REQUEST FOR INFORMATION

Coordinated Specialty Care for First Episode Psychosis Program (FEP) Sites

Issued by

MAGELLAN BEHAVIORAL HEALTH OF PENNSYLVANIA, INC.

Date of Issue

April 30, 2020
1.0 Introduction

This is a request for Information (RFI) issued by Magellan Behavioral Health of Pennsylvania, Inc. (Magellan) on behalf of The Lehigh County Department of Human Services HealthChoices and Mental Health Programs.

Neither this Request for Information, nor any response (proposal) submitted, should be construed as a legal offer.

It is the intent of Lehigh County Department of Human Services to solicit responses for a Pennsylvania Department of Human Services (DHS) Office of Mental Health and Substance Abuse Services (OMHSAS) Coordinated Specialty Care for First Episode Psychosis (FEP) Program initiative. Lehigh County and Magellan see this as a unique and meaningful opportunity to benefit Lehigh County residents; among these include Lehigh County HealthChoices members. Pennsylvania’s First Episode Psychosis programs are funded partly through the Community Mental Health Services Block Grant; up to five additional sites will be selected for SFY20-21 across the Commonwealth through a competitive process.

The goal of this RFI is to gather general functionality and general pricing structures from vendors. Lehigh County Department of Human Services will use this information specifically for the development of a response, as applicable, to OMHSAS.

Magellan in partnership with Lehigh County are seeking provider partners for a FEP Site. If a provider partner is identified and selected through Magellan’s RFI process, the County will apply to the state for consideration.

2.0 Background/Data

The Substance Abuse and Mental Health Services Administration (SAMHSA) is directed by Congress to set aside 10 percent of the Mental Health Block Grant (MHBG) allocation for each state to support evidence-based programs that provide treatment for those with Early Serious Mental Illness and First Episode Psychosis.

Pennsylvania’s Department of Human Services maintains information about FEP Programs in Pennsylvania. Interested vendors are asked to review all information and webinars on the topic of Coordinated Specialty Care for FEP prior to submitting questions (due date May 5, 2020). Interested vendors are asked to attend a questions and answers forum on May 7, 2020. The due date for submission of vendor responses to this RFI is May 14, 2020.

Please review all information on this website carefully.

https://www.dhs.pa.gov/Services/Mental-Health-In-PA/Pages/First-Episode-Psychosis.aspx

FEP Programs in Pennsylvania have demonstrated positive outcomes in the following areas:
• Decreased hospitalization and number of hospital nights
• Decreased suicidal ideations and attempt
• Decreased adverse behaviors and legal issues
• Decrease substance use
• Increased positive employment
• Increased school enrollment
• Increased self-reported recovery by program participants
• Increased self-reported satisfaction with services

3.0 Proposal and Scope of Work

3.1 Magellan in partnership with Lehigh County HealthChoices is accepting proposals from qualified agencies to apply for the establishment of a FEP Program site for HealthChoices eligible individuals until the close of business on May 14, 2020. A qualified agency is one that:
• Is a Pennsylvania Medicaid provider in good standing
• Has a history of providing mental health licensed services
• Can demonstrate proficiency in the ability to deliver FEP services as detailed below
• Can commit to full participation with Lehigh county/Magellan required implementation meetings, submission of data reports, outcomes, and participation in all evaluation requirements
• Can commit to OMHSAS reporting requirements

3.2 Target Population

Program sites are expected to serve a minimum age range of 16-26 years old but may elect to expand this age range between 14-30 years old based on local needs. Expanded age ranges have been recommended for rural sites. Expansion beyond the identified age ranges will require specific approval of OMHSAS.

For a full team, FEP sites in urban or suburban settings are expected to serve a minimum of 30 individuals annually and a minimum of 20 individuals annually in rural settings. Initial start-up would be for a modified team serving 10 – 15 individuals annually with the goal of growing to a full team over time. Program sites are expected to meet targets within two years from the start date (July 1, 2020) of the award.

3.3 Program Specifications/Requirements

• All participating program sites must be enrolled as a provider for any proposed service available through HealthChoices
• Grant funding priority should be given to services not covered through any other funding source. All other funding sources should be exhausted prior to expending grant funding
4.0 Application and Submission Information

To be considered, eligible organizations must provide a narrative proposal that describes the following items:

1. Current Provider Description (5 points)
   Provide a brief overview of current agency program including statement of purpose, size of agency, current services offered, geographic area served, and population demographics served.
   Click here to enter text.

2. FEP Services Narrative (15 points)
   How many individuals do you plan to serve in SFY20-21 based on your requested budget?
   Click here to enter text.

   If not currently offering FEP Services: Describe vision and plan for the development of a FEP program including a plan to develop CSC elements not currently in place. If applicable, include information describing how you plan to modify the CSC service for a rural context. If partnering to serve multiple counties, please describe the plans to provide coverage to a large service area. Include a specific plan for 24/7/365 Crisis Access to the FEP Team.
   Click here to enter text.

Unscored:
- What duration of untreated psychosis limit will be utilized for admission criteria?
  Click here to enter text.
- What age range will you serve in the FEP program?
  Click here to enter text.
- Does the agency have access to Telepsych? □ Yes □ No □ Will add for FEP
- How will you meet the cultural and language needs of those you serve in the FEP program?
  Click here to enter text.
3. FEP Staffing Plan (15 points)

Complete the following chart outlining planned FEP Staffing Levels. Ensure at least one staff person is responsible for each of the following: Team Leadership, Psychotherapy, Case Management, Family Education/Support, Supported Employment/Education, Pharmacotherapy, Primary Care Coordination, and Peer Support Services. A team member may fulfill more than one role.

<table>
<thead>
<tr>
<th>Staff Position</th>
<th>FTE w/ FEP Program</th>
<th>CSC Services Covered</th>
<th>Already Employed w/Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>☐ Yes</td>
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</tbody>
</table>

**Total FTE** | **Number of Positions to Hire for FEP Team**

Provide any additional comments on planned staffing for FEP Program:
Click or tap here to enter text.
4. Service Availability (25 Points)

Please indicate if your agency currently offers the following CSC services/service elements or if this capacity will be developed for FEP. As applicable, provide a brief (250 words or less) description detailing your agency’s comparable experience:

**Team Leadership**

<table>
<thead>
<tr>
<th>Service</th>
<th>Offered</th>
<th>To be Developed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cultivating Referrals:</td>
<td>Yes ☐</td>
<td>☐ To be developed □</td>
</tr>
<tr>
<td>Facilitating Access to Care:</td>
<td>Yes ☐</td>
<td>☐ To be developed □</td>
</tr>
<tr>
<td>Outreach to Patients and Families:</td>
<td>Yes ☐</td>
<td>☐ To be developed □</td>
</tr>
<tr>
<td>Coordinating Clinical Services among Team:</td>
<td>Yes ☐</td>
<td>☐ To be developed □</td>
</tr>
<tr>
<td>Ongoing Clinical Supervision:</td>
<td>Yes ☐</td>
<td>☐ To be developed □</td>
</tr>
</tbody>
</table>

**Comparable Experience, if applicable**
Click here to enter text.

**Psychotherapy**

<table>
<thead>
<tr>
<th>Service</th>
<th>Offered</th>
<th>To be Developed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Psychotherapy:</td>
<td>Yes ☐</td>
<td>☐ To be developed □</td>
</tr>
<tr>
<td>Group Psychotherapy:</td>
<td>Yes ☐</td>
<td>☐ To be developed □</td>
</tr>
<tr>
<td>Integrated Substance Abuse Sessions:</td>
<td>Yes ☐</td>
<td>☐ To be developed □</td>
</tr>
</tbody>
</table>

**Comparable Experience, if applicable**
Click here to enter text.
**Case Management**

- Mental Health Targeted Case Management: Yes ☐ To be developed ☐

**Comparable Experience, if applicable**

Click here to enter text.

**Family Education And Support**

- Family Psychoeducation: Yes ☐ To be developed ☐
- Relapse Prevention Counseling: Yes ☐ To be developed ☐
- Crisis Intervention Services: Yes ☐ To be developed ☐

**Comparable Experience, if applicable**

Click here to enter text.

**Supported Employment/Education**

- Individual Placement and Support Model Support Employment/Education: Yes ☐ To be developed ☐
- Ongoing support following job/school placement: Yes ☐ To be developed ☐

**Comparable Experience, if applicable**

Click here to enter text.

**Pharmacotherapy and Primary Care Coordination**

- Medication Management: Yes ☐ To be developed ☐
- Coordination with Primary Medical Care: Yes ☐ To be developed ☐

**Comparable Experience, if applicable**

Click here to enter text.
**Team Level Activity**

- Regular Team Meetings: Yes ☐ To be developed ☐
- Coordination of services among team members: Yes ☐ To be developed ☐
- CSC Training: Yes ☐ To be developed ☐
- 24-hour Crisis Phone Coverage: Yes ☐ To be developed ☐

**Comparable Experience, if applicable** Click here to enter text.

**5. Family/Consumer Involvement (10 points)**

Please describe how family and consumers are currently involved in your agency such as treatment planning involvement, family education groups, peer supports, and advisory roles. Discuss how you plan to involve family and consumers in your FEP Program.

Click here to enter text.

**6. Program Evaluation Readiness (10 Points)**

Please describe your current assessment process including assessment battery used, adverse events tracking, and objective functional outcomes tracked. Describe what data collection and reporting methods are currently used. Provide a brief plan for developing the capacity for the required FEP core battery assessment battery and tracking/reporting the necessary data.

Click here to enter text.

**7. Program Budget (20 Points)**

Complete attached budget excel sheet. Provide a brief narrative description of the budget. If using grant funds for any service that is Medicaid/HealthChoices billable, a justification must be provided here (such as using grant funds for case management until full caseload can be established, etc.).

Click here to enter text.

**Total possible points = 100 pts.**

Responses can be provided directly within this document. Any additional narrative documents required should be typed using 12-point font. Include your agency name on the cover and on all attachments. Number all pages, including attachments.

**5.0 Selection Process**

There are basic requirements that all applicants must meet. Failure to meet all of these requirements may disqualify an applicant from consideration. These requirements include: **timely submission of complete proposal with responses to all questions and inclusion of all required information.**
A committee composed of staff from Magellan and Lehigh County, as well as member/family participants will review all proposals.

6.0 RFI Schedule

The anticipated schedule is as follows:

<table>
<thead>
<tr>
<th>RFI Event</th>
<th>Deadline Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>RFI Issued</td>
<td>April 30, 2020</td>
</tr>
<tr>
<td>Submission of Questions</td>
<td>May 5, 2020</td>
</tr>
<tr>
<td>Provider Forum</td>
<td>May 7, 2020</td>
</tr>
<tr>
<td>Proposal Submission</td>
<td>May 14, 2020</td>
</tr>
<tr>
<td>Provider Selection</td>
<td>May 15, 2020</td>
</tr>
</tbody>
</table>

Questions related to this RFI should be submitted electronically to Melissa Engelhardt, MAEngelhardt@magellanhealth.com by 5 PM on May 5, 2020.

Complete proposals must be submitted electronically to Melissa Engelhardt, MAEngelhardt@magellanhealth.com no later than 5 PM on May 14, 2020.