

Request for Proposal
To Provide an Extended Acute Care Program
Within the Mayview Regional Service Area

Statement of Purpose

The counties of Beaver, Greene, Lawrence, and Washington are seeking a qualified provider to develop and implement an Extended Acute Care (EAC) Program within their four-county region. These counties, along with Allegheny County, are involved in the current Mayview Regional Service Area Plan (MRSAP) initiative which will result in the closure of the Mayview State Hospital (MSH). Allegheny HealthChoices, Inc. (AHCI), on behalf of the MRSAP counties, is issuing this Request for Proposals (RFP).

This 10-12 bed Extended Acute Care (EAC) program will be expected to serve individuals 18 years and older, who have been in a community inpatient psychiatric setting and are in need of an extended period of inpatient psychiatric services in accordance with the draft guidelines, and who require extended psychiatric treatment services and support around co-occurring disorders, medical co-morbid conditions, and other specialty areas. It will accept individuals on a voluntary and involuntary basis, and serve as an inpatient diversion and acute stabilization option for adults who are being considered for referral to the state hospital system or are at imminent risk of community hospitalization.

The EAC program will either be a community-based or hospital-based program. The preferred location of this facility will be in Washington or Greene counties.

As a community-based EAC program, qualified providers will need to be licensed as a Long-term Structured Residence (LTSR). As a hospital-based EAC Unit, this facility shall meet the accreditation standards set forth by The Joint Commission (formerly the Joint Commission on Accreditation of Healthcare Organizations (JCAHO)) and shall be licensed as an inpatient psychiatric care provider.

Both types of EAC programs will be for adults who meet the criteria for serious mental illness as defined in Bulletin OMH-94-04. Both types shall also meet the Department of Public Welfare's Guidelines for Extended Acute Care Services (draft attached).

Background

Over the past two years, the MRSAP counties have been working in collaboration with numerous stakeholders on the development of a plan to enhance community services and supports. These enhanced community services and supports will enable residents of MSH to permanently return to their home communities, as well as help other individuals avoid admission to the state hospital. This planning and service development effort is partly as a result of the Department of Public Welfare's (DPW) announcement of the closure of MSH effective December 31, 2008. (Please see the MRSAP website – www.mayview-sap.org for additional information.)

Residents of the hospital are participating in an individualized assessment and discharge planning process, known as the Community Support Plan Process (CSP). To date, over 123 individuals have been discharged and beds have closed following their discharge. As these individuals have been discharged, all counties have aggressively been developing new services and supports to facilitate individuals returning to the community and to facilitate the diversion of individuals who might otherwise have been admitted to MSH. New service development across the region and within individual counties includes community treatment teams or assertive community treatment approaches; peer support programs; enhanced crisis systems; small, comprehensive personal care homes; permanent, supported housing; mobile medication, drop-in centers; one-to-one in-home support and numerous other services and supports.

The closure plan calls for 150 individuals to be discharged and 150 beds closed by July 30, 2008; the remaining 75 individuals will be discharged and the hospital closed by December 31, 2008.

The evolution of the EAC program is consistent with the mission of OMHSAS and the MRSAP Counties to promote an array of community-based treatment options for persons with serious and persistent mental illness.

This is a community-based recovery approach with the primary objective of helping individuals live successful and fulfilling lives in the community. The EAC program does so by providing a recovery oriented, non-institutional environment for normalization and stability, consumer choice and involvement, family involvement, and flexible levels of support and psychiatric care.

Individuals participating in the EAC program will have innovative and creative approaches to treatment. This initiative expects that involved consumers will be served through one of the currently available Community Treatment Teams, Service Coordination, Enhanced Clinical Case Management, and/or Peer Support programs, along with physical health care coordination and family involvement. It is also expected that consumers would be involved in other community resources and supports of their choosing.

The goal of this initiative is to expand new services and supports to facilitate individuals returning to the community and to facilitate the diversion of individuals who might have

otherwise been admitted to a state hospital. Individuals being referred to an EAC should meet the following requirements:

- Be 18 years of age or older
- Have a primary psychiatric diagnosis or serious and persistent mental illness that cannot be maintained in a less intensive level of care.
- Currently be in an acute psychiatric hospital setting or being diverted from a state psychiatric hospital with recommendations to be transferred to an extended acute care facility.
- Must not require detoxification as indicated by drug and alcohol levels at time of admission.
- Demonstrate that their functional judgment is impaired to the point that self-maintenance, occupational, or social functioning is severely threatened.
- Verification that there is an increase in the severity of symptoms such that continuation at a less intense level of care cannot be offered an expectation of improvement or the prevention of deterioration, resulting in danger to self or others.

Recovery Orientation

The provider of the EAC program will be expected to provide services in a recovery-oriented environment with a focus on strong integration with community service providers, involvement of peers in the program milieu, and strong collaboration with the natural support systems of consumers - especially their families. EACs are multi-disciplinary and trauma-sensitive and are designed to improve an individual's functioning while stabilizing psychiatric symptoms that initially precipitated the person's acute care inpatient admission. The EAC program shall be operated in accordance with DPW and the MRSAP to include the following Community Support Program and Recovery Principles:

- Consumer Centered/Consumer Empowered
- Culturally competent
- Responsive to special needs
- Use community-based natural supports
- Flexible
- Coordinated
- Accountable
- Strengths-based
- Free from restraints
- Home-like, and not institutional

The EAC is expected to be highly flexible and deliver services and supports that are responsive to the needs of the people being served. We expect that the needs of the individuals that will be served by this EAC are particularly complex, including but not limited to complicating conditions such as co-occurring drug and alcohol disorders, past or current involvement with the criminal justice system, and serious physical illness. The EAC is expected at all times to work collaboratively with persons served to support each individual's journey toward recovery.

Program Requirements

All services awarded through this initiative will be available to eligible consumers within Beaver, Greene, Lawrence, and Washington Counties, with the preferred site location of the EAC Unit in Washington or Northern Greene counties. The site will be home like, not institutional. The EAC is expected to have ample access to outdoor space.

The EAC program will either be a community-based or hospital-based facility. It is preferred that this EAC program be located in the community.

In accordance with the Pennsylvania Department of Public Welfare licensing regulations, non-hospital EAC programs must meet the requirement of LTSR regulations (chapter 5320). In order to draw down Federal Financial Participation (FFP), non-hospital EAC programs must also be licensed as partial hospitalization programs (Chapter 5210). If an alternative is proposed, please provide justification.

EAC providers are expected to offer intensive psychiatric/behavioral health interventions 24 hours/day, 7 days/week for up to 180 days. Programs should be flexible and offer groups through the evening hours. This initiative will be funded through base funding and HealthChoices. If the selected provider does not currently have an approved service description for AOP or PHP with OMHSAS and Value Behavioral Health of PA (VBH-PA), the HealthChoices MCO for these counties, this process will need to be completed.

If proposed as a hospital-based EAC Unit, this facility shall meet the accreditation standards set forth by The Joint Commission (formerly the Joint Commission on Accreditation of Healthcare Organizations (JCAHO)) and shall be licensed as an inpatient psychiatric care provider.

Beaver, Greene, Lawrence, and Washington Counties will manage the referral process for this program. The Counties and VBH-PA will also be responsible for monitoring the progress of the individuals who are enrolled. All programs are required to have a referral agreement with these Counties, as well as provider contracts in place with VBH-PA.

Specific services and supports to be funded under this initiative will be dependent upon the needs and desires of individuals who can be diverted from state hospitalization.

The RFP Process

Proposals will be evaluated and selected through a competitive bid process. The MRSAP counties, Community Care, Value Behavioral Health-PA (VBH-PA), and AHCI will establish a proposal evaluation committee whose members shall have no conflict of interest with any respondents to this RFP.

Timeline/Key Dates *

Release RFP	May 7, 2008
Bidder's Conference	May 14, 2008
Letters of Intent to Respond to RFP due	May 23, 2008
Final Proposals Due	June 13, 2008
Prep meeting for Stakeholder Review Committee	June 17, 2008
Stakeholder Review Committee Evaluation Meeting	July 1, 2008
Interviews with Applicants if necessary	July 2 – July 3, 2008
Provider Selection and Notification	July 7, 2008 (week of)
Program Implementation/Start Accepting Referrals	September 8, 2008

* Dates are subject to change

Bidders' Conference

AHCI will hold a bidders' conference on behalf of the counties, Community Care, and VBH-PA. The bidders' conference will be held on Wednesday, May 14, 2008 from 2:30 PM – 3:30 PM at the Pittsburgh Airport Marriott located at 777 Aten Road, Coraopolis, PA 15108.

Interested parties are asked to RSVP to the RFP Project Manager with the name(s) of the people planning to attend by noon on Monday, May 12, 2008. We ask for a maximum of two representatives from each organization.

It is requested that questions be submitted to the RFP Project Manager in advance of the bidder's conference. The Project Manager will accept additional questions after the bidders' conference until Friday, May 23, 2008 - the due date to submit letters of intent. To ensure all applicants receive the same information, the Project Manager will collect all questions and disseminate responses to all prospective bidders that submit letters of intent.

Contact with any staff of the MRSAP counties, AHCI, Community Care, or VBH-PA concerning this RFP, unless occurring at the bidders' conference or through the RFP Project Manager is grounds for disqualification.

Letter of Intent to Submit Proposal

All candidates interested in submitting a response to this RFP are required to mail or deliver a letter of intent to the RFP Project Manager by 4:00 pm on Friday, May 23, 2008. *Only responses from applicants that have submitted a letter of intent will be considered for evaluation.* The letter of intent should include the following:

- Name of the organization(s) involved in the submission.
- A statement that the organization(s) intend(s) to submit a response to this Request for Proposal
- Name, title, address, telephone number and e-mail address of the contact person for this proposal

Submission Deadline

All submissions must be received by 4:00 PM on Friday, June 13, 2008. The original and 15 (**unbound**) copies of the response to the RFP must be submitted. Please include an electronic file (in Microsoft Word) on diskette with the submission.

Please note that late submissions will not be considered.

RFP Project Manager Contact Information:

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Submission Requirements

Applicants are required to provide information according to the following outlined headings:

I. Background, Capacity & Experience

Describe your organization's experience in working with individuals who have mental illness and/or co-occurring disorders stressing the importance of recovery-based practices. Please include:

- A brief summary of the kinds of adult services the agency provides and any innovative services the agency has developed.
- A description of how your organization collaborates with others such as service coordinators, peer mentors, housing providers etc.
- A description of how your organization implements the principles of recovery in its day-to-day operations.
- Your experience with various systems of care, including emergency room, hospital diversion, and inpatient mental health services.

II. Program Description

Describe how the program will deliver medical and psychiatric services that effectively evaluate, diagnose and develop comprehensive treatment/recovery support plans including the ability to support individuals with co-occurring disorders.

- Mission Statement.
- Description of organization, including Table of Organization.
- A Floor plan as well as location of the site if it has already been selected, please submit color photos of proposed sites. (Single Room Occupancy) The written description should include:
 - Living and sleeping quarters, including furnishings, facilities, and common areas
 - Furnishing and equipment in each resident's room
 - Housekeeping and maintenance procedures
 - Laundry service
 - Food service
 - An outside area for use by the residents
- Describe how Physical and Mental Health and Wellness will include regular physician involvement to include evaluation, assessment of treatment response, recovery planning and medication management.
- Describe how nursing care will monitor overall health and care management.

- Describe how Health and wellness education will include discussion on tobacco use, drugs and/or alcohol and their impact on the individual well-being; life styles, symptom management, use of medications, and treatment, daily exercise, nutrition and weight management.
- Describe how your organization will utilize peer supports, family and natural supports, and existing clinical team such as Service Coordination, CTT, and other specialized support services.
- Describe how you will engage individuals who do not want to participate in groups.
- Describe how 24-hour crisis intervention will be provided.
- Describe staffing plans, including reporting relationships and supervision. Include number of persons, credentials, and experience levels. Provide job descriptions.
- Provide intake and admission process. Describe how the service planning process shall include the Consumer, family and other providers and how discharge planning will be carried out all the way through the consumer's stay in the EAC.
- Describe the activities of the therapeutic program, and the role of the interdisciplinary treatment team.
- Records management.

Case Studies: Using the two case summaries below, please provide a short (no more than two pages per case study) summary of how you would envision serving these individuals in the EAC program.

- **Case Study #1:** Teresa is a 52 year old single African American female with a diagnosis of chronic paranoid schizophrenia, drug abuse, and alcohol addiction. She also has a family history of drug and alcohol addiction. She refuses to commit to sobriety upon discharge from her current community inpatient hospitalization, and has lived on the streets intermittently for the past 25 years.

Teresa has fixed delusions of a man, “Sam”, trying to “get her”, and threatens to “kill Sam”. She projects this delusion onto other males. She currently refuses to contract for “Sam’s” safety. This delusion is also accompanied by auditory hallucinations. Teresa has been taking Clozaril for one month with marginal results thus far.

Upon admission to her current hospitalization, Teresa was also diagnosed with diabetes – she presented with a blood glucose level of +500. While in the hospital her blood sugar levels have fluctuated dramatically.

Teresa has a supportive family, and her sister has offered to let her live with her upon discharge. She currently is not receiving SSI/SSDI benefits and has no insurance.

The team is concerned for stranger safety due to the fixed delusions, and Teresa's own safety due to her physical health concerns and refusal to contract for sobriety.

- **Case Study #2:** Lynn is a 21 year Caucasian female with a diagnosis of Major Depressive Disorder - Bipolar type, Obsessive Compulsive Disorder, and Borderline Personality Disorder with antisocial personality traits. She has an IQ of 72 with a borderline MR diagnosis. Lynn was discharged from Mayview State Hospital 18 months ago and has been residing in a Permanent Supportive Housing apartment, although an increase in symptomology and self-injurious behavior has resulted in her current community hospitalization.

As an adopted child, Lynn sleeps between 18 and 20 hours a day and has severe personality changes when she smokes cigarettes. She has a history of extreme promiscuity, panhandling, stealing tips from restaurants, and prostitution to get money for cigarettes.

She has successfully used Chantix in the past to stop smoking in the past, which significantly improved her behavior, although she currently refuses to stop smoking. Lynn successfully completed one year of TTSR, but the county contract with TTSR has since expired. She currently holds a full-time job, which she has held for over a year.

The team is concerned with Lynn's safety to herself and others, including STDs, no regard for safety in public, and smoking in her room haphazardly.

III. Program Implementation

Program is expected to be fully operational no later than September 1 2008. The implementation schedule should include start up activities leading to full implementation.

- Describe plans for staff training at start-up and ongoing.
- A detailed timeline for start up and implementation for the EAC.

IV. Program Evaluation and Quality Improvement

Describe your quality management approach and how it will be used to enhance or improve the quality of services.

- Explain the standards used to ensure that services are being provided in accordance with the program model.
- Describe specific outcome measures related to evaluation, including the method and means of collection and reporting of these measures. At a minimum, these outcome measures should include:
 - Clinical functioning
 - Community functioning

- Consumer/family satisfaction

V. Program Budget

Please provide a detailed budget for this program, including start-up and annual operating costs on the budget sheet included with this RFP. A narrative that explains budget assumptions should accompany the budget sheet. Candidates that do not use this budget sheet will be disqualified.

It will be the intent to enroll this program in the HealthChoices program; please indicate your estimate of revenue based on HealthChoices participation as a percentage of utilization. Non HealthChoices clients will be paid for by the counties. Community Care and VBH-PA will serve as the gatekeeper for this program based on current planning, although this is subject to change.