

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

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

Response to Questions

September 26, 2012

RFI Number: 305 PUR-DHHRFI-PIPS-OBH

1. **Can a physician staffing agency submit a proposal?** Any agency can submit a proposal; however, the services being pursued are for complete services, not just physician staffing.
2. **Can we submit our rates for Psychology, Psychiatry and Psychiatric Nurse Practitioners?** The intent of the RFI is to find a provider who can offer the full service, not just particular disciplines.
3. **Will facilities be provided?** The provider may choose to operate the programs on the SELH campus through a Cooperative Endeavor Agreement (CEA) in which the terms of the agreement and the responsibilities of DHH and the provider are stated.
4. **How long is the privileging process?** DHH does not privilege professional providers. DHH does certify providers through a review process. The SMO then credentials them to provide the services for which they are qualified. This process can typically be carried out in parallel with the contracting process.
5. **Will billing for services be handled in house?** The provider will be responsible for becoming a member of the SMO network and billing the SMO for services provided to Medicaid members. Reimbursement for non-Medicaid patients will be directed to DHH through a process to be determined in the negotiations. The provider will also be responsible for billing 3rd party insurance for those patients who have insurance.
6. **Can we propose a billing option?** The respondent is free to propose a billing option; however, as stated above, billing will be made to the SMO (and will follow the SMO requirements) or to 3rd party insurance, as appropriate.
7. **Could you provide us a copy of the terms and conditions that will be part of the contract?** Services will be provided through a CEA rather than a contract. Terms and conditions will be negotiated once a provider is selected.
8. **What is the annual budget set for this?** There is no annual budget. Payments will be made through the SMO or private insurance. In the event the patient is court ordered and does not meet SMO criteria for admission or needs an extended length of stay, the rate to be paid by DHH will be negotiated and stated in the CEA.
9. **How long is the contract?** There will be no contract. Services will be provided through a CEA. The length of the CEA and renewal options will be negotiated with the selected provider(s).
10. **Will these need to be full time positions?** The provider will be expected to staff the facility at the appropriate ratio to meet accreditation and licensure requirements as well as to meet the needs of the patients.
11. **How many providers will you need?** The number of providers will depend on the number of beds and types of services proposed by each respondent.

12. **Are there any plans to contract with private hospitals to provide adult intermediate psychiatric beds closer to the New Orleans area?** Not at this time.
13. **When is the deadline to submit the proposal?** October 8, 2012
14. **Do you have to be a mental health facility to apply?** Any provider with interest and ability to provide the services may apply.
15. **Can we open up a facility in the LaPlace area?** Proposals to locate services in areas other than those specified in the RFI may be considered but preference will be given to proposals to locate services as written.
16. **What are the reimbursement rates for Medicare, Medicaid, and negotiated "cost" reimbursement when a patient is uninsured (as referenced in pg. 11 of the RFI)?** Medicaid reimbursement rates may be found in the LBHP services manual at <http://new.dhh.louisiana.gov/index.cfm/page/538>. The negotiated "cost" reimbursement will be determined by the provider and DHH once the provider is selected.
17. **Please provide a list of inpatient behavioral health services currently covered by the State (with reference to inpatient, residential, partial day treatment, etc., if applicable) as well as the current State Medicaid rates for these services and whether these rates are inclusive of physician fees.** Covered services and Medicaid reimbursement rates may be found in the LBHP services manual at <http://new.dhh.louisiana.gov/index.cfm/page/538>.
18. **How will indigent patients be funded in private hospitals?** Services for patients who are not eligible for Medicaid and who do not have 3rd party insurance will be reimbursed by DHH at a rate determined at the time of the CEA negotiations.
19. **In regards to the term listed on page five under the numeral (3) Child and Adolescent Beds, what specifically is meant by "cooperative endeavor agreement?"** *Cooperative endeavor agreements* are those agreements that Article VII, §14, of the Louisiana State Constitution authorizes, for a public purpose, among the state and its political subdivisions or political corporations, and with the United States or its agencies, or with any public or private association, corporation, or individual.
20. **What is the rate/fee for a private facility to treat patients at SELH?** The rate/fee for a private facility to treat patients is the same regardless of whether it is on the SELH campus or at another facility. Those providers interested in using the SELH facilities will enter into an agreement to compensate DHH for the use of the facilities.
21. **Does the term "non medicaid" (page 7; second paragraph under Criteria for Admission) refer to any person without medicaid or any person with insurance other than medicaid?** In this context, "non-Medicaid" refers to any patient who is not eligible for Medicaid and who does not have 3rd party insurance.

22. **What are the criteria for a patient to have met "competency restoration?"** Juvenile competency restoration is conducted by certified competency restoration providers who are employees of the Office of Behavioral Health or a Local Governing Entity. These providers meet with the youth for competency restoration sessions and make a recommendation to the court when they believe the youth is competent to proceed to trial. Upon the competency restoration provider's recommendation, the court may convene the sanity commission to evaluate the youth and give their professional opinion at which time the judge will rule. Competency restoration generally takes about 90 days, but may take longer based on the seriousness of the youth's mental illness or the intellectual functioning.
23. **Is psychological testing to be covered in the agreed upon rate between OBH and the private sector? Is it able to be billed separately?** Psychological testing in a psychiatric inpatient setting is usually included in the per diem rates for the facility.
24. **What are the parameters of the "contractual period?"** This will be negotiated upon selection of a provider.
25. **What is the notice of release from the contractual period?** This is typically 30 days, but may be negotiated during completion of the CEA.
26. **In regards to the last sentence under topic "Criteria for Admission" (page 8), what is the range for the negotiated rate that will be paid for patients that are required to be hospitalized beyond the period authorized by the SMO?** The negotiated reimbursement will be determined by the provider and DHH once the provider is selected and may vary based on the type of program provided, e.g., adults versus children or a DNP unit.
27. **What is the process to bill the appropriate party for a scenario described in question #26?** The process for invoicing and reimbursement between the provider and the state will be negotiated later.
28. **What are your security requirements?** The provider will be responsible for establishing security policies and procedures to be approved by DHH based upon licensing and regulatory standards and best practices.
29. **What is the OBH definition of a "critical incident?"** Critical incidents are those incidents that represent a significant departure from the usual standard of care and/or may represent an increased risk of harm to clients, staff, visitors or the community. Examples of critical incidents include major client injuries, elopements, and allegations of abuse.
30. **What is the funding source for the LSU and Tulane University residency program?** The LSU and Tulane University residency programs are funded through both state and federal funds.
31. **In regards to number 2 under the OUTLINE category, please provide an example of evidence based programming for the child and adolescent population that you are expecting to receive from provider.** Examples might include Trauma-Focused Cognitive

Behavioral Therapy, Brief Strategic Family Therapy, Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, EMDR, and Motivational Interviewing, to name a few. A more exhaustive list may be found at <http://www.nrepp.samhsa.gov/ViewAll.aspx>.

32. **What are acceptable exclusionary criteria for patients being treated at a free standing psychiatric hospital?** Providers will be required to develop policies and procedures indicating admissions criteria based upon licensing and regulatory requirements, best practices, and availability of services. These policies will require prior approval by DHH.
33. **Under what circumstances is occupational therapy required to be provided?** Mandatory services shall be offered in accordance with licensing and regulatory standards.
34. **For patients no longer meeting inpatient criteria, what rate would be offered to those with no placement options?** Unless the patient has been court ordered for a specific length of stay, the patient should be discharged when inpatient criteria is no longer met. It is the responsibility of the provider in collaboration with the SMO to ensure that aftercare services are available. For those with no home to which to return, every effort must be made to find appropriate housing. This may be accomplished through contacting various agencies such as the Office of Behavioral Health, the Office for Citizens with Developmental Disabilities, the Department of Children and Family Services, or the Office for Aging and Adult Services, as well as any number of not for profit and for profit resources.
35. **If a provider were to operate out of SELH, what costs are to be absorbed by the provider and what costs are to be absorbed by OBH?** The costs would be negotiated during the completion of the CEA. In these circumstances, the provider is typically responsible for all utilities, upkeep and maintenance under a specific dollar amount, as well as other costs to off set the use of the facility.
36. **Will the SMO approve treatment prior to admission?** The SMO may approve treatment prior to admission; however, in an emergency situation, the approval may be delayed.
37. **Would a submitted Joint Accreditation application meet the requirements?** TJC accreditation is a requirement for this operation.
38. **Would any reimbursement be given to transport clients upon discharge?** This might be available through Medicaid depending upon the specifics of the case.
39. **Please provide the most recent Medicaid enrollment figures for Louisiana broken down by age and geographical region.**

Medicaid Enrollment by Age Group and Region – August 2012								
See http://new.dhh.louisiana.gov/assets/oph/Center-EH/envepi/GIS/Maps/Regions_Color_200dpi_1_Layer.pdf for a map of regions								
Region	Age < 01	Ages 01-05	Ages 06-14	Ages 15-18	Ages 19-21	Ages 22-45	Ages 46-64	Ages 65+
1. Greater New Orleans	6,627	33,480	49,075	19,140	8,445	51,773	34,325	14,787

2. Capital Area	6,397	29,933	45,545	17,227	4,977	27,648	14,133	11,987
3. South Central LA	4,005	18,963	29,160	11,406	3,391	18,682	9,639	8,341
4. Acadiana	6,216	29,299	45,164	17,210	5,089	27,822	15,297	15,195
5. Southwest LA	3,082	13,952	21,610	8,159	2,309	11,957	6,396	5,963
6. Central LA	3,129	14,909	24,259	9,490	2,749	14,668	9,259	8,939
7. Northwest LA	5,699	26,461	41,131	15,458	4,565	23,272	13,417	13,589
8. Northeast LA	4,042	19,305	30,674	11,717	3,730	18,406	9,313	10,489
9. Northshore Area	4,847	23,377	37,331	14,324	3,842	22,349	12,148	10,285
Other	1,969	9,320	11,573	4,104	1,562	11,469	7,102	4,279

40. Please provide any past data for utilization of behavioral health services, if available.

FY 12		July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total/ Avg
Admits by Unit	Acute	56	51	53	40	40	36	29	36	43	46	47	39	516
	Adolescent	2	2	2	2	2	3	3	2	3	4	4	2	31
	Child	1	3	2	2	0	2	1	2	1	0	3	0	17
	DNP	0	0	0	1	1	1	3	2	0	1	1	1	11
	Total	59	56	57	45	43	42	36	42	47	51	55	42	575

FY 12		July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total/ Avg
Monthly Total Served (Not Duplicated)	Acute	84	80	81	71	72	67	61	66	73	73	77	68	72
	Adolescent	14	15	15	15	16	17	16	16	17	19	19	17	16
	Child	9	10	10	10	8	9	9	10	9	8	10	8	9
	DNP	20	20	19	20	19	18	20	21	19	20	19	20	20
	Total	127	125	125	116	115	111	106	113	118	120	125	113	117

41. Is chemical dependency treatment one of the covered services being requested in this request for Information? Chemical dependency treatment is not required; however, many patients will have co-occurring mental illness and substance use disorders. The proposer must 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.

42. Does the State currently have any third party commercial payor contracts in place for these services such as Blue Cross/Blue Shield, etc? The state does contract with third party insurers such as Blue Cross/Blue Shield where appropriate.

43. Does the State currently provide partial hospitalization, day treatment, residential treatment and chemical dependency services? If so, at what rate? The state does provide

residential treatment and chemical dependency services. Rates vary based on the service and will be negotiated with the provider when selected.

44. **What is the State rate for indigent care and the utilization rate for such services, if this information is available?** The rate for indigent care will be based on a negotiated fee dependent on the type of service provided (see #26 above).

45. Patient Rooms:

- a. **Regarding the 16 room (wing/bldg.) that has accommodating restrooms, “is there adequate space for dual occupancy to meet the minimum DHH requirements?”**

The dimensions of the patient rooms in Dorm IV are 15 x 11. There are 4 rooms this size on each side.

- b. **Are the ceilings and walls solid and monolithic?** Walls and ceilings are combination of brick, plaster, sheetrock, and drop ceilings depending upon the location.

46. Electrical and Mechanical:

- a. **Is there an operable emergency electrical back-up system in place that meets DHH requirements?** There is life safety generator capacity on all buildings. Wards A1, A3, D1, D3, L, M, N, and O along with the admissions area, pharmacy, main kitchen and dining rooms, and education hall all have life safety and HVAC capacity on generator.

- b. **Are there any upgrades required?** Upgrades would be necessary to power HVAC in remaining units if desired.

- c. **Regarding the power supply, how is the facility powered and what is the company name?** The facility has a primary and secondary power feed each coming from opposite directions onto the campus. The power is supplied by Cleco.

47. Building/Plant Structure:

- a. **Does any of the building/plant structure(s) require any asbestos abatement?**

Many of the older buildings still contain asbestos containing materials. All of this material is encapsulated and does not need remediation unless construction or repair requires it to be made friable. A detailed list of asbestos locations is maintained on the campus.

- b. **If so, which building/plant structure(s) would be available to our company to provide the type(s) of services intended?** None of the current structures are currently out of operation due to any asbestos related issues.

- c. **Are there any upgrades required?** The facility maintains TJC certification and licensure. Upgrades may be considered to improve efficiency, effectiveness, or comfort but are not required.

48. Parking Lot:

- a. **What is the maximum amount or allowable parking spaces available?**
Approximately 595 total spaces as currently configured.
- b. **Per building or Pod?** Chapel – 20, Security – 17, A Ward- 35, B Ward-20, C Ward-22, Boiler Room – 28, Main Kitchen – 17, Canteen-18, D Ward – 21, Administration (front)-16, Med Clinic/VR-18, Admissions-49, Pharmacy-3, L,M, N, O-32, Activity Building-32, Administration (back)58, QSS/POWER-20, Dorm IV/Youth – 36, W Ward-15, Building 165-40, S&T Wards-25, Small Kitchen-6, Dorms II & III, 15, Maintenance/Laundry-15.

49. Telephone System:

- a. **Does the telephone and electronic communications (computers, etc.) systems meet current industry standards?** This is a subjective question, but the telephone and computer system currently in operation are sufficient to provide the services currently provided.

50. Land and Improvements:

- a. **Are there any anticipated rental cost(s) associated with either the land or improvements?** This will be negotiated as a part of a CEA between to provider and DHH.

51. Pharmacy:

- a. **Is there adequate space allotted for pharmacy operations?** There is currently one central pharmacy along with medications rooms on each unit. The availability of space for future pharmacy operations will depend upon the number of beds operated, the buildings in which they are operated, and the configuration of beds in those buildings.

52. Food:

- a. **Does the cafeteria have the necessary equipment & supplies to accommodate the facility's needs?** The main kitchen and cafeteria currently serve all SELH and tenant clients 3 meals daily. Additionally, there is a currently unused smaller kitchen and dining area in the youth complex.
- b. **Does the cafeteria's equipment & supplies meet current DHH as well as industry standards?** The equipment and supplies are currently in use to serve all SELH and tenant clients 3 meals daily and have passed all inspections and surveys by regulatory bodies.
- c. **Is the cafeteria's equipment & supplies a part of the negotiations process?** The use of all DHH buildings, equipment, and property will be negotiated as a part of the CEA between the provider and DHH.

53. Transportation:

- a. **Does the facility own/lease transportation vehicle(s) to accommodate its needs?**
The facility currently owns its vehicles for client transportation.

- b. **If owned, are the vehicle(s) part of the negotiations process?** No
- c. **If owned, what are the liabilities associated with each?** N/A
- d. **If owned, how are they maintained and who maintains them?** N/A
- e. **If owned, please provide a list of the makes & models of each and the value of each.** N/A

54. Facility-wide:

- a. **Are there any financial or otherwise, liabilities pending known at the date of this submission? If so, please provide.** N/A

For questions 55 through 57, the following response applies:

The physical plant at Southeast Hospital meets all licensing and Joint Commission standards. Documents related to the following requests will be made available for review by interested parties with 24 hours notice.

55. Please provide an electronic version, if any, of the floor plans for the SELH property.

56. Please provide those third party contracts currently provided to State at SELH such as linen service, dietary, pharmacy, etc.

57. Please provide a copy of the contract for the Tulane residency training program with the State currently conducted at SELH.