



## **REQUEST FOR PROPOSAL**

### **CHILD AND ADOLESCENT DAY TREATMENT PROGRAM**

**IN**

### **CHARLOTTE MECKLENBURG SCHOOLS**

**RFP # 100-2024**

**April 1, 2024**

**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 [AllianceHealthPlan.org](https://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 use services for people living in Cumberland, Durham, Harnett, Johnston, Mecklenburg, Orange, and Wake counties, the 'Catchment Area'.

### **Alliance has identified the following Network needs and seeks the following services:**

Child and Adolescent Day Treatment (Day Treatment) program as defined in NC Medicaid Clinical Coverage Policy 8A in Mecklenburg County in collaboration with Charlotte Mecklenburg Schools for grades K-8.

## Minimum Qualifications:

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

- Alliance In-Network Provider
- Provider must be fully enrolled and active in NCTRACKS.
- Able to demonstrate experience in providing evidenced-based Therapeutic Day Treatment services.
- Meet the Network Expansion and Provider Service Procurement criteria, as described below:
  1. Alliance shall not contract with Providers excluded from participation in federal health care programs under either Section 1128 or Section 1128A of the Social Security Act.
  2. Applicants must be enrolled with the North Carolina Department of Health and Human Services (the Department) as North Carolina Medicaid providers and/or State-funded services providers and must comply with the provider disclosure, screening and enrollment requirements of 42 C.F.R. Part 455 Subparts B and E.
  3. Applicants must not be under any of the following open actions/sanctions or similar actions with one or more North Carolina Medicaid LME/MCOs and/or North Carolina Medicaid:
    - a. Suspension of admissions/referrals
    - b. Payment suspension
    - c. Probation
    - d. Moratorium on site/service expansion
  4. Applicants must have no history of the following actions or sanctions with one or more NC Medicaid health plans and/or NC Medicaid:
    - a. Termination of contract
    - b. Exclusion from participation
    - c. Suspension

5. Applicants must not have unresolved actions/sanctions by any applicable Boards of Licensure
6. Applicants must not have any of the following unresolved NC DHHS Division of Health Service Regulation (DHSR) actions or sanctions:
  - a. Suspension of admissions
  - b. Summary suspension
  - c. Intent to revoke
  - d. Notice of revocation
  - e. Revocation in effect
7. Applicants are required to disclose any pending or final sanctions under any 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 or now pending. The applicant's owner(s) and managing employee(s) may not previously have been the owners or managing employees of a provider which had its participation in any State's Medicaid program or the Medicare program involuntarily terminated for any reason or that owes an outstanding overpayment to an LME/MCO or an outstanding final overpayment to The Department.
8. **For purposes of this RFP process, Alliance considers an action of The Department, including its divisions and health plans to be final upon notification to the provider, unless such action is under appeal.** For actions by The Department or LME/MCO under appeal, Alliance may, in its discretion, pend its award or enrollment for up to 90 days to allow for a final resolution or final decision by the NC OAH.

**Applicant agrees that Alliance will have the sole discretion to make network contracting decisions consistent with these criteria.**

All Providers identified or selected as a result of this process must meet Alliance contract requirements. For selected Applicant(s), Alliance will execute a contract as required by federal law before any Medicaid services can be authorized or paid. Alliance is also required by state regulation to enter into contracts with providers of State-funded services before any State-funded services can be authorized or paid. Network Providers are required to have a fully executed Alliance contract that identifies all approved services and sites prior to the delivery of services to an Alliance member regardless of the funding source.

Alliance specifically reserves the right to reject any Applicant at any time that does not meet contracting and selection criteria as determined by Alliance in adherence to the State's Uniform Credentialing Policy.

<https://medicaid.ncdhhs.gov/provider-enrollment>

## Timeline & Bidders Conference:

Event	Date/Time
Public Notice of RFP	Monday, April 1, 2024
Pre-proposal conference*	Monday, April 8, 2024, 4:00 p.m. Please RSVP to the Team Link Invitation <b>Microsoft Teams meeting</b> <b>Join on your computer, mobile app or room device</b> <a href="#">Click here to join the meeting</a> Meeting ID: 268 721 150 84 Passcode: u92WYX <a href="#">Download Teams</a>   <a href="#">Join on the web</a> <b>Or call in (audio only)</b> <a href="#">+1 213-204-2613,,503099588#</a> United States, Los Angeles Phone Conference ID: 503 099 588# <a href="#">Find a local number</a>   <a href="#">Reset PIN</a>
RFP Questions due	Friday, April 12, 2024
Responses to questions posted on website	Wednesday, April 17, 2024
<b>PROPOSALS DUE BY 5:00 PM</b>	Thursday, May 2, 2024

## Availability of Funds:

Medicaid UCR is the funding source for the Day Treatment program and the program shall accept children and adolescents from Mecklenburg County who are enrolled in Charlotte Mecklenburg Schools and an Alliance Health member.

There is no start-up funding available.

## Scope of Proposal

This RFP encompasses the services set forth herein and service delivery must be consistent with the applicable service definition and requirements found in NC Medicaid Clinical Coverage Policy No: 8A, incorporated herein by reference, which can be found at: [NC Medicaid: 8A \(ncdhhs.gov\)](https://www.ncdhhs.gov/nc-medicaid-clinical-coverage-policy-no-8a).

Day Treatment programming will be located at a designated school throughout Mecklenburg County for youth in grades K-8 and licensed by the Division of Health Service Regulation (DHSR) according to section .1400 10A NCAC 27G .1401.

Services / Code	Rate
H2012 HA	45.00 per hour

### **Child and Adolescent Day Treatment**

Day Treatment is a structured treatment service delivered in a licensed facility for children or adolescents and their families that builds on strengths and addresses identified needs. This medically necessary service directly addresses the individual's diagnostic and clinical needs, which are evidenced by the presence of a diagnosable mental, behavioral, or emotional disturbance (as defined by the DSM-5 or any subsequent editions of this reference material), with symptoms and effects documented in a comprehensive clinical assessment and the Person-Centered Plan (PCP). This service is designed to serve children who, because of their mental health or substance use disorder treatment needs, are unable to benefit from participation in academic or vocational services at a developmentally appropriate level in a traditional school or work setting. The provider implements therapeutic interventions that are coordinated with the individual's academic or vocational services available through enrollment in an educational setting.

These interventions are designed to reduce symptoms, improve behavioral functioning, increase the individual's ability to cope with and relate to others, promote recovery, and enhance the individual's capacity to function in an educational setting, or to be maintained in community-based services. It is available for children 5 through 17 years of age. Day Treatment must address the age, behavior, and developmental functioning of each individual to ensure safety, health, and appropriate treatment interventions within the program milieu. Day Treatment provides mental

health or substance use disorder interventions in the context of a therapeutic treatment milieu. This service is focused on providing clinical interventions and service to support the individual in achieving functional gains that support the individual's integration in educational or vocational settings, is developmentally appropriate, is culturally relevant and sensitive, and is child and family centered. Each Child and Adolescent Day Treatment provider must follow a clearly identified clinical model(s) or evidence-based treatment(s) consistent with best practice. The selected model(s) must be specified and described in the provider's program description. The clinical model(s) or Evidence-Based Practices (EBPs) should be expected to produce positive outcomes for this population. The selected clinical model(s) or EBP(s) must address the clinical needs of each individual, and those needs shall be identified in the comprehensive clinical assessment and documented in the PCP. All criteria (program, staffing, clinical and other) for the Day Treatment service definition and all criteria for the chosen clinical model(s) or EBP(s) must be followed. Providers of Day Treatment must have completed the required certification or licensure of the selected model(s) (as required by the developer of the clinical model or EBP) and must document ongoing supervision and compliance within the terms of the clinical model(s) or EBP(s) to assure model fidelity. All staff participating in the delivery of the clinical model(s) or EBP(s) shall complete the training requirements of that practice within the first 30 days of each staff member's date of employment to provide this service. This is in addition to the 20 hours of staff training that are minimally required for the delivery of the Day Treatment. All follow up training or ongoing continuing education requirements for fidelity of the clinical model(s) or EBP(s) must be followed.

#### **Provider Requirements according to NC Medicaid Clinical Coverage Policy No. 8A**

Day Treatment services shall be delivered by practitioners employed by mental health or substance abuse provider organizations that:

- a. meet the provider qualification policies, procedures, and standards established by NC Medicaid;
- b. meet the provider qualification policies, procedures, and standards established by the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS);
- c. fulfill the requirements of 10A NCAC 27G; and
- d. are currently certified as a Critical Access Behavioral Healthcare Agency (CABHA) according to 10A NCAC 22P.

### **Program Requirements according to NC Medicaid Clinical Coverage Policy No. 8A**

Each Child and Adolescent Day Treatment provider must follow a clearly identified clinical model consistent with best practice. This model must be specified and described in the provider's program description. This clinical model should be expected to produce positive outcomes for this population. The Day Treatment Program staff collaborates with the school and other service providers prior to admission and throughout service duration. The roles of Day Treatment staff and educational or academic staff are established through the MOA (if applicable) among the Day Treatment provider, the Local Management Entity, and the Local Education Agency (or private or charter school as applicable). If no MOA exists, providers must establish written policy which defines these roles. Designation of educational instruction and treatment interventions is determined based on staff function, credentials of staff, the beneficiary's PCP, and the IEP or 504 plan. Educational instruction is not billable as Day Treatment. The therapeutic milieu should reflect integrated rehabilitative treatment and educational instruction. Day Treatment is time limited and services are titrated based on the transition plan in the PCP. Transition and discharge planning begin at admission and must be documented in the PCP. While Day Treatment addresses the mental health or substance use disorder symptoms related to functioning in an educational setting, family involvement and partnership is a critical component of treatment as clinically indicated.

A Memorandum of Agreement (MOA) between the Day Treatment provider and the Local Education Agency will be implemented. The purpose of an MOA is to ensure that all relevant parties (LEA and provider) understand and support the primary purpose of the Day Treatment service definition.

Day Treatment provider must work in partnership with Charlotte Mecklenburg Schools under an executed MOA to include but not limited to the following:

- Inclement weather protocols
- School safety protocols
- Access to transportation
- Access to food services
- Student Code of Conduct

- Referral process
- Transitions to the classroom setting
- Performance monitoring based on post discharge outcomes
- Provision of instructional services by the Local Education Agency
- Pro bono services in exchange for the reduction in facility costs

**Expected clinical outcomes may include, but are not limited to the following:**

- Improved social, emotional, or behavioral functioning in an appropriate educational setting;
- Integration or reintegration into an appropriate educational or vocational setting;
- Reduced mental health or substance use disorder symptomatology;
- Improvement of behavior, anger management, or developmentally appropriate coping skills;
- Development or improvement of social and relational skills;
- Enhancement of communication and problem-solving skills;
- Increased identification and self-management of triggers, cues, and symptoms and decreased frequency or intensity of crisis episodes;
- Engagement in the recovery process, for children with substance use disorders,
- Reduction of negative effects of substance use disorder or psychiatric symptoms that interfere with the beneficiary's daily living
- Maintaining residence with a family or community based non-institutional setting (foster home, therapeutic family services);
- Reduction in behaviors that require juvenile justice involvement; or l. increased use of available natural and social supports

**Expected specific outcomes according to Charlotte Mecklenburg Schools may include, but are not limited to the following:**

- Reduction in school disciplinary incidents following discharge
- Reduction in behavioral health crises during the school day following discharge
- Improved daily attendance following discharge



## Special Conditions:

- Alliance anticipates the need for one provider in Mecklenburg County.
- Any contract shall be subject to applicable zoning and licensing requirements of the facility.

## 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 Thursday, May 2, 2024**.  
**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# 100-2024

**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, **April 12, 2024**. 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 **April 17, 2024**, on the Alliance Health website at: [AllianceHealthPlan.org](http://AllianceHealthPlan.org) and emailed to responding providers.

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 (3 pages 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.
3. If your organization is using an outside consultant to assist with the RFP, please provide the name of the consultant.

### **Section B. Agency Affiliation Information (2 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(s). Stability 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 consumers and family members served, systems of oversight, adequacy of staffing infrastructure, use of best practices, and quality management systems as they relate to this RFP.

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

1. 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.).
2. Provide the NC DHSR License number(s) and license dates of each Day Treatment program your organization currently operates in North Carolina.
3. Describe a brief history including how long your organization has provided Day Treatment Services.

4. Provide the number of youth you have enrolled in Day Treatment, the average age of youth served and most prevalent clinical diagnosis.
5. Describe your service philosophy and models of service delivery for children and adolescents with Substance Use and/or Mental Health Challenges in the Day Treatment Setting.
6. Describe any experience your organization has providing Day Treatment or other clinical services in the school setting, your overall collaboration with the school system, and any current MOAs with a school system.
7. Describe how you will address each of the required elements listed in the NC Medicaid Clinical Coverage Policy 8A including, but not limited to, what evidence-based model(s) your organization utilizes for this service. Please describe the model and its implementation particularly within a school and how might it look different when the program is embedded in the school.
8. Describe and how your services cater to specific age groups and specifically how you will approach serving students K-8.
9. Describe how youth and families will be involved in treatment and services. Describe the elements of how you engage the families in meaningful participation in day treatment.
10. Describe how you will address equity and inclusion, social determinants of health, and trauma within your programming.
11. Describe how you work with school system staff to involve them in Child and Family Teams.
12. Describe the clinical infrastructure to address challenges in meeting specific youth needs (such as challenging behaviors or medical problems). Please also describe your staff training in addition to required state training. Describe your clinical supervision plan, and case escalation process.
13. Describe your organization's referral process for Day Treatment.
14. Describe how you develop and implement transition plans to and from Day Treatment. Please give specific examples.
15. Provide a detailed implementation plan, including timeline, for the services requested.
16. If there is an opportunity to for expansion provide a detailed growth plan for expanding Day Treatment classrooms to additional school sites.

17. Please include an organizational chart of your current staffing.
18. Please attach your policies and procedures for Day Treatment that address crisis response and first responder coverage.

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

The successful applicant is expected to have a quality improvement plan that includes expected outcomes, performance indicators (or related goals), and how individual and program progress will be measured in accordance with the applicable service definition.

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 Day Treatment services. Please provide outcome data 2 years for the service.
2. Please describe what outcomes you intend to track and report. Describe how you evaluate youth outcomes, including the expected clinical outcomes and how you determine whether youth are benefitting from your services.
3. Describe how you monitor the program for fidelity with the model you use. Include an example of the fidelity monitoring.
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.

## 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 that includes providing Day Treatment Services according to NC Medicaid Clinical Coverage Policy No: 8A, incorporated herein by reference, which can be found at: [NC Medicaid: 8A \(ncdhhs.gov\)](https://www.ncdhhs.gov/nc-medicaid-clinical-coverage-policy-no-8a) outlining the requirements of this RFP as well as federal certification(s) regarding Debarment, Suspension,

Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions, Drug Free Workplace Requirements, Lobbying and Environmental Tobacco Smoke.

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.

The initial term of any contract awarded hereunder will be through **June 30, 2025**, with the option to continue utilizing the required Alliance contract. Any service continuation shall be based on satisfactory performance by the Provider during the previous years for the services provided.

**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 or termination shall not relieve the Provider of the obligation to deliver and/or perform outstanding prior to the effective date of cancellation and transition Member and Members 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 bidder's sole responsibility. Alliance will not reimburse any bidder 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 #. 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