

THE BEACON CENTER  
REQUEST FOR INFORMATION (RFI)

PROVIDERS FOR JUVENILE JUSTICE/SUBSTANCE ABUSE/MENTAL  
HEALTH PARTNERSHIP (JJ/SA/MHP)

CHANGING LIVES TOGETHER INITIATIVE (CLT)

RFI Issue Date: May 17, 2011

RFI Submission Deadline: May 31, 2011

**PURPOSE**

The Beacon Center is requesting information to assist in the selection of a limited number of Critical Access Behavioral Health Agencies (CABHAs) to provide clinical assessments to determine the need for Substance Abuse (SA)/Mental Health (MH) services and provide an array of services that include evidence based practices (EBP's) to youth referred through The Department of Juvenile Justice and Delinquency Prevention (DJJDP) in Edgecombe, Greene, Nash, and Wilson counties. The selected providers will be responsible for daily operation, management, data collection, and oversight of case referrals.

The objective of this RFI is to solicit information from CABHAs that might be interested in and capable of performing the work described within this request. This RFI is for information and planning purposes only and should not be interpreted as a contract, nor does it imply any form of an agreement to any potential candidate. In addition, no inference should be made that our agency will purchase and/or implement in the future any of the programs or services proposed by the respondents.

**REQUIREMENTS**

The provider will need to offer and provide the following:

- **Assessment/Evaluation**  
Comprehensive evaluation and assessment of youth referred by DJJDP using bio-psychosocial and stages of change models to determine current status, personal characteristics, diagnostic information and initial treatment needs. Assessors must agree to use the evidence based assessment tool, GAIN.
- **Assertive Engagement/Case Management**  
Maintain regular contact with System of Care Coordinators and Juvenile Court Counselors. Assessors agree to collect data and report monthly to the JJ/SA/MHP Changing Lives Together (CLT) Management Team.

- **Services and Evidence Based Practices**

Must provide at least 4 of the following services:

SA/MH Outpatient therapy  
Medication Management  
SA/MH Targeted Case Management  
Intensive In-Home  
Mulitsystemic Therapy  
Substance Abuse Intensive Outpatient  
Day Treatment

Must have staff who will be providing the service certified in GAIN and trained in at least 1 of the following EBP's:

Trauma Focused CBT  
Motivational Interviewing  
7 Challenges  
Strengthening Families

### **GENERAL REQUIREMENTS**

- The Providers must be either a public entity or a private non-profit.
- The Providers must abide by CFR 42 and HIPAA requirements.
- The Providers must abide by all local and state Medical Records standards.
- The Providers must abide by all applicable block grant requirements.
- The Providers must operate the services provided in compliance with any and all applicable local, state, and federal requirements.
- The Providers must submit all authorization requests, medical records information and billing through CareLink.
- The Providers must participate in the Calcium web based calendar system.

### **STAFFING/CREDENTIALING/COMPETENCIES**

Staff conducting the assessments must be a clinically licensed practitioner. Staffing patterns, credentialing, and competencies of the staff offering authorized services must be in accordance with current and future service definitions as defined by the Division of Mental Health/Developmental Disabilities/Substance Abuse Services (MH/DD/SAS).

### **PERFORMANCE AND OUTCOME MEASURES**

Providers will strive to see consumers immediately following their meeting with Juvenile Court Counselor but at no time later than 7 calendar days from the meeting with the Juvenile Court Counselor.

Performance and outcome reports will be submitted on a monthly basis to the JJ/SA/MHP Changing Lives Together Management Team.

## **AVAILABLE FUNDING**

The CABHA will bill Medicaid or private insurance for services when applicable. Fee for service from JJ/SA/MHP funds may be provided for indigent consumers.

Fee for service from JJ/SA/MHP will be provided for Assertive Engagement.

## **DEFINITIONS**

**The Beacon Center uses the following Good Standing requirements for selection of State Funded Contracts: Per the Division of Mental Health, Developmental Disabilities and Substance Abuse Services Policies and Procedures: Endorsement Policy 4/15/2011:**

**Good Standing - LME:** A provider is in good standing with a Local Management Entity (LME) if the provider organization has a history of compliance with DMA Clinical Policy specific to service delivery and does not have an open Plan of Correction (POC) with an LME. A POC must be timely submitted, approved, and implemented before the POC action can be closed. A POC is fully implemented when the POC is being followed and all out of compliance findings have been minimized or eliminated as determined by the LME in a maximum of two follow-up reviews. The POC action is closed when the provider receives the official notification from the LME stating the action is closed.

**Good Standing – Department of Health and Human Services (DHHS) as defined in 10A NCAC 22P.0402:** A Provider is not in good standing with the DHHS if any of the following conditions are present, regardless of any appeal filed by the provider:

- a) The provider owes an outstanding accounts receivable to the DHHS, including but not limited to Medicaid overpayments, cost settlements, penalties and interest. An outstanding account is one that is more than thirty days past due from the date of notification. A provider that entered into an approved payment plan in accordance with Rule 10A NCAC 22F .0601(a), and who has made all payments on time and in full, and has met all other requirements that may be in the payment plan agreement, is considered to be in good standing;
- b) The Provider is required to submit its Medicaid claims for prepayment claims review to DMA or its contractor;
- c) The current owners, operators, or managing employee(s) of the provider agency were previously the owners, operators, or managing employee(s) of a provider agency which had its participation in the N.C. Medicaid program involuntarily terminated for any reason or owes an outstanding accounts receivable to the DHHS, irrespective of whether the provider agency is currently enrolled in the N.C. Medicaid program;
- d) The provider and its owners, operators and managing employee(s) are listed on the U.S. Department of Health and Human Services Office of Inspector General Exclusion list;

e) The provider, or its corporate, has unresolved tax or payroll liabilities owed to the U.S. or N.C. Departments of Revenue or Labor;

f) The provider abandoned or destroyed patient medical records or staff records in violation of federal or state law, rule or regulation;

g) The current owners, operators, or managing employee(s) of the provider agency were previously the owners, operators, or managing employee(s) of a provider agency which abandoned or destroyed patient medical records or staff records in violation of federal or state law, rule or regulation;

h) The provider has an open Plan of Correction (POC) with the DMH/DD/SAS Accountability Team. A POC must be timely submitted, approved, and implemented before the POC action can be closed. A POC is fully implemented when the POC is being followed and all out of compliance findings have been minimized or eliminated as determined by DMH/DD/SAS in a maximum of two follow-up reviews. The POC action is closed when the provider received the official notification from the DMH/DD/SAS Accountability Team stating the action is closed;

i) If the provider is subject to licensure requirements, the provider fails to meet any of the requirements for enrollment and/or licensure set forth in N.C.G.S. 122C-23 (e).

j) Where the provider is incorporated, or where otherwise applicable, the provider fails to maintain, and produce upon request, a current, valid Certificate of Existence issued by the NC Secretary of State's Office.

## **INSTRUCTIONS**

Interested eligible Providers should submit a letter of interest with a capability and capacity statement to include what services will be provided, the number of consumers that you intend to serve and the counties that your agency will provide services in. Please include information that details the organizations mission, business infrastructure, experience, qualifications, and financial stability (submit an annualized budget and the most recent audit). Please include information that details the organizations mission, business infrastructure, experience, qualifications and financial stability (submit an annualized budget and the most recent audit). Please indicate whether your agency has had any fiscal, clinical or administrative actions from any regulatory agency in the past 12 months. A copy of the most recent two years' financial information is required. If available an audit report by an independent CPA is preferred.

Eligible Providers are those that are in Good Standing with The Beacon Center, Division of Medical Assistance and Division of MH/DD/SA Services and have a history of service delivery that ensures clinically sound and consumer focused services. Preference is also for a CABHA Provider Agency.

The Provider should describe corporate, managerial, administrative or other changes that must occur for the provider to successfully accept any offer to provide this service.

Proposals must be signed by an authorized person within the provider organizations and include names and contact information for persons authorized to attend meetings and speak on behalf of the agency for the purpose of entering into a contract with The Beacon Center.

**All requests for information regarding this RFI will only be responded to if submitted electronically.** Please email all inquiries to:

[lindahawley@thebeaconcenter.net](mailto:lindahawley@thebeaconcenter.net).

In order to be considered for this RFI the Letter of Interest with supporting information should be received no later than May 31, 2011 at 5:00p.m. Mail completed packet to:

**Karen Salacki  
Area Director  
The Beacon Center  
500 Nash Medical Arts Mall  
Rocky Mount, NC 27804**