

PBH Request for Intent (RFI) Announcement
B3 Crisis Respite
February 13, 2008

Prospective Provider Requirements:

To be considered for the B3 Crisis Respite Project a Provider must meet the following requirements as noted in the RFI and;

- Be a contracted PBH provider in good standing with PBH; and
- Be fully operational within eight (8) weeks of contract award. This will include transfer of facility license or obtaining facility license
- Not have any type A and type B violations or pending sanctions with Division of Health Service Regulation (DHSR); and
- Not have a current investigation of Medicaid fraud or judgment involving Medicaid fraud within the past five (5) years that would constitute grounds for disqualification from the process.
- Meet requirements set forth within the Residential Treatment Level II – family Type licensure requirements.
- Crisis Respite facilities must be licensed under the Division of Social Services 131-D family setting homes.

Background of RFI:

From a historical perspective, planned and crisis respite are relatively new services for families caring for a dependent family member. Although respite programs were developed in the 1960s, most states still report a serious shortage of respite for families in need. This nationwide shortage of respite programs, coupled with the realization that there is strength in numbers, has planted the seed which has led to the growth of respite service providers. Here, in the PBH catchment area, crisis respite is a service that we are greatly lacking. As PBH strives to actively work towards the development of a comprehensive community crisis continuum, we have identified crisis respite as a critical service gap that we hope to soon fill.

On occasion, resolution of a crisis may require the temporary removal of a consumer from his or her current environment. The purpose of this RFI for B3 crisis respite services for children and adolescents is to provide the individual in crisis with support in a calm, protected, and supervised non-hospital setting. During this period, the person can stabilize, resolve problems, and link with possible sources of ongoing support.

In accordance with the Mental Health, Developmental Disabilities, and Substance Abuse System Transformation, individuals should receive supports and services within the communities in which they reside. Adopting a System of Care philosophy, it is the belief of PBH that services provided to children and adolescents entail the least restrictive, most normative environment that is clinically appropriate for the individual.

As a system, we have relied heavily upon inpatient hospitals and residential providers to care for individuals identified as eligible for the State Plan Target Population (Enhanced Benefits). PBH is committed to the notion that in order for the System to effectively incorporate the values of System Transformation *and* dramatically increase the utilization of Individual/Family Driven community based services; a crisis service continuum needs to be expanded and comprised of crisis respite services.

Crisis incidents should be seen as opportunities for change. Building upon this premise, the expanded development of a crisis continuum is essential in dramatically shifting the system. The system needs to radically shift from dependence upon paid supports and residential services; to a system that is Individual/Family Driven, including natural supports as its foundation.

Service Delivery/Program Requirements

General Overview

Crisis Respite is a voluntary service which provides an alternative to residential treatment and hospitalization for children ages three (3) to twenty one (21) which have a mental illness and/or substance abuse disorder and live with their families, guardians or foster parents. This is a twenty-four (24) hour service, provided in a residential treatment (level II) licensed family-type home, that will allow the child to remain in the community during the crisis episode. As such, all crisis respite placements shall have single room occupancy. Program services are delivered face-to-face and are intended for relatively brief duration, to which initial admissions are not to exceed a seventy-two (72) hour episode of treatment. It is essential that planning for discharge begins at admission.

There must be a face-to-face assessment of the child within twenty-four (24) hours of placement by a licensed professional, unless the placement is part of an approved Crisis Plan.

The provider must have the capacity to admit children into Crisis Respite Services on a twenty-four (24) hour per day, seven (7) days a week basis. Providers shall have therapeutic foster homes available that operate utilizing a “No Decline” capability.

The provider must also ensure access to Licensed Professionals in order to establish a clinical milieu in the licensed respite facility; providing for assistance in addressing the needs of the children experiencing psychiatric distress and consultation to staff providing the crisis respite services. Licensed professionals must be available twenty-four (24) hours a day, seven days a week as needed to provide necessary clinical support for identified consumers in PBH’s 5-county catchment area (Cabarrus, Davidson, Rowan, Stanly and Union).

Transportation is an essential ingredient of the crisis system that ties all the service components together. The ability to transport individuals in need of crisis services in a safe, timely, and cost effective manner is critical to operations. Regardless of how the Crisis Respite Provider decides to provide or negotiate transportation, there are several key factors for consideration in arranging or providing transportation for individuals seeking these services. Some of which include, but are not limited to the following:

- Age
- Confidentiality
- Reliability
- Availability
- Safety
- Skill level of those involved in the transport

Staffing Requirements

The service model at a minimum will include a therapeutic parent that meets the requirements for a Qualified Professional (QP) or Associate Professional (AP) status according to 10A NCAC 27G.0104 and who have the knowledge, skills, and abilities required by the population and age to be served.

Each therapeutic parent will also be paired with a licensed master’s level QP who will be available to provide twenty-four (24) hour coverage, seven (7) days per week. This person’s role may also include assessment & evaluation, individual & family therapy, crisis stabilization and case/care coordination across levels of care.

All Associate Professional (AP) and Paraprofessional level persons who meet the requirements specified for Associate Professional and Paraprofessional status according to 10 NCAC 27G 0104 and whom have the knowledge, skills, and abilities required by the population and age to be served may provide Crisis Respite.

A Qualified Professional must supervise all Associate Professionals (AP) and Paraprofessional level staff. Supervision must be provided according to supervision requirements set forth in 10A NCAC 27G .0204.

All staff providing Crisis Respite services to children must complete the below training within ninety (90) days of employment. The competency based training shall include but not be limited to the following:

- o Diagnosis and clinical issues regarding the population served
- o Client Rights
- o Confidentiality/HIPPA
- o Crisis Intervention and Response
- o Infectious/Communicable Diseases
- o CPR/First Aid/Seizure Management
- o Person Centered Planning to include goals/strategies
- o Approved training on alternatives/restrictive interventions by a certified instructor prior to being alone with an individual as appropriate for the individual
- o Protective Devices/Usage as appropriate for the individual
- o Cultural Diversity/Awareness
- o Child Development
- o Family Advocacy Skills
- o Motivational Interviewing as well as other cognitive behavioral techniques and interventions identified as best practice in crisis services
- o Knowledge of the Service Delivery System
- o Medication Administration as appropriate for the individual

Entrance Criteria

The child is eligible for this service when:

- A. CALOCUS level III or greater or ASAM criteria level II.1 or greater; and
- B. There is an Axis I or II diagnosis present, other than sole diagnosis of Developmental Disability; and
- C. The child is at imminent risk for PRTF/psychiatric hospitalization if not in receipt of Crisis Respite services and/or
- D. Child shall be able to safely stay in an unlocked, community based placement and/or
- E. Child shall be willing to contract for safety. Safety checks are allowable within the program to assure safety

Continued Stay Criteria

The child continues to meet entrance criteria as listed above and continued stay is reflected in the Service Plan/Discharge Plan.

Discharge Criteria

- o The child has been stabilized.
- o Child and Family Team has met and the Person Centered Plan or Service Plan and Crisis Plan have been developed and/or revised to include increased support services, newly revised interventions, revised crisis support services, and/or other changes as warranted.

Expected Outcome

- o Child has been stabilized and level of functioning restored.
- o Diversion from more restrictive placement, such as PRTF or psychiatric hospitalization when clinically appropriate.
- o Intervention strategies, supports and a crisis plan have been developed that will assist in maintaining the child within the residence of the primary caregiver.

Documentation Requirements

Minimum standard is a daily full service note that includes the individual's name, Medicaid identification number, date of service, purpose of the contact, duration of the service, task addressed, support/intervention provided, effectiveness of the intervention, provider signature and credentials of the staff person.

Service Exclusions/Limitations

- o Crisis Respite shall not be provided or billed on the same day as the following services:
 1. Residential Level II – Family Type
 2. Level II-IV Child Residential
 3. PRTF
 4. Psychiatric inpatient facility

- A child can receive Crisis Respite services from only one (1) service provider at a time.
- The child is unmanageable in any setting less restrictive than a locked in-patient facility; this includes children that pose a sufficiently high risk of physical or sexual violence, significant risk of elopement; current risk fro arson and or major property damage.
- Children age thirteen (13) or older who will not voluntarily agree with placement.
- The child more appropriately belongs in another setting (Natural home environment, foster home, detention, or other juvenile facility)
- Crisis Respite services shall only be provided for the identified child; other family members, such as siblings many not be served.
- Children receiving this service cannot be enrolled in the Piedmont Innovations Waiver

Utilization Management

Prior authorization by PBH Utilization Management is required for this service. The initial authorization will not exceed seventy-two (72) hours. The amount, duration, and frequency of this service must be included in the individual's Person Centered Plan or Service Plan within forty-eight (48) hours of admission to the service. The Plan must also address how natural resources and supports will meet this need in the future.

Utilization review by PBH must be conducted after the first seventy-two (72) hours and is so documented within the service record. Crisis Respite is a short-term service that can not be provided for more than thirty (30) days in a twelve (12) month period. The maximum length of stay is ten (10) days.

In lieu of Crisis Respite being a voluntary service, a legal guardian must sign the child into services. If the child is thirteen (13) or older, the child must also consent to the crisis respite

Program Reporting

- Electronic reporting capacity is required for outcomes and reports required by the LME at the time services are implemented.
- CONTRACTOR shall provide LME with an Annual Report that addresses the utilization/occupancy of Crisis Respite services. The Annual Report shall also include the major accomplishments and barriers of CONTRACTOR surrounding service delivery. The Annual report shall be due 30 days following the conclusion of PBH's fiscal year (due on July 31st) and submitted to the assigned Provider Relations Manager.
- CONTRACTOR shall assist LME in any annual reporting that is required for continued State and Federal funding.
- CONTRACTOR shall provide LME with quarterly reports of the progress of the contract administration and meet with PBH staff on a regular basis to discuss relevant contract and participant issues. Quarterly reports and issues should be submitted to or addressed with the assigned Provider Relations Manager.

Reimbursement

- CONTRACTOR shall complete and submit an LME Treatment Authorization Request Form for this service, in order to obtain pre-authorization for admission and/or authorization for continued treatment. CONTRACTOR shall also submit supporting clinical documentation as requested.
- Crisis Respite rate will be \$160/per diem
- No start-up funds or recurring allocation apply to this service

RFI Timeline & Process

RFI Announcement

RFI application shall be posted on www.pbhcare.org and conveyed to providers in an electronic communication on 2/13/08.

Letter of Intent

Prospective Providers must submit in writing a letter of intent to file including their ability to meet all requirements in the RFI announcement by no later than the close of business (5:00 PM) on 2/25/08. The PBH Provider must submit it in writing to:

Nicole Prioleau, MA, LPC
System of Care Coordinator
PBH
245 LePhillip Court NE
Concord, North Carolina 28025

Mandatory Bidders Conference

The mandatory bidders conference will be held as indicated below:

Date: 3/3/08 **Time:** 10:00 AM **Location:** Copperfield Training Room

RFI - Proposal Submission

Proposals shall be due to PBH by no later than the close of business (5:00 PM) on 4/14/08. Late proposals shall not be accepted. Submit hard copies (printed) of your proposals, formatted and organized in a 3-ring binder with tabbed sections. Proposals submitted electronically will not be accepted. Three (3) copies of the proposal shall be submitted to:

Nicole Prioleau, MA, LPC
System of Care Coordinator
PBH
245 LePhillip Court NE
Concord, North Carolina 28025

Deleted: only

Selection Process

The Provider Relations and Quality Management Departments will review the applications on 4/21/08 and notify the three candidates with the highest review scores of their selection for the in-person interview process. All Prospective Providers should provide a phone number for which they can be contacted on 4/22/08 for the purpose of notification of their selection for the in-person interview process.

Interviews for the finalists will be conducted as indicated below:

Date: 4/28/08 **Time:** 10:00 AM **Location:** Copperfield Training Room

All finalists will be asked to provide a phone number they can be contacted at on 4/30/08 for the purpose of notification of the award of this RFI.

Service Implementation

Service to be implemented no later than 6/30/08

For more information or general inquiries contact:
Nicole Prioleau @ 704-721-7016 or via email at nicolep@pamh.com