Request for Proposals to Provide
Extended Acute Care Services for Counties in the
Mayview Regional Service Area

The counties of Beaver, Greene, Lawrence, Washington and Allegheny are seeking qualified provider(s) to develop and implement extended acute care services for the five-county region. These counties represent the Mayview Regional Service Area, subsequently referred to as MRSRAP. Allegheny HealthChoices, Inc. (AHCI), on behalf of the MRSAP counties, is issuing this Request for Providers (RFP). The counties are seeking to develop a total of 10 – 14 extended acute care beds at two sites within the region. It is expected these sites will primarily be used by Beaver, Green, Lawrence, and Washington counties; therefore, location should be considered in that context. One or more providers may be selected for this effort. Qualified providers shall meet the accreditation standards set forth by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and shall be licensed as an inpatient psychiatric care provider. They shall also meet the Department of Public Welfare’s Guidelines for Extended Acute Care Services (draft attached). The Extended Acute Care Unit (EAC) 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.

Statement of Purpose

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 to enable residents of Mayview State Hospital (MSH) to return to their home communities and to help other individuals avoid admission to MSH. This planning and service development effort is being enhanced as a result of DPW’s announcement of the closure of MSH effective December 31, 2008. The closure plans calls for 150 individuals to be discharged and 150 beds closed by June 30, 2008; the remaining 75 individuals will be discharged and the hospital closed by December 31, 2008. (Please see the MRSAP website – www.mayview-sap.org -- for additional information on the planning process.)

Residents of the hospital are participating in an individualized assessment and discharge planning process, known as the Community Support Plan Process (CSP). To date, almost 100 individuals have been discharged and beds have closed following their discharge. As these individuals have been discharged, all counties have been aggressively 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 mental health personal care homes; permanent, supported housing; mobile medication, drop-in centers; one-to-one in-home support, and numerous other services and supports.
In order to best serve individuals who are in need are extended acute care services and who might otherwise have been referred for admission to the state hospital or who are in need of longer inpatient stays, the counties are looking to establish extended acute care capacity to serve the target group of individuals.

The providers of extended acute care services 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 clients’ natural support systems, especially their families. Most critical will be an aggressive and collaborative discharge planning process. In accordance with the philosophy of the Department of Public Welfare and the MRSAP counties, the extended acute care services must be guided by Community Support Program and Recovery Principles as follows:

- Consumer Centered/Consumer Empowered
- Culturally Competent
- Meet Special Needs
- Utilize Community-Based Natural Supports
- Flexible
- Coordinated
- Accountable
- Strengths-based

Extended acute care units are designed to provide intensive psychiatric and behavioral health interventions 24 hours per day, 7 days per week, for up to 180 days. By providing a longer period of inpatient services in a recovery oriented environment, individuals are able to stabilize and return to the community while avoiding unnecessary hospitalizations in a state psychiatric hospital. Qualified providers will be expected to have the capability of serving individuals with co-occurring mental health and substance abuse disorders.

The Department of Public Welfare’s Draft Guidelines for Extended Acute Care Facilities are included in this RFP and applicants should be responsive to those requirements.

**The RFP Process**

Qualification statements will be evaluated and selected through a competitive bid process. The MRSAP counties, Community Care, 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

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>January 29, 2008</td>
<td>RFP is released</td>
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<tr>
<td>February 11, 2008</td>
<td>Bidder’s Conference held at AHCI</td>
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<tr>
<td>February 18, 2008</td>
<td>Letters of Intent to Respond to RFP due</td>
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<tr>
<td>March 3, 2008</td>
<td>Proposals Due</td>
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<tr>
<td>March 10, 2008 (week of)</td>
<td>Proposals Reviewed by Evaluation Committee</td>
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<td>March 17, 2008 (week of)</td>
<td>Interviews with Applicants if necessary</td>
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<tr>
<td>March 24, 2008 (week of)</td>
<td>Notification to successful provider</td>
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<tr>
<td>April 21, 2008</td>
<td>Program will start accepting referrals</td>
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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 Monday, February 11th from 10:00 – 11:30 a.m. at the AHCI offices at 444 Liberty Ave, Suite 240 in Pittsburgh, PA. (AHCI’s offices are in Gateway 4 building.)

Interested parties are required to RSVP to the RFP Project Manager, Kelly Primus, with the name(s) of the people planning to attend by the noon on February 8, 2008. We ask for a maximum of two representatives from each organization. Kelly can be contacted by phone at 412-325-1100, ext. 7788 or by e-mail at kprimus@ahci.org.

Please forward all questions to Kelly Primus, the RFP Project Manager; it is suggested these questions be submitted in advance of the bidder’s conference. The Project Manager will collect all questions and disseminate responses to all prospective bidders that submit letters of intent. This will ensure that all applicants receive the same information. After the bidders’ conference, questions shall also be directed to the Project Manager who will accept questions until February 18, 2008.

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 submit a letter of intent by 4:00 pm on February 18th, 2008. 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
Letters of intent should be mailed or delivered to Kelly Primus, the RFP Project Manager.

Kelly Primus  
Allegheny HealthChoices, Inc.  
444 Liberty Ave., Suite 240  
Pittsburgh, PA  15222

Only responses from applicants that have submitted a letter of intent will be considered for evaluation.

Submission Deadline

All submissions must be received by 4:00 PM on March 3, 2008. An 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.
Submission Requirements

Applicants are required to submit the following information:

- Experience of the applicant
- Overall structure of the proposed extended acute care services
- Detailed description of services to be provided with a focus on the recovery orientation of the services
- Project implementation plan
- Plan for measuring progress and program outcomes
- Project budget (including start up and operating costs)

In order to be considered responsive to this RFP, the applicant must address the specific areas in each of the topic areas below. Applicants are encouraged to be responsive to these specific qualifications and questions. Responses may be provided in outline or bullet form as long as they are responsive to the points below.

Note that applicants may apply for one or both sites envisioned under the RFP.

I. Experience of the Applicant (15 points)

Provide an overview of your organization’s experience serving individuals for whom extended acute care services are designed to serve. Please include:

A. A description of the target population and your understanding of their needs
B. Your organization’s experience in providing services to this population highlighting recovery-based practices
C. Please note your agency’s relationship(s) to VBH-PA and Community Care as the behavioral health managed care organizations in the area.
D. How your organization operationalizes the principles of recovery throughout its service lines
E. Specific examples of how your organization collaborates with other components of the behavioral health system such as case managers, community psychiatrists, external advocates, peer mentors, vocational programs, housing providers and others
F. How your organization will engage individuals in services
G. Your experience including peers in meaningful roles within your organization
II. Overall Structure of the Extended Acute Care Services (15 points)

A. Provide a Table of Organization for the organization, clearly depicting the lines of responsibility for the clinical and administrative oversight of the Extended Acute Care Unit
B. Provide a proposed Table of Organization for the Extended Acute Care Unit
C. Identify the composition of the staffing for the unit. List all the positions assigned to the unit and the number of hours/week for each position by shift. Provide job descriptions for each position noting the unique experience, competencies, and Providers required for each position. Explain how your proposed staffing will meet the unique needs of the target population.
D. Specifically address the roles and functions of peer staff in the provision of services on the unit.
E. Provide a detailed plan and schedule for staff orientation and training; specifically address how recovery principles are included in the training.
F. Provide an overview of staffing patterns, staff to consumer ratios and program capacity.
G. Describe how your staffing will reflect the diversity of the target population.
H. Provide a description of the physical plant including physical space/floor plan to be utilized. Note the counties prefer single room occupancy for this program.
I. Explain how the location of the physical plant(s) will facilitate community integration for the clients.
J. Explain how clients will have access to outside space.

II. Description of Services to Be Provided (35 points)

A. Describe how the program will deliver medical and psychiatric services that effectively evaluate, diagnose and develop comprehensive treatment/recovery plans including the capacity to utilize integrated approaches to addressing co-occurring disorders
B. Address the following specific issues in the service description:
   o Program philosophy
   o Types of interventions to be practiced, services and expected outcomes
   o Service delivery patterns including average frequency of services received, intensity and duration of services provided to each individuals
   o Days and hours of program operation
   o Approaches for working with persons with trauma, domestic violence, physical and/or sexual abuse or who engage in self harm
   o How the program will ensure community integration of clients
   o Discuss relationship with physical health providers to ensure that the physical health needs of individuals are met
   o Provide 24 hour availability of psychiatric nursing and clinical staff
   o Provide certified peer specialist services
C. Describe how the following service components will be provided in accordance with the draft regulations attached
   o Health and Wellness
D. Please describe your program’s admission criteria

E. Please describe your program’s discharge criteria

F. Using the two case summaries below, Please provide a short (no more than two pages per case study) summary of how you would envision engaging these individuals and treatment and how you would operationalize recovery principles in their treatment.

Case Study #1
Janet is a 60 year old single, African American female; with a diagnosis of chronic paranoid schizophrenia; a history of addictions and IV drug use; history of repeated inpatient hospitalizations and outpatient service use. She has not been effectively engaged in treatment for several years. She has multiple medical problems: hypertension; GERD; irritable bowel syndrome; history of seizures. Was admitted from a CRR where she had resided for approx six months. During that month she eloped three times; she has been irritable, reclusive, verbally aggressive and has had one on one support at times. She left the CRR four days before this psychiatric admission to live with an old boyfriend with whom she had been out of touch for several years. He called the police who took her to the hospital. She has been on the acute care unit for 55 days and is being referred for Extended Acute Care Services. She has a lengthy history of involvement with the mental health system with previous community inpatient and Mayview admissions. She had been at Mayview for 11 months and was discharged in early 2006.

Upon the current admission, she was generally not cooperative and provided very little information. Subsequently daily progress notes indicate an ongoing high level of delusions and she continues to be extremely symptomatic. She seems to suffer from both auditory and visual hallucinations in the context of her delusions. She has been accepting of Zyprexa...no side effects.”

Case Study #2
Becky is a 43 year old, single caucasion female: admitted to acute care approximately 30 days ago; she has a diagnosis of Paranoid Schizophrenia and alcohol abuse. She has an 18 year old daughter who brought her to ER when a bartender called to say she was threatening, bizarre, etc. Daughter provided most of the information upon admission and continues to have contact with Becky. At the time of admission, Becky was homeless and probably surviving through prostitution. The most recent progress notes indicate she does not plan to remain sober after discharge. The progress notes indicate that Becky is isolative; disheveled in appearance, disorganized in thought; polite and cooperative with no dangerous behaviors; ongoing delusions of persecutory and/or grandiose nature; episodic auditory hallucinations receives commands from God and TV; history of poor treatment compliance. Becky has been referred to extended acute care
because the inpatient unit is reluctant to discharge her since she will not commit to remaining sober.

IV. Project Implementation Plan (15 points)
Submit a detailed timeline for the development and implementation of the Extended Acute Care Unit, including details of any issues around the physical plant(s), other program ramp-up issues, hiring schedule, training and orientation schedule and acceptance schedules for referrals to the program. Include the action taken, position responsible for implementing, and start and end date for each action taken.

V. Outcome/Quality Monitoring Plan (10 points)

Please describe your quality management approach and how finding will be used to enhance or improve the quality of services, including the use of consumer satisfaction surveys. Please describe how you will measure the outcomes of the program.

VI. Program Budget (10 points)

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 health choices clients will be paid for by the counties. Community Care and VBH-PA will serve as the gatekeeper for this services based on current planning although that may change.
Attachment

Guidelines for Extended Acute Care Services

OMHSAS Number: OMHSAS -06-05

8/29/07
A. Scope:

This bulletin applies to all qualified providers approved to offer Extended Acute Care Services (EACS) to Medical Assistance recipients 18 years and older who meet the criteria for serious mental illness as defined by Bulletin OMH-94-04 and who require extended inpatient psychiatric treatment services. Qualified providers shall meet the accreditation standards set forth by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). The provisions of this bulletin apply to inpatient psychiatric care providers enrolled in Fee-for-Service as well as those functioning under the behavioral health managed care delivery system.

B. Purpose:

The purpose of the bulletin is to provide guidance to both prospective and existing providers concerning the development of Extended Acute Care Services (EACS) including:

♦ Program Requirements
  ➢ Program Description
  ➢ Staffing Requirements
  ➢ Referral Process
  ➢ Patient Admissions
  ➢ Patient Discharges

C. Background:

The care and treatment philosophy for people who have serious mental illness has continued to evolve over the past 25 years. Clinical best practice encourages individuals to partner actively in their own treatment and acquire skills that promote recovery.

Within a therapeutic-rich environment, EACS are a part of the recovery-focused process that seeks to promote individual choices around care and provide opportunities that embrace collaboration with the individuals, families and treatment teams. EACS are multi-disciplinary and trauma-sensitive and are designed to improve an individual’s adult role-functioning while stabilizing psychiatric symptoms that initially precipitated the person’s acute inpatient stay. The evolution of EACS is consistent with the OMHSAS mission to promote an array of treatment options for persons with serious and persistent mental illness.
EACS are guided by Community Support Program (CSP) and Recovery principles (Attachment 1). CSP principles state that services and supports are:

- Consumer-Centered/Consumer-Empowered
- Culturally Competent
- Meet Special Needs
- Community-Based/Natural Supports
- Flexible
- Coordinated
- Accountable
- Strengths-Based

The Office of Mental Health and Substance Abuse Services (OMHSAS) supports the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Consensus Statement on Mental Health Recovery and its Fundamental Components of Recovery (Attachment 2).

EACS provide a longer period of inpatient services in a recovery oriented environment that permit an individual to stabilize and return to the community while avoiding unnecessary hospitalizations in a state psychiatric hospital.

D. Requirements- Provider Responsibilities

EACS are intensive psychiatric and behavioral health interventions provided 24 hours per day, 7 days per week, for up to 180 days.

Providers shall:

- Submit service descriptions for review and approval by OMHSAS prior to implementation
- Ensure that all service descriptions reflect the program’s capacity to deliver medical and psychiatric services that effectively evaluate, diagnose and develop comprehensive treatment plans with continuous monitoring, of a person’s response to the physical medicine and psychiatric rehabilitative interventions of the EACS. This would include the assessment, stabilization and treatment planning that utilizes integrated approaches to address co-occurring disorders. The service description must include the following service components:
  - Program philosophy.
  - Written protocols for EACS which describe agency policies and program guidelines.
  - Identification of the strengths and needs of the individuals who have a serious mental illness.
  - Types of intervention(s) practiced, or services, and expected outcomes.
Service delivery patterns including average frequency of service, received (days per week, month) intensity (hours) and duration of services (length of stay) provided to individuals.

Agency table of organization which includes staffing patterns, staff to consumer ratios and program capacity, staff providers, and cultural diversity reflective of the population.

Populations served including diagnoses, age and any specialization. This would also include those persons with SMI who experienced trauma, domestic violence, physical abuse, sexual abuse, and verbal/emotional abuse, or who engaged in self-harm.

Staff training plan.

Linkages with treatment, rehabilitation, medical and community resources such as MH/MR providers, vocational programs or housing providers.

Development of a social support system that includes family, friends, advocates and others who can support the recovery and return of the individuals who have a serious mental illness to their adult role in the community.

Days and hours of program operation.

Physical plant description including physical space/floor plan utilized by EAC programs and copies of all applicable licenses/certificates including Labor and Industry, fire, health and safety.

- Continuous quality improvement procedures and reports of findings and actions taken to enhance or improve the quality of services, including consumer satisfaction surveys as well as other quality improvement measures as requested by the Department.

- Provide 24-hour availability of psychiatric nursing and professional clinical staff to implement the recovery plan and monitor/assess the person’s condition and response to the rehabilitative interventions of the EACS. This also includes ensuring the proper credentialing of all staff used to support multi-disciplinary treatment, clinical management and administrative oversight, with the availability of emergency medical or behavioral health interventions as needed;

- Develop relationships with physical health providers to ensure the provision of physical health care when needed;

- Provide certified Peer Specialist services to provide opportunities for individuals receiving services to direct their own recovery and advocacy process, as cited in MA Bulletin “Peer Supported Specialists”, effective 11/1/06, number 08-07-09, 11-07-03, 21-07-01;
♦ Ensure access to adequate outdoor space for individuals during the course of their stay;

♦ Provide a variety of programs specifically designed to meet the needs of the consumer such as:
  - Stress Management
  - Anger Management and conflict resolution
  - Family and consumer psycho-education
  - Self-Medication Management
  - Wellness Recovery Action Planning

E. Service Components:

The service components of an EAC are grounded in a focus on well-being, community re-integration and safety. Primary components include: health and wellness (including physical and behavioral health), emotional and behavioral stability (self-esteem, hope, coping skills and self-confidence) and social quality of life. Providers will ensure the integration of the following components into their EAC program as documented in their Service Description.

Health and Wellness (Physical and Behavioral)

- Physician rounds daily, consisting of psychiatric evaluation, assessment of treatment response, recovery planning and medication management
- Nursing Care consisting of physical health maintenance and acute care management
- Health and wellness education that includes discussions centered on the use of drugs and/or alcohol, tobacco use and their impact on the individual’s physical and emotional well-being as appropriate; life styles, symptom management, use of medication and treatment as well as instruction relating to daily exercise and the important of nutrition and weigh management.
- Support to develop skills for the person to be able to take personal responsibility for health and wellness including smoking cessation.

Emotional and Behavioral Well-being

- Consumer centered treatment /recovery planning and review to include the consumer and with the consumer’s consent, family members/significant others and community resource providers
- Individual, group and family counseling that emphasizes personal insight-determination for recovery, self-management, coping skills, understanding external factors in recovery, development of inner strength, and a sense of empowerment
Spiritual support services individualized to meet the person’s spirituality needs
- Therapeutic recreational activities consisting of walks, exercises, games, arts and crafts, and leisure education
- Therapeutic leave, not to exceed 7 and 1/2 hours every 30 days, as appropriate [Should this be more].
- Peer-to-Peer supports consisting of use of a certified Peer Specialist to support and facilitate consumer empowerment and movement toward recovery
- Establish a process to elicit and respond to EAC consumer satisfaction feedback.

Social Quality of Life
- Offer psycho/social education, collaboration and reintegration planning to family members and significant others to enhance access to natural supports
- Develop the individual’s social, and life skills in order to support their successful re-entry into the community
- Encourage educational and vocational development, which may include opportunities for job readiness and potential placement in compensated or volunteer positions
- Foster outreach to local advocacy, faith-based and other community organizations that further support individual involvement in community life.

Community Reintegration
- Develop a Community Support Plan (CSP) that coordinates both internal and external resources and a plan for community integration (Attachment 3)
- Involve community providers that will support the consumer at discharge in the CSP process

Environmental Safety
- An environment of safety will focus on a therapeutic milieu that fosters recovery. The service will also emphasize the role of each person’s responsibility for the functioning and stability of the therapeutic community, while promoting dignity and respect in all interactions
- The training will focus on conflict resolution and identify the causes of aggressive behavior, de-escalation techniques, and the reduction or elimination of the use of restraint and seclusion
- The environment will support the promotion of clean air and living spaces, noise control.
F. Referral Process.

All EAC programs are required to have a referral agreement with the county Mental Health/Mental Retardation (MH/MR) administrator. Individuals admitted to an approved EAC program must meet medical necessity criteria for inpatient services as defined by the BH-MCO functioning within the county.

G. Admission Criteria:

Providers must apply the following admission criteria:

- Primary psychiatric diagnosis that meets criteria for serious mental illness as defined by Bulletin OMH-94-04 for persons 18 years or older, and,
- Referral from an acute psychiatric inpatient setting that recommends transfer to an EAC or have a psychiatric evaluation that specifically recommends admission to an EAC with medical clearance for admission, and,
- Documentation that the person poses a significant risk of harm to self or others, is unable to care for themselves, or,
- Documentation that the person has a medical condition or illnesses that cannot be managed in a less intensive level of care, because the psychiatric and medical conditions so affect each other that there is a significant risk of medical crisis or instability, and,
- Confirmation that the individual’s judgment or functional capacity is so impaired that self-maintenance, occupational, or social functioning is severely threatened, and,
- Verification that the person requires treatment that may be medically unsafe or unable to be provided, if administered at a less intensive level of care, and,
- Verification that there is an increase in the severity of symptoms such that continuation at a less intensive level of care cannot offer an expectation of improvement or the prevention of deterioration, resulting in danger to himself or herself, others, or property.

H. Discharge Criteria:

The person no longer needs the extended acute inpatient level of care because:

- The symptoms, functional impairments, and/or coexisting medical conditions that necessitated admission or continued stay have diminished in severity, and the individual’s treatment can now be managed at a less intensive level of care;
- The improvement in symptoms, functional capacity, and/or medical condition has been achieved and the expectation that these improvements will not be compromised with treatment being given at a less intensive level of care;
- The person no longer poses a significant risk of harm to self or others, or destruction of property;
The individual has benefited from extended acute treatment and has developed sufficient coping skills and effective community supports, indicating a high probability of a positive transition to the community, and

The person, with the support of the EACS staff, and community after care providers has developed a viable discharge plan that includes living arrangements and follow-up care that includes such supports as intensive case management,)Assertive Community Treatment (ACT) team to support the person’s transition to the community.

OR

Extended acute inpatient treatment is discontinued because:

- A diagnostic evaluation and/or a medical treatment has been completed when one of these constitutes the reason for admission, or
- The person withdraws from treatment against advice and does not meet criteria for involuntary commitment

I. Reimbursement [Needs to be defined broadly]

J. EACS Staffing Requirements

Staffing Providers and ratios, credentialing, and the levels of supervision must adhere to JCAHO accreditation standards.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:
Office of Mental Health and Substance Abuse Services, Division of Policy and Program Development, P.O. Box 2675 Harrisburg PA 17105. General Office Number 717-772-7993