

**State of Louisiana  
Department of Health & Hospitals  
Office of Behavioral Health**

**Request For Information (RFI)  
For  
Provision of Inpatient Psychiatric Services**

**September 12, 2012**

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## 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** is subject to rejection without further consideration or recourse* based on the professional opinions of Department of Health & Hospitals (DHH) 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 must 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” will satisfy this requirement.

Respondents must be prepared to defend the reasons why material should be held as confidential. If another respondent or entity seeks to review copies of a respondent’s confidential data, DHH will 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 DHH from releasing information DHH 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, DHH 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 lead the effort to build and provide a comprehensive, integrated, person-centered system of prevention and treatment services that promote recovery and resilience for all citizens of Louisiana. OBH assures public behavioral health services are accessible, impactful, culturally and clinically competent and are delivered in partnership with all stakeholders.

#### *Vision*

As a leader in the health care field, the Office of Behavioral Health will assure excellence in the provision of behavioral health services by overseeing the state wide operations of the Louisiana Behavioral Health Partnership (LBHP) and by supporting a safety net of services not in the scope of LBHP.

### Statement of Need

Louisiana Office of Behavioral Health (OBH) currently operates Southeast Louisiana Hospital (SELH) in Mandeville, Louisiana to provide primary psychiatric and psychosocial services in compliance with all licensing and accreditation standards to meet individual patient needs for: 1) intermediate care for male and female adults, 18 years of age and older, with serious and persistent mental illness needing long-term care; 2) acute care for adults in an inpatient treatment environment that is shorter term and more cost-effective than long-term hospitalization. Presenting problems include acute and severe/persistent mental illnesses, cognitive disorders, suicide threats/attempts, dangerousness to self and others due to mental illness, co-occurring mental illness and substance use disorders, among others. The hospital accepts both voluntary and involuntary admissions. Treatment emphasis is on short-term, intense therapeutic intervention designed to provide the individual with rapid evaluation and stabilization, education and discharge planning. These units are closely linked to community-based services and support networks so patients can return to their homes faster and with greater continuity of care. Acute care patients are usually referred by an emergency room in order to ensure that they are medically stable prior to admission and may originate from anywhere within the state. Once stabilized and ready for discharge, the acute unit is responsible for ensuring that the patient has a continuity plan as well as a minimum of a two week's supply of medications; 3) inpatient care for adolescents

ages 13 through 17 and children ages 7 through 12 with severe emotional or behavioral disturbances. A wide range of therapeutic modalities, especially behavior management and family intervention, are utilized in close concert with the hospital based school program. The emphasis of the child/adolescent treatment is primarily on short-term stabilization and discharge planning. These youth may be voluntary, civilly committed, or ordered through the judicial system. 4) Developmental Neuropsychiatric Program (DNP) - inpatient care for adolescents 13 to 17 years of age who have co-occurring disorders, i.e., a serious psychiatric disorder combined with a developmental disorder, who have not responded to other types of mental health treatment, including multiple hospitalizations, day treatment and outpatient services. This program typically involves longer term treatment in order to meet the needs of this population.

The Louisiana Department of Health and Hospitals (DHH), Office of Behavioral Health will cease providing inpatient hospital treatment on the campus of Southeast Louisiana State Hospital on or about January 1<sup>st</sup> 2013. OBH plans to redistribute the current bed capacity of SELH patient hospital beds as it phases down operations at SELH according to the following schedule:

- (1) Intermediate Care Beds (ICB)---SELH currently operates 94 ICBs for adults. During the month of October 2012, 60 beds will transfer to Central Louisiana State Hospital (CLSH) in Pineville, LA, and 34 beds to the East Louisiana Mental Health System (ELMHS) in Jackson, LA.
- (2) Acute Care Beds (ACB) --- SELH currently operates 32 ACBs for adults, OBH is seeking private sector partners interested in operating up to 20 but no fewer than 4 beds at a single location within the greater St. Tammany Parish area and up to 20 but no fewer than 4 beds at a single location in the greater New Orleans area,
- (3) Child and Adolescent Beds --- SELH currently operates 8 beds for children (7-12 years of age), 22 beds for adolescents (13-17 years of age), and a 20 bed adolescent unit providing specialty developmental neuropsychiatric services. OBH is seeking private sector partners interested in operating child and adolescent beds as described in the RFI in the greater New Orleans area or utilizing space on the SELH campus through a cooperative endeavor agreement for continued operation of all or some component of the child and adolescent treatment programs.

In summary, DHH-OBH is seeking one or more providers capable of quickly implementing **any or all** of the following: 1) two acute care psychiatric units, one in St. Tammany Parish and one in the Greater New Orleans area; 2) one adolescent unit; 3) one child unit; and 4) a DNP unit.

## Purpose of the RFI

The Louisiana Department of Health & Hospitals, Office of Behavioral Health, issues this Request for Information (RFI) with the intent to determine the interest and capabilities of provider organizations to provide one or all of the following:

- from a 4 to 20 bed acute care psychiatric unit on the north shore of Lake Pontchartrain, preferably in St. Tammany Parish;
- from a 4 to 20 bed acute care psychiatric unit on the south shore of Lake Pontchartrain in the Greater New Orleans (GNO) area;
- a 22 bed adolescent unit;
- an 8 bed child unit;
- a 20 bed DNP unit

Providers may enter into a cooperative endeavor agreement (CEA) with DHH to staff, operate, and maintain the physical plant located on the SELH campus or propose an alternative site in the GNO/North Shore area that incorporates teaching/training of psychiatry residents. Potential providers may submit a single proposal or multiple proposals for the services indicated.

This document describes the basic components of the current system and requests information regarding a provider's thoughts, interest and ability to meet the Louisiana licensure requirements, as well as, the expectations of the Office of Behavioral Health. The RFI will be used to select one or more providers to transition patients from DHH operations in the GNO/North Shore area. A Request for Proposals (RFP) is not required for this solicitation.

The DHH goal is to provide comprehensive and effective services for the populations indicated above. To this end, the Office of Behavioral Health is open to innovative alternative strategies to address the needs of these individuals. Respondents are not limited in their method of providing services and are free to propose options outside the scope of this RFI that may more effectively and efficiently serve the identified populations.

## Scope

The scope of work indicated by this Request for Information is to create:

- acute care psychiatric units of 4 to 20 beds (for a total of 20 beds on the north shore and 20 beds on the south shore of Lake Pontchartrain) that will maintain a safe, supportive, and therapeutic environment while providing comprehensive, intensive, individualized care to adult psychiatric patients originating primarily

from an emergency room referral in any region of the state. The services requested include evaluation, stabilization and discharge planning for adults. Providers have the option of including detoxification for co-occurring disorders as a part of the acute care psychiatric unit.

- an adolescent psychiatric unit of 22 beds for adolescents ages 13 through 17 in need of primarily short-term intensive behavioral health treatment who are either voluntary, civilly committed or judicially committed.
- a child psychiatric unit of 8 beds for children and youth ages 7 through 12 in need of primarily short-term intensive behavioral health treatment who are either voluntary, civilly committed or judicially ordered into treatment.
- a 20 bed DNP unit for adolescents ages 12.5 through 17 with co-occurring psychiatric and developmental disorders who have not responded to other types of mental health treatment, including multiple hospitalizations, day treatment and outpatient services.

***Requirements:***

All child and adolescent treatment services must be guided by system of care principles which emphasize family-driven, youth-guided, individualized and community-based approaches that encourage the use of hospitalization for stabilization with intentional and active discharge planning beginning at the time of admission.

The components of the system must include:

***Criteria for Admission:***

The provider shall establish patient criteria for admission, as approved by OBH and in conjunction with the Statewide Management Organization (SMO), which shall assure that only patients needing active psychiatric treatment in a hospital setting are admitted for care. Admission criteria will be applied uniformly to all patients regardless of any determination of financial eligibility.

Admissions for all Medicaid and all non-Medicaid patients must be authorized by the SMO who will make the determination of medical necessity for the specified level of care. This will determine what services will be covered.

Admission to the acute unit shall occur only after being medically cleared by a duly privileged emergency room physician who has documented the patient's medical stability or a Department of Corrections physician who has given the patient medical clearance and completed a Physician's Emergency Certificate.

For admission to the DNP unit, prospective patients must meet the following criteria:

- must have a mental health diagnosis and developmental disability must be able to benefit from the program
- must be 12.5 to 18 years of age
- will typically have previous hospitalizations

Children and adolescents being considered for admission to the adolescent or child unit must be determined to be suicidal, homicidal or gravely disabled. Children and adolescents may also be court ordered by a juvenile judge when the individual has come to the attention of the juvenile court system. These are typically individuals who have an extensive history with the legal system, may have a history of abuse or other trauma, and typically display behaviors that are NOT due to a psychiatric condition. Children and adolescents may also be court ordered to the hospital for competency restoration when they have been determined to be incompetent to proceed in a criminal matter. These youth typically do not meet the medical necessity for hospitalization. Due to the seriousness of their charge, however, they are ordered to the hospital for the safety of the community while completing competency restoration. In addition, clients may be determined by OBH to require hospitalization beyond the period authorized by the SMO. In these instances the fee for service will be paid by OBH at a negotiated rate.

***Patient Management:***

Provider shall be responsible for establishment and implementation of all policies and procedures related to patient management and service delivery, to include admission criteria, evaluation, treatment and discharge of patients, subject to the review and approval of OBH.

Provider shall submit to OBH for approval, all policies and procedures utilized in the operation of the units and all descriptions and/or narratives of the clinical programs. These policies must be approved by OBH at the beginning of the contractual period and revisions must be approved by OBH prior to becoming an official part of the policy or procedures. This includes all policies and/or procedures initiated by either OBH or the provider.

Provider shall assure that staff for each of the units conduct all activities in compliance with state and federal statutes and regulations and The Joint Commission (TJC) standards.

Provider shall ensure appropriate treatment programs and services for all units, as approved by OBH. Daily patient care, including diagnosis, development of the treatment plan, revisions to the treatment plan, and discharge planning are the responsibility of the licensed physician who is a member of the facility's Medical Staff and practicing on the Unit.



Provider shall assure the availability of adequate numbers of appropriately qualified clinical support staff to render treatment services to include, at a minimum, psychiatric, psychological, social work, psychiatric nursing, occupational therapy and recreational therapy services.

All provider personnel shall be appropriately trained, experienced and licensed to meet the responsibilities in providing a comprehensive treatment program.

Provider shall assure that all employees attend all required meetings, including but not limited to facility orientation, in-services, fire/safety and disaster drills as stated in provider policies and procedures manual.

Those personnel who provide patient care that requires delineation through the medical staff process must be competent to provide such services. Competency assessments shall be performed as required by TJC. Documentation of these assessments shall be included in the records of the provider. This documentation shall be provided to OBH at the beginning of the period and at the intervals required by TJC standards.

Provider shall assure that prospective employees meet all of the facility employment criteria.

Provider shall develop a process, to include a timeline, for coordinating the reporting of performance deficiencies of employees.

Provider shall assure that professional clinical support staff meet all applicable licensing and certification board requirements, and shall monitor job performance to assure the quality and appropriateness of care delivery.

Provider shall determine the numbers and types of nursing personnel and staff necessary to provide psychiatric services at a minimum consistent with all standards governing such services. Provider shall provide adequate oversight and evaluation of the nursing activities and shall maintain a record for review by OBH.

Provider shall assure an organizational structure, which will allow staff to work closely and cooperatively with the facility Compliance Officer to ensure that the hospital is in compliance with licensure and accreditation, as well as federal and state laws.

If the units are to become a part of a general medical hospital or psychiatric hospital, designated provider staff will participate in the various committees and teams that operate within the hospital and will be assigned to such in a fashion similar to that of other departments in the hospital. At a minimum, it is expected that each of the units will have a representative on the performance improvement team and the Clinical/Medical Directors of the unit will participate in the Medical Executive Committee.

***Patient Records and Information:***

Provider shall be responsible for the care and custody of the medical record of each patient admitted to and discharged from the units through the Medical Records Department. Provider shall assure that the content and care of the medical record meets all applicable Centers for Medicare and Medicaid Services (CMS) criteria, TJC standards, and any other applicable medical records maintenance and retention standards.

Admission and discharge records of patients admitted to the units shall be maintained in the Medical Records Department in accordance with CMS guidelines and Louisiana Minimum Licensing Standards.

***Utilization Review:***

Provider shall develop and implement standards for its Utilization Review Plan which addresses the type of care offered by each of the units. Utilization Review activities, as directed by the facility's Utilization Review Plan will be ongoing and consistent with the plan.

***Selection and Removal of Staff:***

Provider is responsible for all hiring and termination of staff assigned to each of the units, with the exception of psychology interns and psychiatry residents.

Provider shall provide in-service orientation to all Unit employees on all applicable procedures, policies, and plans to ensure compliance with appropriate hospital, licensure, accreditation, state and federal rules and regulations. Copies of these documents shall be provided to OBH at the beginning of the contractual period and shall be kept updated in the same fashion as other departments in the facility.

The provider shall maintain health and personnel records of all Unit staff as required by policy and make them available to OBH when requested.

All physicians and psychologists and other licensed professionals employed by each of the units, including interns and residents, who provide medical and/or psychiatric services on the units must be privileged and shall follow the procedures as established for the submission of credentials for approval and granting of privileges and subsequent renewal of time.

***Fiscal Requirements:***

Provider shall be responsible for maintaining support records to substantiate costs attributable to the unit and for maintaining statistical data necessary to support the basis for allocation of any shared costs.

Any alterations or modifications to the physical plant as may be required for continued compliance with all state and federal regulations shall be the responsibility of the provider.

If the provider chooses to operate on the SELH campus, an agreement will be developed which will include the responsibility of both the provider and OBH in the maintenance, repairs and capital improvements to the state property.

***Health Screening:***

Provider shall perform all necessary pre-employment and periodic health screening examinations, including annual TB testing, for all employees. All employee health records will be maintained with strict confidentiality.

***Support Services:***

Provider shall be responsible for the provision of all support care services necessary for operation of the units, to include all necessary medical and non-medical supplies, pharmaceuticals, ancillary services, maintenance and environmental services, dietary services and security services. All such services shall be provided in accordance with all applicable licensing, accrediting, and regulatory body standards and criteria.

***Patient Billing:***

Provider shall assume responsibility for determination of financial eligibility and billing status for all patients admitted.

Provider agrees to make every attempt within its available resources to determine at the time of admission whether or not the patient has Medicare, Medicaid, or insurance coverage, and to document any such information obtained.

Payment for patients with no third-party insurance will be negotiated between the successful proposer and the State based on cost. Provider will bill the SMO for all Medicaid members at the rate established between the facility and the SMO as part of their contract with the facility. Treatment for individuals who are uninsured and do not meet Medicaid eligibility will be reimbursed by the Department at a negotiated rate.

***Risk Management:***

The requirements, policies and procedures regarding risk management issues are to be used by the units for all risk management issues. These requirements, policies and procedures are to form the basis for defining “critical incidents” on the unit and for the process and timeline to be used in reporting of “critical incidents” by the unit.

***Collaboration with OBH:***

Annually, the facility CEO and the OBH Director of Hospital Services or designee in conjunction with the Statewide Management Organization shall develop a Statement of Work to include the scope of services to be delivered. Meetings will be held as often as necessary, but no less than quarterly between the facility CEO, the Medical Director, the OBH Director of Hospital Services, the Statewide Management Organization, the unit management staff designated as responsible for the day-to-day operations of the unit and any other appropriate parties. Those local issues identified and appended to the Basic Operating Agreement shall be reviewed and discussed in terms of the satisfaction with the implementation of the resolution for each issue. Additional issues and resolution of those issues shall also be discussed.

***Accreditation:***

The provider shall maintain current accreditation by TJC. Any threat of the loss of accreditation (i.e., TJC) or the failure to maintain the conditions of participation for CMS, must be immediately reported to the Assistant Secretary for OBH.

***Teaching/Training***

The provider shall collaborate with either LSU/HSC and/or Tulane University School of Medicine to establish a training site for psychiatry residents. The provider may collaborate with other educational entities for training in other disciplines (psychology, social work, nursing, etc.).

**RFI Response**

Companies interested in responding to this RFI must submit a capability statement of no more than 20 pages (in 12 pt font with 1 inch margins) that details the ability to meet the statement of need. The following information is required in 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. Although this cover page is not required, its use is recommended to ensure uniformity of response and submission of all required information noted above.

## Outline

1. Respondents should demonstrate comprehensive experience in working with adult, adolescent and child/youth patients with serious mental illness and/or co-occurring substance abuse in inpatient settings, and/or adolescents with co-occurring psychiatric and developmental disorders.
2. Respondents should demonstrate knowledge and prior implementation of evidence-based programs for all proposed programs.
3. Respondents should demonstrate organizational viability, providing examples of specific customers, contact information, and assessments of program performance.
4. Respondents should demonstrate capacity to recruit staff and implement the proposed unit on a rapid timeframe.
5. Respondents should provide biographical information of Principals involved in the organization.
6. Respondents should provide references who can attest to the proposer's professional qualifications, as well as the quality of programming the proposer has provided.
7. Respondents should demonstrate where applicable current involvement and linkages with emergency rooms, parish coroners, and mental health centers in the communities they currently serve, as well as their involvement with the current SMO Healthcare.
8. Respondents should demonstrate the necessary structure for governance, administrative, and budgetary stability.
9. Respondents should discuss previous experience integrating services with academic teaching programs for physicians and other clinicians.
10. Respondents should provide a sample budget which includes a breakdown of projected costs/revenues.

11. Respondents should demonstrate adequate financial resources for performance of the CEA or the ability to obtain such resources as required during performance under this CEA.
12. Respondents should include for each of the last three (3) years, copies of financial statements, preferably audited, including at least a balance sheet and profit and loss statement, or other appropriate documentation which would demonstrate to the Department the proposer's financial resources sufficient to conduct the project.
13. Respondents should demonstrate an understanding of the Coordinated System of Care (CSoC) initiative including the values and principles on which it is premised and discuss how hospital-based services for children and adolescents will be integrated with CSoC efforts in implementing regions.
14. 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.

### Abbreviations and Terminology

<b>Acute Care</b>	<i>Intensive inpatient care for acutely ill psychiatric patients</i>
<b>CEA</b>	<i>Cooperative Endeavor Agreement</i>
<b>DNP</b>	<i>Developmental Psychiatric Program</i>
<b>DHH</b>	<i>Department of Health and Hospitals</i>
<b>Inpatient</b>	<i>Treatment services offered in a hospital</i>
<b>LGE</b>	<i>Local Governing Entity</i>
<b>OBH</b>	<i>Office of Behavioral Health</i>
<b>RFI</b>	<i>Request for Information</i>
<b>RFP</b>	<i>Request for Proposal</i>
<b>Unit</b>	<i>Refers to the inpatient setting in which the services will be provided.</i>

### Proposer Inquiries

The Department will consider written inquiries regarding the RFI before the date specified in the Schedule of Events. To be considered, written inquiries and requests

for clarification of the content of this RFI must be received at the above address or via the above fax number or email address by the date specified in the Schedule of Events. Any and all questions directed to the RFI coordinator will be deemed to require an official response by the date specified in the Schedule of Events.

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 binding.

## 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 Microsoft Word copy of your 20-page or less (12 pt font; 1 inch margins) response to the contact listed below. 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 4:00 P.M. (Central Time) on October 8, 2012.**

## How to Deliver the Response

In response to this Request For Information, please send a Microsoft Word-formatted response via email to [sue.austin@la.gov](mailto:sue.austin@la.gov). Please direct questions regarding this Request for Information in writing to the following point of contact:

Sue Austin, Ph.D.  
*Psychologist*  
(225) 342-4624  
[Sue.austin@la.gov](mailto:Sue.austin@la.gov)

## Timeframe

The following table designates the target dates for the request for Information (RFI) process. Please note that this RFI does not constitute a solicitation of offers from private providers or other entities. The dates listed below are target dates, and subject to change without notification.

September 12, 2012	RFI distributed to potentially interested parties: <a href="http://new.dhh.louisiana.gov/index.cfm/newsroom/category/47">http://new.dhh.louisiana.gov/index.cfm/newsroom/category/47</a> <a href="http://wwwprd.doa.louisiana.gov/OSP/LaPAC/bidlist.asp?department=4">http://wwwprd.doa.louisiana.gov/OSP/LaPAC/bidlist.asp?department=4</a>
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September 19, 2012	Deadline for RFI questions
September 26, 2012	Responses to questions posted by DHH/OBH <a href="http://new.dhh.louisiana.gov/index.cfm/newsroom/category/47">http://new.dhh.louisiana.gov/index.cfm/newsroom/category/47</a> <a href="http://wwwprd.doa.louisiana.gov/OSP/LaPAC/bidlist.asp?department=4">http://wwwprd.doa.louisiana.gov/OSP/LaPAC/bidlist.asp?department=4</a>
October 8, 2012	Last day for submission of responses to RFI



## Name of Organization

Response to  
Office of Behavioral Health  
Request For Information

For

## Provision of Adult and Adolescent Services

Submitted on:

**Month 00, 2012**

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

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Name of Authorized Representative, Title

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