

Request for Proposal—Substance Use Disorder Treatment Services



TABLE OF CONTENTS

PURPOSE.....	2
ELIGIBILITY	2
PERIOD OF SUPPORT.....	2
REIMBURSEMENT	2
PHASE 1	3
PHASE 2	3
TIMELINE.....	3
NOTIFICATION OF GRANT AWARDS	3
INSTRUCTIONS	4
PROPOSAL SUBMISSION INFORMATION	4
REQUIRED DOCUMENTATION.....	4
FORMAT REQUIREMENTS	4
REVIEW AND SELECTION PROCESS.....	4
PROJECT NARRATIVE	
SECTION A. POPULATION OF FOCUS AND STATEMENT OF NEED	5
SECTION B. PROJECT PLAN	6
SECTION C. PROJECT MANAGEMENT PLAN	8
ATTACHMENTS	
<i>Attachment A</i>	9
<i>Attachment B</i>	10
<i>Attachment C</i>	11

REQUEST FOR PROPOSAL – SUBSTANCE USE DISORDER TREATMENT SERVICES BEACON HEALTH OPTIONS, INC.

PURPOSE

Beacon Health Options, in conjunction with the Kansas Department for Aging and Disability Services Behavioral Health Service Commission (KDADS BHS), is initiating this Request for Proposals (RFP) to solicit proposals from providers interested in providing substance use disorder (SUD) treatment services funded through the SAMHSA Center for Substance Abuse Treatment Block Grant and State funds (SUD funds).

Beacon and KDADS aim to move the Kansas SUD provider network toward a path of reimbursement through Value-Based Payments, all while seeking to ensure right care, right place, right time. The goals of this network re-procurement are to:

1. Expand access and reduce waitlists for critical SUD Services in all geographic regions of the State
2. Increase the use of Evidence-Based Treatment including expansion of Peer Support Services and Medication Assisted Treatment (MAT)
3. Improve the Quality and Client Satisfaction of SUD Block Grant Services
4. More efficiently utilize limited Block Grant and State resources

SUD funds shall serve all eligible individuals whose incomes are at 200% or below current federal poverty guidelines and who are Kansas residents. Applicants must demonstrate the ability and capacity to provide services to Kansans with substance use disorder treatment needs.

ELIGIBILITY

Eligibility to participate in this procurement is limited to those providers who are KDADS-licensed Alcohol/Drug Treatment providers with a current KanCare Provider ID number. The applicant agency and all direct providers of substance use disorder treatment services involved in the proposed system of care must be in compliance with all State licensing and/or certification requirements. **Only providers responding to this RFP will be eligible for a 2018 SUD Funding allocation.**

PERIOD OF SUPPORT

The term of these funds is anticipated to be a twelve (12) month period from July 1, 2018, to June 30, 2019. However, subsequent funding may be provided dependent upon state and federal appropriations and successful measurement of program goals, outcomes, and needs of the system.

REIMBURSEMENT

As stated above, the aim of this procurement is to move the Kansas SUD provider network along the path to reimbursement through Value-Based Payments. To this end, Beacon will use a phased-in approach to allow flexibility in network contracts so that providers can move along a continuum of available reimbursement options at a pace that maximizes the likelihood of success and minimizes network disruption.

Phase 1:

Beacon will fund the provider network using a capitated FFS model with an additional quality incentive. Beacon and KDADS will allocate 10% of the total Block Grant Treatment funds to a

“quality pool.” Providers will be allowed to earn a portion of the quality pool based upon achievement of the following year 1 KDADS-approved quality metrics:

- Decrease in the percentage of members who are leaving treatment against medical advice
- Decreases in recidivism as defined as any member exiting treatment to reenter treatment in the same or higher level of care with 90 days
- Decrease in the time between a completed assessment and entrance into recommended treatment

The providers' share of the quality pool would be determined through a formula that takes into account achievement of the quality metrics above in addition to other important metrics such as the number of members served, percent over CAP, lack of licensing violations, etc.

Phase 2:

Beacon will seek to identify and transition certain providers with appropriate volume, to a value-based payment methodology, which could include case rates, episodic bundles, or sub-capitation.

TIMELINE

Beacon will reimburse all providers awarded a contract under this procurement using the Phase 1 approach for the initial contracting period of 07/01/18-06/30/19. During subsequent contracting periods, Beacon and KDADS will introduce new quality metrics and additional reimbursement mechanisms and seek early adopters to pilot these funding strategies.

NOTIFICATION OF GRANT AWARDS

Award recipients are expected to be notified via email on or before April 1st, 2018.

Specific Deliverables under this award:

1. All Beacon Health Options Kansas SUD providers must meet credentialing criteria, including the provider requirements as specified in Attachment B.
2. Policies and procedures for delivery of services under this funding must comply with clinical best practices in the field of substance use disorder treatment services including, but not limited to:
 - Assessments
 - Provision of services
 - Record-keeping requirements
 - Claims and billing procedures
3. The provider shall electronically submit the State Approved Assessment Tool for all clients (for both funded and non-funded services).

SAMHSA Center for Substance Abuse Treatment Block Grant Prohibited Expenditure List:

Funds received under this award (s) shall not be used:

1. To purchase inpatient hospital substance abuse services
2. To purchase or improve land, purchase, construct, or permanently improve a building or other facility, or purchase major medical equipment
3. To satisfy a requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds
4. To provide financial assistance to any entity other than a public or non-profit private entity
5. To make payments to intended recipient of health services
6. To carry out a hypodermic needle or syringe program to injecting drug users
7. To spend funds for lobbying activities

INSTRUCTIONS

PROPOSAL SUBMISSION INFORMATION

Organizations shall submit any questions regarding the RFP and a **Letter of Intent** to submit a bid for these funds on or before **November 30, 2017**, via email to: frances.breyne@beaconhealthoptions.com.

Please submit the proposal narrative and all required documentation via email to frances.breyne@beaconhealthoptions.com no later than 5 PM CST, on January 25th, 2018.

Required Documentation

1. A copy of your current KDADS-issued Alcohol/Drug Treatment Program license;
2. Current KMAP Provider ID number or other evidence of your current eligibility to receive reimbursement via KanCare by 07/01/18
3. Attachment B., Face Page for Application

Note: Applications that fail to provide any of the above documentation will not be reviewed.

Deadline for submission is 5 PM CST on January 25, 2018. No proposals will be considered after this date.

Format Requirements

The Project Narrative may not be any longer than ten (10) pages in total with a font size no less than twelve (12) point font, and margins no less than one (1) inch. The Face Page for Application or other required attachments are not included in the page count. Failure to comply with these specifications will result in your application not being reviewed.

Review and Selection Process

Raters will individually and as a team review, evaluate, and numerically score applications based on each application's adequacy, thoroughness, and the degree to which it complies with the RFP requirements. Applicants may receive partial approval as decided by the review committee.

PROJECT NARRATIVE SECTION A. POPULATION OF FOCUS AND STATEMENT OF NEED (35 POINTS)

1. Please provide information regarding previous activities by your agency that has focused on or included persons with substance use disorder (SUD) treatment needs. Include:
 - Numbers served per year per modality and funding source;
 - Accomplishments; and,
 - How you have used outcome data from your treatment to implement a continuous quality improvement plan.
2. Please describe the target population in your service area, including age, gender, racial, socioeconomic, urban, rural, and ethnic distributions. Please cite data sources.
3. Please describe the nature of the local problem, current gaps in services, and the extent of the need of the targeted population in the area the project is to serve. Please cite data sources.
4. Please describe how the proposal was planned in collaboration with consumers and how that input will be incorporated into ongoing program evaluation.
5. Please describe how the target population will be identified, recruited and retained. Include how issues and needs, and any other unique features that call for special attention for this population, will be addressed. Describe the referral process and how consumers will access the program.

PROJECT NARRATIVE SECTION B. PROJECT PLAN (35 POINTS)

1. Please describe the proposed treatment structure/design and justify the need for each activity.
2. Please describe and identify how your treatment approach will be within the realm of the evidence-based and/or promising practices identified by National Institute of Drug Abuse (NIDA), the National Registry of Evidence-based Programs and Practices (NREPP) from the Substance Abuse and Mental Health Services Administration (SAMHSA) or involving other clinically researched best practices.
3. Please describe how the project will ensure access to an array of community-based supports if a referral is necessary.
4. Please describe how the project demonstrates coordination and cooperation across systems, including physical health and mental health systems.
5. Please describe how the project ensures that the target populations receive care in an environment that is clinically appropriate and that placement in care is justified by utilization of the State Approved Assessment Tool.
6. Please describe how you intend to comply with Federal Regulations relative to Block Grant funding, as well as meeting all of the needs of the designated Federal Priority Populations.
7. Please describe your discharge planning as it relates to a continuum of care, housing, employment, transportation and other issues that affect recovery success. Please include an attestation that you will perform a discharge within the State's assessment system on every member funded through this RFP.
8. Please describe your plan for accessing alternative community services to support continued member recovery and reduce substance use disorder recidivism.
9. Please describe your plan for identifying and assisting homeless and returning offender populations.
10. If applicable, for additional points, please indicate if you are, or plan to become a Designated Women's Facility funded under the contract. If you are or plan to become a Designated Women's Facility, please describe your capacity to comply with the regulations for doing so, the estimated number of consumers and units of services to be provided in the next year, and the number of FTEs to be utilized
11. If applicable, for additional points, please describe if you are, or plan to provide social/medical detox services funded under this contract. If you currently do or plan to provide social detox/medical detox services, please estimate the number of consumers, the units of services to be provided in the next year, and the number of FTEs to be utilized.
12. Please describe your plan for assisting members in applying for alternative sources of support including but not limited to the Affordable Care Act (ACA), Medicaid, Pharmacy Benefit Plans, Compassionate Care Plans, Walmart Generic Drug Plans. Please describe what documentation you will offer for these efforts.

13. Please acknowledge your agreement that you will prioritize treatment beds for Block Grant members who have been determined to have an urgent or emergent treatment need.
14. Please describe what interim services you provide.
15. Please indicate if you are, or plan to become a Charitable Choice provider. If you are or plan to become a Charitable Choice provider, please describe your capacity to comply with the regulations for doing so.
16. Please include confirmation of your agreement not to refuse to accept members currently seeking or receiving Medication Assisted Treatment (MAT).
17. The State intends to increase the use of Medication Assisted Treatment by allowing SUD funds to be utilized for this purpose. If applicable, for additional points, please describe your plan to increase the utilization of Medication Assisted Treatment that would be funded via this contract.
18. The State intends to increase the use of peer support services by enhancing reimbursement rates. If applicable, for additional points, please describe your plan to increase the utilization of peer support services that would be funded via this contract.
19. If applicable, for additional points, please describe your plan to utilize technology to improve access to, and the quality of, the services that you provide (for example, the use of telehealth, electronic-based messaging programs, etc.) that consumer receiving services funded by this contract would benefit from.

PROJECT NARRATIVE SECTION C. PROJECT MANAGEMENT PLAN (30 POINTS)

1. Please describe the qualifications and experience of the project director and other key personnel, including proposed consultants and subcontractor staff (if any).
2. Please include a description of collaborative efforts with other agencies and how that process will occur including programmatic aspects involved in the collaboration. This would include your current process for a) receiving referrals, b) making referrals, c) managing intakes for priority populations to ensure access to care standards are met and d) managing and coordinating care for clients that return to your facility for assistance following an unscheduled discharge.
3. Please include a description of the program's staffing pattern that specifies each position by title, required educational or experience criteria, FTE status, and agency with which staff are employed.
4. If enhancing existing programs, please identify positions which currently exist and which are proposed additions to this RFP.
5. Please describe the ongoing training requirements of project staff. Describe staff composition and their overall competence to address the culture, values, and needs of the target population, including language, race/ethnicity, gender, age, sexual orientation, disability and literacy levels.
6. Please describe your agency's experience and capability with similar projects. If your response to this RFP proposes to broaden and/or expand the services you have historically provided, include a description of existing services/program as well as a description of the new services that will be added under this proposal.
7. The project must also have a computer and computer operator(s) designated to be available to install the necessary software, utilize necessary software programs and procedures, and have necessary in-house support for this operation. Please describe this process and how this project will ensure this is in place.
8. Please describe the available equipment and facilities and explain how they are adequate to support the proposed project.
9. Please identify any outside resources or funding that will be committed to this project.

ATTACHMENT A

The Charitable Choice legislation enacted in 2000 ensures that religious organizations compete on an equal footing for Federal Substance services from SAMHSA. In 2000, SAMHSA became the first HHS agency to undertake a specific Faith-Based and Community Initiative. The initiative emphasizes the key role Faith-Based and Community organizations play in the delivery of substance abuse prevention, addiction treatment, and mental health services, particularly to underserved communities and to culturally diverse populations. This initiative also ensures that a religious or charitable organization is eligible to be a provider on the same basis as any other private organization. The provider may retain its independence from State and local governments, including the provider's control over the definition, development, practice, and expression of its charitable or religious beliefs. Except as provided by Federal law, KDADS shall not require a charitable or religious organization to alter its form of internal governance or remove religious art, icons, scripture, or other symbols. If the allotted funds are segregated from the government funds provided under this contract, then only the financial assistance provided by these funds shall be subject to audit. KDADS selection of a charitable or faith-based organization is not an endorsement of the provider's charitable or religious character, practices, or expression. Under Charitable Choice, States, local governments, and religious organizations, each as SAMHSA grant recipients, must: 1) provide notice of their right to alternative services to all potential and actual program beneficiaries (service recipients); 2) refer program beneficiaries to alternative services; 3) fund and/or provide alternative services.

Further information regarding SAMHSA's regulations, laws and guidelines are available at <https://www.samhsa.gov/laws-regulations-guidelines>

ATTACHMENT B

PROVIDERS

To provide KDADS funded or State SUD treatment services, those services must be recommended by either a physician or other licensed practitioner of the healing arts as medically necessary to restore a beneficiary to his or her best possible functional level. Providers rendering KDADS or State funded SUD services must be a certified Addictions Counselor and/or a licensed mental health professional as credentialed by the Kansas Behavioral Sciences Regulatory Board (KSBSRB) and the State of Kansas, Addiction and Prevention Services Licensing Standards. A certified Addictions Counselor and/or licensed mental health practitioner (LMHP) is an individual who is licensed in the State of Kansas to diagnose a substance use disorder acting within the scope of all applicable state laws and his or her professional licensure. Supervision or direction must be provided by a person who is eligible to provide KDADS or State funded SUD services and is licensed at the clinical level or is a physician.

ATTACHMENT C

Face Page for Application:

Legal Name and Address of Organization	
Facility Address (if different)	
Telephone and Fax	
Contact Person and Title	
Email Address	
Federal ID Number	
Medicaid Provider ID	
KDADS License Number:	
Type of Organization	<input type="checkbox"/> Public, Non-Profit <input type="checkbox"/> Private, Non-Profit <input type="checkbox"/> Private, For-Profit