

**THE BEACON CENTER  
REQUEST FOR INFORMATION (RFI)**

**PROVIDER FOR IPRS OUTPATIENT SUBSTANCE ABUSE SERVICES**

RFI Issue Date: **May 17, 2011**

RFI Submission Deadline Date: **May 31, 2011**

**PURPOSE**

The Beacon Center is requesting information to assist in the selection of one or more established provider organizations to provide Outpatient Substance Abuse Services to consumers in Edgecombe, Greene, Nash and Wilson counties to enhance our network of providers. The selected provider (s) will be responsible for daily operation, management, and oversight of outpatient services provided to their consumers with substance abuse service needs.

The objective of this RFI is to solicit information from organizations 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.

Current Providers of these services do not need to reapply.

**REQUIREMENTS**

The provider would need to offer and provide the following:

- **Assessment/Evaluation**  
Comprehensive evaluation and assessment using bio-psychosocial and stages of change models to determine current status, personal characteristics, diagnostic information and initial treatment needs.
- **Group Therapy**  
Therapy using accepted group treatment modalities focusing on recovery based issues.
- **Individual Outpatient**  
Individual therapy sessions using supportive psychotherapy, cognitive behavioral methods, and/or motivational-based methodologies to confront use and abuse and other barriers to a recovery based lifestyle.

- **Medication Management**

To either be provided by the Provider of these services or have a contract in place to have these services by another Provider.

### **SERVICE DELIVERY SETTING**

These services can be provided within 30 minutes or thirty miles within Edgecombe, Greene, Nash and Wilson counties.

### **GENERAL REQUIREMENTS**

The Provider (s) must abide by CFR 42 and HIPPA requirements.

The Provider (s) must abide by all local and state Medical Records standards.

The Provider (s) must operate the services provided in compliance with any and all applicable local, state and federal requirements.

The Provider (s) must submit all authorization requests, medical records information and billing through CareLink.

The Provider (s) must participate in the Calcium web based calendar system.

### **STAFFING/CREDENTIALLY/COMPETENCIES**

Staff providing these services must be Licensed Clinical Addictions Specialist (LCAS), Certified Substance Abuse Counselor (CSAC) or Certified Clinical Supervisor (CCS). Staffing patterns and credentialing and competencies of the staff offering authorized services must be accordance with current and future service definitions as defined by Division of MH/DD/SAS. Appropriate staffing patterns with competent/credentialed staff are to be available to consumers immediately upon authorization of services to the selected provider (s).

### **PERFORMANCE AND OUTCOME MEASURES**

Provider (s) must be able to give and provide appointments as defined and mandated in the Performance Agreement for the following time frames:

- Emergent- within 2 hours.
- Urgent- within 48 hours
- Routine- within 14 days.

Performance and outcome reports will be submitted on a quarterly basis to The Beacon Center and the North Carolina Division of Health and Human Services.

### **AVAILABLE FUNDING**

Fee for service from IPRS funding based on current Medicaid rates.

### **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 (el).
- 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 to. 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, or administrative or other changes that must occur for provider to successfully accept any offer to provide this service.

Proposals must be signed by an authorized person within the provider organization 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 submitted no later than **May 31, 2011 at 5:00p.m.** To:

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