one (1) inch margins.

Responses shall demonstrate the potential proposer's knowledge of the current CSoC system and principles, general understanding of the population and systems required for implementation, and a general acknowledgement, with evidence of ability, to successfully submit an application for a future RFP.

2.4.1 **Executive Summary (2 pages)**

Responder must provide an executive summary clearly stating their interest in applying to a future RFP to operate the Coordinated System of Care (CSoC) statewide Medicaid waiver program. The summary shall exhibit qualifications to run like programs and seriousness of potential to respond to a future RFP for these services. LDH expects the response to demonstrate the responder's

awareness and experience with youth and adolescents, vulnerable populations, Medicaid services administration, and statewide program operations.

This section shall include a singular contact name, and contact information with phone number, email address, and physical address for responder.

2.4.2 CSoC Philosophy (1 page)

Responder must describe their understanding of the CSoC principles and philosophy and the role of Wraparound Agencies in the program.

2.4.3 Corporate Background and Experience (2 pages)

Responder must provide a brief description of their company's history, corporate structure including presence in other states and years in business. Describe experience in operations of programs administered for children, vulnerable populations, Medicaid, under administratively complex/regulatory driven programs or with complex financing systems.

Responder should demonstrate their ability to manage a statewide Medicaid waiver program under the Prepaid Inpatient Health Plan (PIHP) healthcare delivery system and CMS requirements related to that classification. Demonstrate experience and readiness to operate as a capitated payment program.

Describe any experience with National Committee for Quality Assurance (NCQA) Managed Behavioral Healthcare Organization Accreditation, including whether or not accreditation has been attained.

2.4.4 Approach and Methodology (15 pages)

The responder must demonstrate the following:

- There is a comprehensive, operational strategy in place at the organization level to ensure compliance with applicable state and federal rules guiding program operation on a routine basis and when new laws or regulations are enacted, such as but not limited to Cultural and Linguistic Appropriate Service Standards, Health Insurance Portability and Accountability Act, Section 1915(b) and 1915(c) of the Social Security Act, Medicaid Managed Care, and Advance Directives.
- The organization has achieved high compliance with federal managed care rules as evidenced by a current technical report in accordance with 42 CFR 438.358 and produced by an external quality review organization which meets the criteria at 42 CFR 438.354.
- The organization has an effective business continuity, disaster recovery and emergency preparedness and management plan in place, which ensures operations are not interrupted when a disaster or a state of emergency is declared by the State, including demonstrated strategies for locating all members prior to an impending emergency/disaster, locating providers and members post emergency/disaster, actively linking members to new or temporary providers for services as needed, maintaining consistent, effective communication with agencies providing case management and providers to obtain near real-time information on members needs and provider status, addressing identified needs and issues timely to ensure member continuity of care and health and welfare in the

community, and reporting activities and progress on no less than a daily basis to the State as requested.

- The organization has an effective continuous quality improvement/management system which adequately meets quality standards and assurances required under 1915(c) and 1915(b) Medicaid-funded programs and the National Committee for Quality Assurance (NCQA) for accreditation as a health plan or managed behavioral healthcare organization, including:
 - Validation by an external quality review organization which meets the requirements at 42 CFR 438.354 that processes and procedures used for development, implementation, and reporting of performance improvement projects and performance measures are reliable and accurate,
 - Ensures high fidelity to practice and provider quality of care through robust monitoring reviews and other methods,
 - Ensures member satisfaction with organization and contracted providers, and
 - Meets established performance standards across reporting metrics/measures.
- The organization has an effective grievance management system which operates in accordance with state and federal rules, resolves filed grievances in a timely and appropriate manner, and includes tracking and trending of grievances and quality of care concerns to identify and address issues on a systemic basis.
- The organization has an effective utilization management and care management system which meets NCQA accreditation standards, proactively identifies and addresses the needs of members at risk of hospitalization or out-of-home placement, maintains the integrity of system of care values, addresses over and under-utilization in a timely manner, meets service authorizations timelines for expedited and routine requests, and has systems in place to inform care management and utilization management decisions.
- The organization has an adequate provider network for all covered benefits and services which ensures timely access to care for members in both rural and urban parishes.
- The organization operates a member service line to provide for timely crisis response and service authorizations 24 hours a day, 7 days a week, 365 days a year using an automated call distribution system with a Telecommunications Device for the Deaf (TDD) and/or relay system.
- The organization has processes and procedures in place to maintain a 24-hour behavioral health crisis line to respond to specialized behavioral health needs, answering with a live voice at all times and providing access to staff 24 hours a day, 7 days a week and 365 days a year in order to ensure members in crisis are able to access crisis services necessary to prevent relapse or harm to self or others by providing assistance in accessing face-to-face intervention; arranging urgent outpatient appointments, scheduling follow-up appointments and connecting to facility-based care; or providing phone consultation with a licensed practitioner when necessary.
- The organization has processes and procedures in place which allow for real-time oral and signing interpretation services free of charge to members while meeting timely access standards.
- The organization has processes and procedures in place to provide for weekly reconciliations of enrollments and dis-enrollments and proper assignment of members to appropriate waiver category based on level of care decisions.

- The organization has an effective, accurate, and efficient claims processing system in place that adjudicates and settles provider claims for covered services in compliance with state and federal rules.
- The organization has an automated management information system which supports the functions of all programs and services provided and includes data exchange with external agencies, electronic and manual claims processing and administration, claims/encounter storage, membership management, provider network management, utilization management, quality of care information, grievance and appeals, ability to interoperate with LDH systems and conform to applicable standards and specifications set by LDH, and ability to interface with LDH, Medicaid Fiscal Intermediary, and other potential LDH contractors.

2.4.5 Cost Estimate

Provide an estimate of total cost (inclusive of 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).

2.5 *Response Submittal Instructions*

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. Electronic submissions are the only acceptable method of delivery. Responders must email their response to the RFI Coordinator.

2.6 *Additional Instructions and Notifications to Responders*

2.6.1 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.

2.6.2 Ownership of Response

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

2.6.3 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.

ATTACHMENT I

Scope of Services

Covered Benefits and Services Provided To Program Participants

The potential contractor for CSoC services shall be able to provide for all members those core specialized behavioral health benefits and services specified in the Medicaid State Plan and its amendments, administrative rules, LDH policy and procedure manuals, and services specified in the 1915(c) and 1915(b) waivers. The proposer shall possess the expertise and resources to ensure the delivery of quality behavioral healthcare services and shall make medical necessity determinations to members in accordance with Louisiana Medicaid program and prevailing industry standards.

The full range of required core benefits and services must be available statewide through a contracted network of providers that have been credentialed by the CSoC contractor. Specialized Behavioral Health covered services are:

- Psychiatric services
- Licensed Practitioner Outpatient Therapy Services
 - Parent-Child Interaction Therapy (PCIT)
 - Child Parent Psychotherapy (CPP)
 - Preschool PTSD Treatment (PPT) and Youth PTSD Treatment (YPT)
 - Triple P Positive Parenting Program
 - Trauma-Focused Cognitive Behavioral Therapy
 - Eye Movement Desensitization and Reprocessing (EMDR) Therapy
 - Dialectical Behavior Therapy (DBT)
- Mental Health Rehabilitation Services
 - Psychosocial Rehabilitation (PSR)
 - Crisis Intervention
 - Community Psychiatric Support and Treatment (CPST)
 - Evidence-Based Programs (EBPs) specialized for high-risk populations. This includes:
 - Functional Family Therapy (FFT)
 - Multisystemic Therapy (MST)
 - Homebuilders
 - Assertive Community Treatment (limited to 18 years and older)
- Crisis Stabilization
- Inpatient Hospitalization for Behavioral Health Services
- Outpatient Substance Use Disorder Services and Opioid Treatment Programs (OTPs) in accordance with the American Society of Addiction Medicine (ASAM) levels of care
- Crisis Response Services
 - Mobile Crisis Response (MCR)
 - Community Brief Crisis Support (CBCS)

The CSoC contractor shall use the State Medicaid definition of “medically necessary services” in a manner that is no more permissive or restrictive than the State Medicaid program. All services for which a member is eligible shall at a minimum cover:

- The prevention, diagnosis, and treatment of behavioral health impairments.
- The ability to achieve age-appropriate growth and development.
- The ability to attain, maintain, or regain functional capacity.

The CSoC contractor shall be responsible for ensuring wraparound facilitation is provided to all members of the 1915(c) Children's CSoC Serious Emotional Disturbance (SED) Home and Community-Based waiver using high-fidelity wraparound practice consistent with the National Wraparound Initiative standards and principles. National Wraparound Initiative standards are available at <https://nwi.pdx.edu/pdf/Wraparound-implementation-and-practice-quality-standards.pdf> and principles at <https://nwi.pdx.edu/NWI-book/pgChapter2.php>.

Waiver services for the individuals that meet 1915(c) eligibility currently include Youth Support and Training (YST), Parent Support and Training (PST), Short-term Respite (STR), and Independent Living/Skills Building (ILSB).

The CSoC contractor shall be responsible for administration of 1915(b)(3) specialized behavioral health services which will serve eligible individuals who meet the level of care (LOC) of a Psychiatric Residential Treatment Facility (PRTF) or Therapeutic Group Home (TGH), or who meet the LOC for 1915(c), but temporarily reside in an excluded HCBS setting. The contractor shall be responsible for ensuring that wraparound facilitation is provided to all members of the 1915(b)(3) waiver.

Administrative Services

The potential proposer shall be able to provide management of administrative services, including but not limited to:

- 24 hours, 7 days a week, 365 days a year, toll-free telephone access line for providers and members;
- Member services;
- Care management (CM);
- Utilization management (UM);
- Quality management (QM);
- Grievances and appeals process;
- Provider network management, including provider training;
- Primary care coordination; and
- Claims management.