



## **REQUEST FOR PROPOSAL**

### **Mobile Crisis Management**

**100-2023**

**April 3, 2023**

**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](mailto:AllianceRFP@Alliancehealthplan.org) with your name and contact information.

## **Purpose:**

Alliance Health (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 abuse services for people living in Cumberland, Durham, Johnston, Mecklenburg, Orange, and Wake counties, the 'Catchment Area'.

**Alliance has identified the following Network need and seeks the following service(s) from Alliance's Network of Providers:**

### **Mobile Crisis Management Services**

Alliance seeks two Mobile Crisis Management Providers to cover each area in the region and an additional provider and/or team in Wake County for the Emergency Medical Services (EMS) Co-Response Model.

Mobile Crisis Management involves supports, services, and treatments necessary to provide integrated crisis response and stabilization interventions with a focus on hospital diversion. Mobile Crisis Management services are always available, 24-hours-a-day, 7-days-a-week, 365-days-a-year. Crisis response is an immediate evaluation, triage and access to acute mental health, intellectual/developmental disabilities, or substance use services, treatment, and supports to effect symptom reduction, harm reduction, or to safely transition persons in acute crises to appropriate crisis stabilization and detoxification supports or services. These services include immediate telephonic response followed by an in-person response to assess the crisis and determine the risk, mental status, medical stability, and appropriate response.

## **Minimum Qualifications:**

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

- In Network Provider or Provider eligible to become an In Network Provider with Alliance Health.
- Provider must be successfully enrolled in NCTRACKS
- In Good Standing as defined herein;
- Holds current program/agency accreditation from Council on Accreditation, Joint Commission, Council for Quality Leadership, Council for Accreditation of Rehabilitation Facilities which are the accrediting bodies accepted by NC MH/DD/SAS (program required as prescribed by accrediting body) for Mobile Crisis Services.
- Mobile Crisis Management experience.
- Organizations with non-profit status in North Carolina preferred but is not required.

**Good Standing.** All applicants must be in good standing with all applicable oversight entities. Current in-network providers must continuously meet Good Standing criteria. This means that the 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, 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.
  - **DMH/DD/SAS:** Revocation, Unresolved Plan of Correction.
  - **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:

Event	Date/Time
Public Notice of RFP	April 3, 2023.
Pre-Application Conference	<p>April 10, 2023, 12:00 pm</p> <p>Please RSVP to the Team Link Invitation</p> <h3>Microsoft Teams meeting</h3> <p><b>Join on your computer, mobile app or room device</b></p> <p><a href="#">Click here to join the meeting</a></p> <p>Meeting ID: 257 454 683 992 Passcode: XuGFgx</p> <p><a href="#">Download Teams</a>   <a href="#">Join on the web</a></p> <p><b>Or call in (audio only)</b></p> <p><a href="#">+1 213-204-2613,,585581019#</a> United States, Los Angeles</p> <p>Phone Conference ID: 585 581 019#</p> <p><a href="#">Find a local number</a>   <a href="#">Reset PIN</a></p>
RFP Questions submitted	April 13, 2023, 5:00pm
RFP Questions due back to providers	April 17, 2023, 5:00pm
<b>PROPOSALS DUE BY 5:00 PM</b>	April 27, 2023

## Availability of Funds:

The awarding of contracts is subject to available funding. The funding for the services solicited hereunder is available on a Unit Cost Reimbursement and non-Unit Cost Reimbursement basis for Medicaid and State members admitted to the program.

*Alliance has limited start-up funds for providers.*

## Scope of Proposal:

This proposal is to select two Mobile Crisis Management Providers to cover each area in the region and an additional provider and/or team in Wake County for the Emergency Medical Services (EMS) Co-Response Model.

The successful applicant will adhere to the North Carolina Mobile Crisis Management Service Definition which can be found at: <https://medicaid.ncdhhs.gov/8a-enhanced-mental-health-and-substance-abuse-services/download?attachment>

**If DHHS gives further guidance and/or outlines new requirements for Mobile Crisis Management Medicaid Clinical Coverage Policy 8A and State Funded Policy, this may result in additions or changes to the RFP.**

Mobile Crisis Management (MCM) is a mobile intervention for a member experiencing escalating emotional symptoms, behaviors, or traumatic circumstances which have compromised the member's ability to function at their baseline within their family, living situation, work, or community environments. Mobile Crisis Management (MCM) involves all support, services and treatments necessary to provide integrated crisis response, crisis stabilization interventions, and crisis prevention activities. Mobile Crisis Management services are available at all times. Crisis response provides an immediate evaluation, triage and access to acute mental health, intellectual/developmental disabilities, or substance abuse services, treatment, and supports to effect symptom reduction, harm reduction, or to safely transition persons in acute crises to appropriate crisis stabilization and detoxification supports or services. MCM is intended to treat the member in the least restrictive environment appropriate to the member's condition and to prevent further behavioral decompensation. MCM also consists of crisis prevention and supports that are designed to reduce the incidence of recurring crises. These supports and services must be specified in a member's Comprehensive Crisis Plan. MCM services are one aspect of a continuum of the crisis system and are not intended to replace existing services incorporating crisis response or first responder functions. MCM is a short-term, situational crisis response service. Interventions are primarily face to face in the community, with immediate telephonic triage followed by an in-person face to face evaluation. The duration of a MCM episode of care ranges from a brief telephone conversation to multiple weeks of continued engagement, crisis stabilization, and integration into ongoing care.

The successful applicant will be offered the opportunity to contract or add the identified service to Provider's existing Network Contract through a Contract Amendment. Once executed by both Parties, Provider will be Contracted with Alliance to provide Medicaid-funded services to

Alliance members through a Program that complies with NC Medicaid Clinical Coverage Policies for Medicaid Services and the following requirements:

Provider will be expected to adhere to Mobile Crisis Service Definition and the following requirements:

- Provide mobile crisis services that cover all counties or assigned counties in the Alliance Health Region.
- Provide mobile crisis services through this contract to all age/disability groups and dually diagnosed IDD/MI, including children and adults in crisis.
- Establish mobile crisis services that utilize a team-based approach to crisis response. Staffing requirements and qualifications are team-based staffing models that include licensed professionals/clinicians for assessment and on-site therapeutic support and a peer support specialist for bridging and navigation services within the region of operation.
- Provider will contact the Tailored Plan Care Manager, as applicable immediately after the crisis response.
- Establish and follow protocols for notifying and working with primary treating professionals as quickly as possible when a member is seen by the mobile crisis team and linking new members to providers of choice.
- Submit the Mobile Crisis Monthly Report to Alliance Health [PNDProviderReports@alliancehealthplan.org](mailto:PNDProviderReports@alliancehealthplan.org).
- Have the licensed professional staffing capacity to begin the involuntary commitment process (i.e., Licensed Clinical Social Worker Associate, Licensed Clinical Social Worker, Licensed Clinical Mental Health Counselor Associate, Licensed Clinical Mental Health Counselor, Licensed Clinical Marriage and Family Therapist Associate, Licensed Clinical Marriage and Family Therapist).
- Conform to SAMHSA National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit at: <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>.

#### Outcomes

- For 100% of members, a Crisis Plan will either be established (new members) or updated prior to discharge.
- No less than 90% of the units billed for mobile crisis will be either direct contact with members, family and/or collateral contacts or direct real-time consultation with providers responding to the member.
- 100% of members who are assessed as needing ongoing treatment, will receive referral for ongoing treatment prior to discharge.
- 90% of service providers will be notified of the crisis event for their active members within 24 hours of the mobile crisis event. (consent required)

- 100% of updated Crisis Plans will be shared with current providers and updated in the Alliance Claim System within 24 hours of the crisis event.
- 100% of uninsured identified Alliance members will be enrolled by the close of the next business day in the Alliance Claim System.
- Approximately 70% of those engagements result in community stabilization. The remaining 30% should be connected to facility-based care that aligns with their assessed needs; including referrals, when indicated, to crisis receiving and stabilization facilities, respite or residential treatment programs.
- 80% of in person crisis responses for traditional mobile crisis will occur within 2 hours of receiving the call.
- 80% of the immediate in person crisis response in real time with Wake County EMS will occur within 30 minutes of receiving the call.

**Wake County Emergency Medical Services (EMS) Real Time Joint Response Specific Requirements:**

- Provider Co-location at a designated Emergency Medical Services station in Wake County
- The Mobile Crisis team will respond in real time with EMS System personnel to 911 calls for mental health crisis.
- The Mobile Crisis team will provide immediate in person response to assess the crisis and determine the risk, mental status, medical stability with a response time goal of 30 minutes.
- Provider will have the ability to share a completed crisis assessment with the follow up behavioral health provider either at a crisis facility or community based, outpatient setting.
- Provider will have an established Electronic Health Record infrastructure capable of providing billing and clinical reports to provide program oversight.
- The Mobile Crisis team members will have identification (i.e., Badge, ID, or shirt) to identify mobile crisis personnel to the individual, family members and other first responders on scene.
- Provider must have the ability to use the EMS System technology to respond to the exact location of the crisis call.
- Provider will follow the Mobile Crisis (MC) team dispatch process outlined below:
  - Each Mobile crisis team will be assigned a unit identifier (i.e., MC1, MC2, MC3). Each day upon arriving at the assigned location the team will sign into the Tritech Computer Assisted Dispatch (CAD) system using mobile data terminal (MDT) (similar to a tablet) and retrieve a voice and tone pager. The provider will be notified about a 911 crisis call through the MDT and pager. Because the team is logged in to the CAD the EMS System responding units can see which Mobile

Crisis provider is responding to the 911 call. The provider will stage themselves in the vicinity of the call but will not respond to the scene until cleared via phone by the EMS Unit on-scene. The provider will utilize the MDT to update their status (i.e., Available, Enroute, On scene etc.). CAD reporting systems will track the total number of times dispatched, if calls were canceled or if the team arrived on scene.

- The Mobile Crisis Provider agrees to update the EMS shared data platform with all MCM specific Crisis Response information for each event within 2 business days of the Crisis Response.
- Provider will participate in joint training sessions with EMS System personnel when specified.

### Special Conditions:

- Alliance will select **one** provider to provide Mobile Crisis Services in Real Time Joint response with Wake County Emergency Medical Services (EMS).
- If the selected Provider also provides traditional mobile crisis in Wake County the EMS response team must function separately with dedicated staff.

### Submission Instructions:

- Indicate the Applicant name and RFP number on the front of your proposal.
- Include the RFP # 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, signed in ink and scanned by the official authorized included with the proposal 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 is sent via email to [AllianceRFP@Alliancehealthplan.org](mailto:AllianceRFP@Alliancehealthplan.org) . The signed (original signature scanned) proposal must be delivered prior to 5pm on the date due. 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 April 27, 2023. Late proposals will not be accepted.**

All proposals submitted by the deadline become the property of Alliance Health.

**Proposals shall be electronically mailed to [AllianceRFP@Alliancehealthplan.org](mailto:AllianceRFP@Alliancehealthplan.org)**

Alliance Health  
ATTN: Healthcare Network Project Manager  
RE: RFP# 100-2023

**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 April 13, 2023, until 5:00 pm. Please submit all questions in writing by e-mail to [AllianceRFP@Alliancehealthplan.org](mailto:AllianceRFP@Alliancehealthplan.org).

A summary of all questions and answers will be posted by 5:00 pm April 17, 2023, on the Alliance Health website at: [Alliancehealthplan.org](http://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 company as well as an overview of your proposal.
2. Describe generally what you are proposing to do under the scope of services.

## **Section B. Agency Affiliation Information (3 pages max)**

1. 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.
2. Disclose if the organization is affiliated by contract or otherwise, with any other provider (defined as any individual or entity providing behavioral health services).

## **Section C. Organizational Background and Expertise (10 pages max)**

Providers shall demonstrate experience and competency in the requested service, 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 this service.

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

1. Provide a detailed implementation plan, including timeline, for the services requested.
2. Describe your relationships with Local County EMS services and list which counties.
3. Describe your philosophy and approach to providing mobile crisis services in the community and ability to maintain the health and safety of the member while reducing hospitalization and provide available data to support your approach.
4. Describe your organization's experience helping individuals experiencing a crisis event to experience relief quickly and resolve the crisis when possible.
5. Describe how your organization will provide appropriate care/support while avoiding unnecessary law enforcement involvement, ED use and hospitalization.
6. Describe how you will meet individuals in an environment where they are comfortable and respond where the person is (home, work, park, etc.) and not restrict services to select locations within the region or particular days/times.
7. Describe how you will connect individuals to facility-based care as needed through warm hand-offs and coordinating transportation when and only when situations warrant transition to other locations.
8. Describe how you will incorporate peers within the mobile crisis team.
9. Describe your staff training protocols including training modules and topics.
10. Describe your relationships with other community-based providers and how your process for scheduling follow-up appointments in a manner synonymous with a warm handoff to support connection to ongoing care.

11. Describe your clinical oversight protocols including how you will seek and document clinical direction and consultation received for mobile crisis events.
12. Submit a sample weekly program schedule and staffing schedule.
13. Please describe your protocols for your response with Emergency Medical Services (EMS)
14. Please describe protocols for the safe transport of members
15. Describe the activities your mobile crisis team would perform during the following phases:
  - a. Initial Call
  - b. Engagement of the member
  - c. Crisis Planning
  - d. Clinical Oversight after Crisis
  - e. Follow up Prep
  - f. Post Crisis Follow Up
16. What is your plan for a minimum response time for a face-to-face crisis calls?
17. Describe how your mobile crisis team will reduce ED utilization 60 days post-mobile crisis services.
18. Describe and provide a copy of the risk assessment tool used during crisis response.
19. Please provide a copy of the crisis assessment tool.
20. Describe how the team will follow up with the member after the crisis and in what time frame to ensure the crisis is resolved and the member is linked to the necessary services.
21. What are your quality improvement and assurance policies related to medical oversight and clinical care?
22. Describe how you will ensure members have access to a prescriber for medication refills and other immediate psychiatric needs.
23. What is your experience with responding in real time with EMS or police during crisis situations?
24. Explain how you evaluate crisis response data to ensure adequate staffing capacity?

#### **Section D. Management / Administrative Capability and Fiscal (5 pages max)**

1. For this RFP, describe how your organization will utilize the data generated by performance indicators, outcomes, survey results, stakeholder feedback to improve the quality of care. Please provide a sample report of member satisfaction surveys for your mobile crisis services.
2. Please describe your ability to track, report and meet the key performance indicators below:
  - Disposition of Crisis Response (e.g., Community Setting, Alternative Natural Support, Medical/Emergency Department, Crisis Respite, Facility Based Crisis, Community Detox, Community Hospital, etc.,
  - Community Stabilization Rates

- Emergency Department Diversion Rates
  - Involuntary Commitment Rates
  - Average Length of Time on Scene
  - Average Response Time
  - Average Police Department Co-Response Events.
  - Connection of Individual to behavioral health services post crisis
3. Please describe what outcomes you intend to track and report
  4. Provide information about your strategies for recruitment, retention, and support of qualified staffing.
  5. Provide your average time to fill staff positions over the last 12 months.
  6. Submit your proposed start up budget and a separate 12-month operational budget using the attached Budget Request 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 First and Third Party payers, Medicaid, and any other grants or sources of revenue. (Pages for this item are excluded from the page count).

## **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 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, 2024**

**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 #100-2023. I am submitting the attached proposal, which, to my knowledge is a true and complete representation of the requested materials.

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Authorized Signature

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Printed Name

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Title

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Date