REQUEST FOR PROPOSAL

Tier IV Behavioral Health Urgent Care, Facility Based Crisis, and Non-Hospital Medical Detoxification in Mecklenburg County

RFP #2022-101

March 29, 2022

NOTE:
Alliance reserves the right to modify this RFP to correct any errors or to clarify requirements. Any changes will be posted on our website http://www.alliancehealthplan.org/

Copies of all postings will be emailed directly to anyone who registers with Alliance. To register, please send an email to AllianceRFP@alliancehealthplan.org with your name and contact information.
Purpose:
Alliance is a Local Management Entity/Managed Care Organization (LME/MCO) responsible for the delivery of publicly funded mental health, intellectual/development disabilities and substance use services for people living in Cumberland, Durham, Johnston, Mecklenburg, Orange and Wake counties, the ‘Catchment Area’.

Alliance has identified the following Network needs and seeks the following services:
One Provider to operate the following services in Mecklenburg County to Alliance Adult members. The sole Provider will be responsible for operating these services at one physical location.

- Tier IV Behavioral Health Urgent Care; and
- Facility-based Crisis; and
- Non-Hospital Medical Detoxification

Background:
Alliance seeks to continue the development of a strong crisis response and intervention continuum. To that end, Alliance is seeking creative solutions to meet the needs of the community for crisis triage, assessment, and diversion from hospitalization and/or emergency departments when appropriate, and strong recovery programming utilizing evidence based and best practices. Due to service need, Alliance is seeking one Provider to increase capacity in Mecklenburg County providing Facility Based Crisis Program, Non-Hospital Medical Detoxification, and Tier IV Behavioral Health Urgent Care. The sole Provider will be responsible for providing these programs within one physical location.

Minimum Qualifications:
Only organizations that meet the following minimum qualifications will be considered for this RFP:

- In-Network Provider in the Alliance Closed Provider Network with an active and fully executed Network Participation Contract (“Contract”) with Alliance;
- In Good Standing as defined herein;
- The Provider must have significant demonstrable experience and currently operate a 24-hour facility serving adults with mental health or substance use disorders.
- Provider is currently contracted with Alliance to deliver crisis services in the Alliance Catchment Area.
- The organization must have non-profit status in North Carolina
- Holds current program/agency accreditation from at least one of the following: Council on Accreditation (COA), Joint Commission (JC), Council for Quality Leadership (CQL), Council for Accreditation of Rehabilitation Facilities (CARF) which are the accrediting
bodies accepted by NC MH/DD/SAS (program required as prescribed by accrediting body).

Good Standing. All providers and organizations applying to participate in the Alliance Closed Network must be in good standing with all applicable oversight entities and continuously meet Good Standing criteria while a member of the Closed Network. This means that the provider or applicant:

(i) is in compliance with the standards and requirements of all applicable oversight entities;
(ii) has submitted all required documents, payments and fees to the U.S. Internal Revenue Service, the N.C. Department of Revenue, N.C. Secretary of State (if applicable), the N.C. Department of Labor, and the N.C. Department of Health and Human Services (DHHS) and its Departments and Divisions;
(iii) has not filed for or is not currently in Bankruptcy; and
(iv) has not had any sanctions imposed against it, including, but not limited to the following:

- Any Local Management Entity/Managed Care Organization (LME/MCO): Contract Termination or Suspension, Referral Freeze, non-compliance with a Plan of Correction, Past Due Overpayment, Prepayment Review, Payment Suspension.
- N.C. Department of Health and Human Services
- NC Medicaid/NC Division of Health Benefits (DHB): Contract Termination or Suspension, Payment Suspension, Prepayment Review, Outstanding Final Overpayment.
- Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS): Revocation, Unresolved Plan of Correction.
- Division of Health Service Regulation (DHSR): Unresolved Type A or B penalty under Article 3, Active Suspension of Admissions, Active Summary Suspension, Active Notice of Revocation or Revocation in Effect.
- U.S. Internal Revenue Service: Unresolved tax or payroll liabilities.
- N.C. Department of Revenue: Unresolved tax or payroll liabilities.
- N.C. Department of Labor: Unresolved payroll liabilities.
- N.C. Secretary of State: Administrative Dissolution, Revocation of Authority, Notice of Grounds for other reason, Revenue Suspension; providers organized as a corporate entity must have a “Current – Active” registration with the NC Secretary of State.
- Boards of Licensure or Certification for the applicable Scope of Practice
- Provider’s Selected Accrediting Body.

Disclosure of Sanctions: Applicants are required to disclose all pending or final sanctions under the Medicare or Medicaid programs including paybacks, lawsuits, insurance claims or payouts. Applicants must also disclose sanctions and disciplinary actions issued by applicable licensure boards, and adverse actions by regulatory agencies within the past five years or now pending. The provider’s owner(s) and managing employee(s) may not previously have been the owners or
managing employees of a provider that had its participation in any State’s Medicaid program or the Medicare program involuntarily terminated for any reason or owes an outstanding overpayment to an LME/MCO or an outstanding final overpayment to DHHS.

### Timeline & Applicant Conference:

<table>
<thead>
<tr>
<th>Event</th>
<th>Date/Time</th>
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<tbody>
<tr>
<td>Public Notice of RFP</td>
<td>Thursday, March 29, 2022</td>
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<tr>
<td>Pre-Application Conference</td>
<td>Monday, April 18, 2022</td>
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<tr>
<td>RFP Questions Submitted</td>
<td>Thursday, April 21, 2022, by 5:00 p.m.</td>
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<tr>
<td>RFP Answers to Questions Posted on Website</td>
<td>Wednesday, April 27, 2022, by 5:00 p.m.</td>
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<tr>
<td>PROPOSALS DUE BY 5:00 PM</td>
<td>Wednesday, May 11, 2022, by 5:00 p.m.</td>
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### Availability of Funds

The awarding of contracts is subject to allocations and available funding. The funding for the services solicited hereunder is available on a fee-for-service (UCR) basis and non-UCR basis for Alliance members admitted to the program.

**Start-up funds** available to allow for onboarding of staff, installation of technology and supplies for the program.

**Facility funds** available for one of the following:

- Option 1: New facility to be built on county owned land (Alliance will initiate and manage procurement process for an architect and general contractor)
- Option 2: Provider leased property that is county-owned needing renovation (Alliance will initiate and manage the procurement process for an architect and general contractor)
- Option 3: Privately owned/leased facility. Provider will be fully responsible for upfit of facility

Strong consideration will be given to the Provider that demonstrates a positive track record of maximization of multiple funding sources.

### Scope of Proposal

Alliance is seeking to add a Tier IV Behavioral Health Urgent Care, sixteen (16) bed Facility-Based Crisis Center (FBC), and Non-Hospital Medical Detoxification programs, all operating twenty-four (24) hours, seven (7) days per week in Mecklenburg County in one physical location. The scope of this request for proposals covers services delivered to **adult members only**. The facility must be licensed by DHSR for Facility Based Crisis, and Non-Hospital Medical Detoxification and receive designation as a facility to receive involuntary commitments by NC DMH/DD/SAS.
Provider shall be responsible for:

- Utilizing and adhering to the following Medicaid and State service definitions:
  - Tier IV (24 hour) Behavioral Health Urgent Care (Behavioral Health Crisis Assessment and Intervention)
    - [https://www.alliancehealthplan.org/document-library/67797](https://www.alliancehealthplan.org/document-library/67797)
  - Facility-Based Crisis
    - Medicaid and Health Choice Clinical Coverage Policy No; 8A, pg. 67 [https://medicaid.ncdhhs.gov/media/8698/open](https://medicaid.ncdhhs.gov/media/8698/open)
  - Non-Hospital Medical Detoxification
    - State-funded Enhanced Mental Health and Substance Abuse Services, pg. 94 [https://www.ncdhhs.gov/media/13720/download?attachment](https://www.ncdhhs.gov/media/13720/download?attachment)
  - Obtain and maintain designation as a facility for Involuntary Commitments. For information see the attached application requirements in the file named: IVC Designation Application-December 6, 2021.
  - Obtain .5000 DHSR license for the facility. See Licensing Rules here: [http://reports.oah.state.nc.us/ncac/title%2010a%20-%20health%20and%20human%20services/chapter%2027%20-%20mental%20health%20community%20facilities%20and%20services/subchapter%20g/subchapter%20g%20rules.html](http://reports.oah.state.nc.us/ncac/title%2010a%20-%20health%20and%20human%20services/chapter%2027%20-%20mental%20health%20community%20facilities%20and%20services/subchapter%20g/subchapter%20g%20rules.html)

- Maintains current program/agency accreditation from at least one of the following: Council on Accreditation (COA), Joint Commission (JC), Council for Quality Leadership (CQL), Council for Accreditation of Rehabilitation Facilities (CARF) which are the accrediting bodies accepted by NC MH/DD/SAS (program required as prescribed by accrediting body).
**Required Elements:**

Provider shall offer robust programming, services and supports in all programs in the facility designed to adhere to Core Elements for Responding to Mental Health Crises. These can be found at: [http://store.samhsa.gov/product/Core-Elements-for-Responding-to-Mental-Health-Crises/SMA09-4427](http://store.samhsa.gov/product/Core-Elements-for-Responding-to-Mental-Health-Crises/SMA09-4427)

**Tier IV Behavioral Health Urgent Care includes:**

- Triage, screening and observation 24/7
- Assessment to determine level of care needs
- Referrals for routine needs and higher needs such as inpatient hospitalization, facility-based crisis, or non-hospital medical detoxification
- Access to a prescriber-level clinician in person or via telemedicine
- Designation as a site able to receive Members in need of the first examination in the involuntary commitment (IVC) process
- Care and continual evaluation for Members on petition waiting psychiatric admission
- **Immediate crisis intervention for adults**
  - Aggressive disposition strategies to ensure member length of stay does not exceed 23 hours

**Facility Based Crisis (FBC) and Non-Hospital Medical Detoxification (NHMD) includes:**

- Physician availability 24 hours a day by telephone or face-to-face;
- Physician, or Physician Assistant/Nurse Practitioner under the supervision of a physician, conducts an assessment, in person, within 24 hours of being admitted
- Member meets with counselor and/or case manager within 24 hours
- Peer Support with an initial meeting within 24 hours
- Comprehensive clinical assessments, nursing and medical assessments;
- Availability of medical, laboratory, and other specialty services through consultation
- Discharge planning to ensure continuity of care which begins at admission
- Medication education
- Wellness and recovery education with emphasis on prevention and management of chronic conditions;
- Nutrition assessments and consults on specific conditions;
- Staff trained to assess and treat co-occurring mental health disorders
- Referrals and evaluations for admissions will be accepted 24/7 from crisis services, the contracted mobile crisis provider, as well as other community providers.
- Clinical programming will be provided to all individuals served by the facility seven days per week.
- When applicable, FBC/NHMD shall notify the responsible provider serving the individual.
Considerations:

- Mecklenburg County is offering limited capital to startup and operate the services described in this RFP within one of the following facility options
  - Option 1: New facility to be built on county owned land
    - Provider will be required to enter into a sublease with Alliance and shall budget for insurance, routine maintenance
    - A fact sheet regarding the parcel will be available at the applicant’s conference.
    - If this option is utilized, Alliance will initiate and manage the procurement process for an architecture and general contractor
    - Limited funds will be available from the county for construction of the new building
  - Option 2: Provider leased property that is county-owned needing renovation
    - Limited funds available for renovation
    - If this option is utilized, Alliance will initiate and manage the procurement process for an architecture and general contractor
    - Limited funds will be available from the county for renovation of the facility
  - Option 3: Privately owned/leased facility
    - Provider will be fully responsible for upfit of facility

Alliance will consider providers that wish to operate other services within the facility such as open access, outpatient therapy and integrated healthcare. Such services are not required by this RFP but delivery of additional services will require Alliance approval.

Alliance prefers but does not require a Provider that allows Primary care provider who is credentialed to serve Alliance members to continuously operate in the same facility throughout the term of the awarded Contract.

Special Conditions:

- Alliance anticipates the need for only one provider in Mecklenburg County. Selected Provider must submit valid 24-hour facility license as proof of meeting minimum qualifications.

Submission Instructions:

- Indicate the Applicant name and RFP number on the front of your proposal package.
- Include the RFP and page #s on the bottom of each page of your proposal.
- Proposals must be submitted according to the below described Eligible Applicant Proposal Format.
• Proposals must address the questions and items set out on the following pages and must be typewritten and signed in ink by the official authorized to bind the applicant to the provisions contained within the proposal.
• Trade secrets or similar proprietary data which the organization or organization does not wish disclosed to other than personnel involved in the evaluation will be kept confidential to the extent permitted by state law and rule if identified as follows: Each page shall be identified in boldface at the top and bottom as "CONFIDENTIAL." Any section of the proposal that is to remain confidential shall also be so marked in boldface on the title page of that section.
• **One electronic version of the response sent via email to** [AllianceRFP@Alliancehealthplan.org](mailto:AllianceRFP@Alliancehealthplan.org). The signed (original signature scanned) proposal must be delivered prior to 5pm. Provider may request submission instructions for hard copy by emailing [AllianceRFP@Alliancehealthplan.org](mailto:AllianceRFP@Alliancehealthplan.org)
• Alliance will not be held responsible for the failure of any mail or delivery service to deliver a proposal response prior to the stated proposal due date and time.
• No fax responses will be accepted or considered.

All proposals must be received by Alliance on or before **5:00 p.m. on Wednesday, May 11, 2022.** **Late proposals will not be accepted.**

All proposals submitted by the deadline become the property of Alliance Behavioral Healthcare.
• Proposals shall be electronically mailed to Alliance at the following email address: [AllianceRFP@Alliancehealthplan.org](mailto:AllianceRFP@Alliancehealthplan.org)
• In the subject line, use the following:
  o **ATTN:** Healthcare Network Project Manager / RE: RFP #2022-101

**PROPOSALS WILL NOT BE ACCEPTED AFTER THE DUE DATE/TIME AND WILL BE RETURNED TO THE PROVIDER.**

Questions concerning the specifications in this RFP will be received until 5:00 pm, Thursday, April 21, 2022. Please submit all questions in writing by e-mail to [AllianceRFP@alliancebhc.org](mailto:AllianceRFP@alliancebhc.org). A summary of all questions and answers will be posted by Wednesday, April 27, 2022, at 5:00 pm on the Alliance Behavioral Healthcare website at: [www.AllianceHealthPlan.org](http://www.AllianceHealthPlan.org)

Alliance reserves the right to:
• Reject any and all offers and discontinue this RFP process in the sole discretion of Alliance without obligation or liability.
• Award more than one contract.
Eligible Applicants Proposal Format

Proposals shall conform substantially to the following format using tabs to designate sections:

**Section A. Introduction (1 page max)**

1. Describe why you believe that your organization, from a business, professional, clinical, administrative, financial, and technical perspective, should be awarded a contract for the services requested. Describe any distinguishing features Alliance should know about your services and experience your company has well as an overview of your proposal.
2. Describe generally what you are proposing to do under the scope of services.

**Section B. Minimum Requirements and Provider Disclosures (3 pages max)**

1. Disclose any sanctions, past or pending, under the Medicare or Medicaid programs including paybacks, lawsuits, insurance claims or payouts, and disciplinary actions of the applicable licensure boards or adverse actions by regulatory agencies within the past five years.
2. Disclose if your agency has any proposed/pending merger with another entity. Please note that an award of a contract to the organization making the proposal will not be assigned automatically to a new agency resulting from a merger or acquisition.
3. Disclose if the organization is affiliated by contract or otherwise, with any other provider (defined as any individual or entity providing behavioral health services).
4. Provide the NC DHSR License number(s) and license dates of each 24-hour Facility, Facility Based Crisis and Non-Hospital Detoxification service your organization currently operates in North Carolina.
5. Describe any crisis programs currently operating.

**Section C. Organizational Background and Expertise (30 pages max)**

Providers shall demonstrate experience and competency in the requested service(s), or similar services with the population. Stability and quality of past operations is important. This section is intended to assess the organization’s past record of services, compliance with applicable laws, standards and regulations, the qualifications and competency of its staff, the satisfaction of members and family members served, systems of oversight, adequacy of staffing infrastructure, use of evidence based and best practices, and quality management systems as they relate to the services in this RFP.

For this RFP describe your organization’s background and expertise in the following:

1. Provide a detailed implementation plan, including timeline, for securing a facility, providing services requested, inclusive of sample staffing plan for licensed and urgent care services. Staffing and implementation plan shall reflect program elements requested.
2. Provide a brief history of your organization, indicating how long your organization has been in business. Identify your current service location(s) with the physical address and services offered at each site. Also identify the types of funding you utilize (fee for service, non-UCR, IPRS, Medicaid, etc.).

3. Describe how your agency’s values are compatible with the Ten Essential Values described in Core Elements for Responding to Mental Health Crises.

4. Describe how your program implements Principles for Enacting the Essential Values described in Core Elements for Responding to Mental Health Crises in your licensed and Behavioral Health Urgent Care or other crisis program(s).

5. Describe in detail how you will provide for Peer Support within the programs, and if available within the licensed facility and behavioral health urgent care.

6. Describe any evidence based, recovery-oriented practices you will be using in the program including but not limited to: recovery education curricula, therapies, and psycho-education.

7. Describe your organization’s treatment culture and the culture’s relationship to quality programming and outcomes for Members.

8. Describe in detail how your organization currently demonstrates:
   a. Staff is appropriately trained and demonstrate competence.
   b. Staff and staff leadership that understands, accepts and promotes the concepts of recovery and resilience.
   c. Staff has timely access to critical information.
   d. Staff is afforded the flexibility and the resources to develop individualized plans. Give Examples.
   e. Staff is empowered to work in partnership with individuals being served. Give examples.
   f. An organizational culture that does not isolate its programs or its staff. Give examples.
   g. Coordination and collaboration with outside entities including community service providers. Give examples.

9. Describe your organization’s policies and procedures for handling aggressive or non-compliant members. Attach if available.

10. Describe your organization’s protocol for determining medical clearance.

11. Describe your plan to provide patients with medications for physical and behavioral health needs.

12. Tell us your agency’s experience in collaborating with Law Enforcement, Magistrates, EMS and/or advanced paramedics and other relevant first responders.

13. Describe your policies and procedures for the handling of Narcan or Fentanyl test kits?

14. Do you envision early induction of Medication Assisted Treatment within your program? If so, how will you ensure that this is continued post BHUC or Facility Based Crisis treatment?

15. Please tell us what experience you have with Involuntary Commitment designation?
Section D. Management / Administrative Capability (8 pages max)

1. Describe specific performance indicators and member outcomes for this program.
2. Describe how you use the performance indicators, member outcomes and other data points such as satisfaction surveys for improving member care.
3. Provide information about your strategies for recruitment, retention, and support of qualified staffing.
4. Submit your proposed start up budget and a separate 12-month operational budget using the attached Budget Form. Please include your anticipated expenditures and revenue sources. Expenditures should include full-time equivalent positions both clinical and administrative, credentials or licenses if applicable, and operating expenses. Revenues should include private insurance, standard plan, LME/MCO Medicaid, state funds and any other grants or sources of revenue. If applicable, include any deficit. (Pages for this item are excluded from the count)
5. Describe your electronic health record system. In addition, describe the type of data you can retrieve from your Electronic Health Record (EHR) system.

Proposal Evaluation:
Award of a contract resulting from this RFP will be based upon the application(s) best aligned with the cost, service objectives, and other factors as specified herein. Providers shall demonstrate experience and competency in the requested service(s). Stability and quality of past operations is important.

RFP Proposals will be evaluated using a standardized evaluation sheet for the elements from the RFP outline. Applications will be pre-screened by Provider Network Management to ensure the organization (i) meets the minimum qualifications (ii) has completed all material sections of the RFP, and (iii) is responsive to the questions. Any applicants that are rejected for failing to meet the pre-screen criteria shall be notified in writing along with the reasons why the application was rejected.

Once an application passes the pre-screen process, it will be reviewed by a Selection Committee designated by Alliance which may include Alliance staff, Area Board members, and other stakeholders deemed needed. Reviewers will utilize the Evaluation Tool attached and scores will be calculated from all the reviewers. An interview process may be utilized to gain additional information and pose questions of providers. The evaluation will include the extent to which the Applicant’s proposal meets the stated requirements as set out in this RFP as well as the Applicants’ stability, experience, and record of past performance in delivering such services.

All applicants will receive written notification of the results of the evaluation of their application.
Contract Award:

The successful applicant(s) chosen by Alliance will be required to execute a contract or contract amendment that includes a Scope of Work outlining the requirements of this RFP.

Providers shall have a “no-reject policy” for referrals within the capacity and the parameters of their competencies. Providers shall agree to accept all referrals meeting criteria for services they provide when there is available capacity; a Provider’s competency to meet individual referral needs will be negotiated between Alliance and the Provider.

The initial term of any contract awarded hereunder will be through June 30, 2023.

Cancellation of Contract: Alliance reserves the right to cancel and terminate any resulting contract(s), in part or in whole, without penalty, upon thirty (30) days written notice to the Provider. Any contract cancellation shall not relieve the Provider of the obligation to deliver and/or perform outstanding prior to the effective date of cancellation and transition Members and Member’s records.

Other General Information:
The following outlines additional information related to the submission of proposals:

• Alliance reserves the right to reject any and all proposals for any reason, including but not limited to false information contained in the proposal and discovered by Alliance.
• Any cost incurred by an organization in preparing or submitting a proposal is the applicant’s sole responsibility. Alliance will not reimburse any applicant for any pre-award costs incurred. All materials submitted to Alliance will become the property of Alliance and will not be returned.
• All proposals are subject to the terms and conditions outlined herein. All responses will be controlled by such terms and conditions. The attachment of other terms and condition by any organization may be grounds for rejection of that organization’s proposal.
• In submitting its proposal, organizations agree not to use the results therefrom or as part of any news release or commercial advertising without prior written approval of Alliance.
• All responses, inquiries, or correspondence relating to or in reference to the RFP, and all other reports, charts, displays, schedules, exhibits, and other documentation submitted by the organization or organization will become the property of Alliance when received.
• The signer of any proposal submitted in response to this RFP certifies that this proposal has not been arrived at collusively or otherwise in violation of either Federal or North Carolina antitrust laws.
Authorization to Submit Proposal

To the best of my knowledge, my organization is able to meet all requirements necessary to apply for the services solicited in RFP #2022-101. I am submitting the attached proposal, which, to my knowledge is a true and complete representation of the requested materials.

Authorized Signature

Printed Name

Title

Date