

RFI APD 14-004
FLORIDA AGENCY FOR PERSONS WITH DISABILITIES
REQUEST FOR INFORMATION

**MENTAL HEALTH SERVICES AND HOUSING CONTINUUM FOR INDIVIDUALS
WHO ARE DUALY DIAGNOSED OR
SIGNIFICANTLY BEHAVIORALLY CHALLENGED**

RFI RESPONSE DATE: January 15, 2015; 5:00 PM (EST)

A. REQUEST FOR INFORMATION

The Florida Agency for Persons with Disabilities (APD) is requesting information from potential vendors for an integrated system of care for individuals with a developmental disability and a mental health diagnosis or intensive challenging behaviors. This is a Request for Information (RFI) only. An RFI is issued solely for information and planning purposes and it does not constitute a competitive solicitation (e.g., Invitation to Bid, Request for Proposal, or Invitation to Negotiate), or a promise to issue a competitive solicitation in the future. This RFI does not commit the Agency to contract for any service or proposed solution whatsoever. A response to this RFI is not an offer and the Agency will not use a vendor's submission to justify a contract with the vendor without complying with applicable laws, rules and policies. Further, APD is not seeking proposals at this time and will not accept unsolicited proposals. Respondents must assure that the proposals for services are consistent with the tenets of the March 17, 2014 revised CMS expectations for the HCBS quality and person-centered services and supports.

B. BACKGROUND / PURPOSE

1. Background

Individuals who are dually diagnosed, those with a developmental disability and a mental health diagnosis, and those who are intellectually disabled with significant intensive behaviors, pose a different set of challenges for services from APD and the community. It has been estimated that the frequency of the dually diagnosed population may vary between 30-35% of all persons with a developmental disability. Estimates of the prevalence of aggression and self-injury for those who are intellectually disabled has

ranged from 10-23%. The difficulty for many families is determining what the proper course of action is to address these problems and then navigating between different agencies for services and finding treatment providers. To compound the problem, when there is a crisis there seems to be nowhere to turn and most of the available mental health crisis services appear to be limited to serving the general population. However, even if individuals with developmental disabilities are served by the mental health system, special accommodations are not readily made to address the more complex behavioral and mental health needs of persons with developmental disability.

Because of these unique challenges, Director Palmer conducted a public workshop on January 28, 2014, to commission a statewide workgroup to outline a comprehensive system of supports and mental health services for individuals who are dually diagnosed and exhibit intensive behavioral challenges. The workgroup, was made up of stakeholders that included advocates, family members, service providers, representatives from mental health and APD staff. Collectively, the workgroup identified a number of gaps and deficiencies in the current service system that prevent persons with a co-occurring developmental disability and mental illness or those with complex behavioral challenges from obtaining appropriate services.

The current system is fragmented and does not offer an appropriate, accessible and effective continuum of crisis intervention or intensive case management services. In addition, housing options to prevent and competently manage crisis situations for both acute and chronic mental health issues are unavailable. Options for crisis management are currently limited to very brief stays in Crisis Stabilization Units, along with unnecessary changes and increases in medication, followed by either no change in services or the individuals are transferred to higher cost residential settings. There is no system of supports and services available to stabilize individuals in their current living settings, including family homes, when crises occur. Furthermore, there are no residential respite options for parents and families to get a much needed break from the rigorous demands of caring for a family member who is dually diagnosed or exhibits intensive behavioral challenges. In short, the service system is ill equipped to support individuals in preventing crises, and when crises do occur, there is no intensive case management to assist people in acquiring needed supports and continued services to help them remain in their current residence. This can result in many adverse situations, including unnecessary repeated hospitalizations, police involvement, incarceration, use of emergency room services and other costly community resources.

To assist respondents to this RFI in projecting utilization and cost, the state of Georgia implemented the "Georgia Crisis Response System." Based upon its first year of implementation, the outcomes help project what demand there is likely to be in the State of Florida as seen in the table below:

	Total Dispatches	# Resolved on Site	Required In-Home Supports	Crisis Home Placement
GA Model	815	575	135	105
% by Component Used		71%	17%	13%
% of GA Population	0.00816%	0.00575%	0.00135%	0.00105%
FL Equivalent Population	1,595	1,125	264	205
#/Region/yr	266	188	44	34
#/month/Region	22	16	4	3

To further assist with planning and development, the Attachment A provides a census of individuals served by the Agency for Persons with Disabilities by eligible diagnosis and place of residence as of October 2014. The demographics includes those who are served through the HCBS Waiver and those who are on the APD statewide waitlist.

2. Purpose

The agency is seeking information from providers for a proposed integrated system of care for individuals with an intellectual or developmental disability and behavioral health needs in the community consistent with the new CMS rule published January 16, 2014. The system is intended to provide a timely, optimal response to minimize the possibility of a crisis situation occurring and to help individuals who are dually diagnosed or exhibit intensive behavioral challenges to remain in their homes. In order to achieve this goal, the agency expects to have at least one complete system of care in each of the six regions to serve individuals that prevalence rates would show are in crisis and exhibiting aggressive or self-injurious behavior. This system of care includes the following service components have been identified as critical elements in establishing an effective, efficient and accessible service model.

- a. **Service Components** – Respondents must provide information in Section C. of this Request for Information (RFI) for the following program components:
 - I. **Crisis Assessment and Prevention Team (CAP Team)** – A mobile response team is proposed to provide families and individuals experiencing a mental health or behavioral crisis in

their homes with access to trained personnel, 24 hours a day, 7 days a week, who can come in and provide onsite assessment, consultation, support and direct intervention, with the goal of maintaining the individual in his or her home. Collaboration with Mental Health Managing Entities may be possible to utilize or expand existing resources in the Mental Health system and share methods of management and intervention. Members of this team based upon the respondent's recommendations might include, a behavior analyst, behavioral technicians, a Licensed Mental Health Counselor, Licensed Clinical Social Worker, or Registered Nurse, or Advanced Registered Nurse Practitioner, with consultation from other specialties such as psychiatry or pharmacy. This may be the initial point of contact or a part of an ongoing service to develop intervention plans, follow an individual's progress, to find and make referrals to other support services, or determine the need for and transport the individual to behavioral respite or short term stabilization in a separate location.

- II. **Short Term Stabilization** – This would be a new residential service, either a single local home or set of regional homes, designated as having special qualifications as behavioral health homes. These beds should be available to serve individuals who are experiencing a mental health or behavioral crisis and need to leave their place of residence temporarily. These homes would be staffed and operational 24 hours a day, 7 days a week, to serve from 4-6 individuals with a goal of discharge within 30 days, but have the ability to serve these individuals for up to 90 days. As the individual's symptoms improved, and is waiting to return home or is planning to move to a new residence, attempts are to be made to help integrate the individual into regular daily routines and community roles. Also, during the individual's stay, family members or other caregivers would be trained in techniques to better respond to their family member and to ensure the successful return of the individual to his or her residence, whenever possible. A funding methodology would have to be developed based upon the respondent's description whereby beds could be funded when vacant to maintain the capacity to serve individuals in crisis.
- III. **In-Home and Residential Behavioral Respite** – This service option is intended to provide either short-term in-home behavioral respite or a residential respite option for persons who are dually diagnosed or have intensive behavioral needs. It is proposed that in-home behavioral respite could be provided when families need a brief break from the daily stressors of being caregivers or to address a family emergency and their family member is

sufficiently stable to allow trained caregivers to meet their needs within the family home, and ensure that other regularly scheduled services can be accessed. Alternatively, for those families who are seeking a respite and plan to remain at home or the consumer needs additional structure or management away from home; the residential behavioral respite is intended to serve these individuals in a separate residential setting. These services would be staffed and operational 24 hours a day, 7 days a week, to serve from 4 to 6 individuals for up to 30 days with appropriately qualified staff and a funding methodology based upon the respondent's description to support the level of need of these individuals, and the availability of beds.

Depending on demand, these out-of-home beds may be split functionally into providing different services, such as two beds for crisis, two beds for planned or unplanned respite, with two step-down beds to receive individuals from a Crisis Stabilization Unit or jail until an appropriate residential placement can be identified.

- IV. **Long Term Residential Services**– For those individuals who are dually diagnosed or have intensive behavioral needs and for whom living with family members is not currently an option, long term residential homes (more than 90 days) are needed. Like current residential placements, transition back to the family home, supported living or other less restrictive settings should be explored and promoted as appropriate for the individual. Although the system currently provides Intensive Behavioral homes for individuals with intensive behavioral needs, staff in this service component will also need to be educated in the unique challenges and treatment of persons who are dually diagnosed. At present, there is a shortage of qualified providers statewide to implement Intensive Behavioral Residential Services, and even fewer offering a mental health component. To promote development of appropriately qualified providers, respondents need to determine whether the current standard IB rates would be sufficient to support advanced provider qualifications or propose additional financial incentives to meet this need. The residential component of this service may not require the development of a new service under the Medicaid Waiver. However, if there were a “mental health or behavioral health overlay” with an associated rate differential the respondent needs to identify the likely provider qualifications or additional therapeutic staff needed to demonstrate competency to provide this new service under the Waiver. This residential service, like the current behavioral residential services model, should describe appropriate adjunct services such as behavioral, psychiatric, nursing or licensed mental health counselor services.

The proposal should include innovative approaches and not be tied to current rate structures, payment methods or unit rates paid through the State of Florida's HCBS Waiver. The type of questions and ideas to be assessed include:

- a. What should a residential habilitation program look like for individuals who are dually diagnosed or exhibit intensive behavioral challenges? Include a breakdown of costs to operate the program and the number of individuals that would reside in the home. Include the minimum number of beds that have to be used each month for the provider to remain viable and the expectation that the Agency will fund empty beds. In addition, include staffing ratio (day and night shifts).
- b. Describe the services individuals will receive while in the program. Include a cost breakdown to operate the program.
- c. What type of training will staff receive and how will it be provided? Include a description of in-service training and what the frequency of training would be.
- d. Describe the services (i.e., Residential Habilitation, Day Activity Program, etc.) that would be offered?
 - i. Describe the rate structure for a bundled model.
 - ii. Describe the advantages and disadvantages to bundle services in comparison to billing the services.
- e. What does your liability insurance cost and what does it cover?
- f. How is this service in compliance with the new CMS rules?
- g. Describe the systems to be in place to manage, prevent, or respond to a crisis?
- h. How do you manage risk to others?
- i. Is there subcontracting of any services?

The above questions are to serve as prompts. The interest lies in understanding what services are proposed for these particular individuals and what the basis for funding will be.

C. RFI RESPONSE INSTRUCTIONS

Respondents to this RFI can respond to all components of this model OR selectively respond to those components that they have a particular interest in describing in detail. Those responding to selected components should describe how they would collaborate with providers of the other components within this model. Respondents are asked to be thorough, but concise. The RFI response must include the following:

1. The respondent's name, place of business address(es), contact information, including representative name and alternative, if available, telephone number(s) and e-mail address(es);
2. A description of the respondent's business and its experience as it relates to the service components outlined in this RFI for which they are providing information. This description should include a narrative explaining past experiences in which the respondent has engaged with other health care agencies, health care providers or government agencies to deliver services pertaining to the service components outlined;
3. Development of a method for identifying or referring candidates for these services, determining who is eligible, and how long services may be continued;
4. Whether the respondent would implement this service as a pilot or if they would have the capacity to implement one fully integrated model in each Region statewide, or if they have an alternative method for implementation;
5. Identify recommended provider qualifications for advanced rate for any one of the service components, above;
6. What outcomes might be proposed, in addition to, number served by each service component, length of stay, number of vacant beds, number of Baker Acts per consumer, and number losing placement;
7. A statement of interest in or knowledge of the services outlined in this RFI, including additional resources or funding streams to support this model, or a high level outline of any specific product, concept, technology or evidence based practice that would pertain to the information sought through this RFI;
8. In order to have a foundation upon which to build a fully integrated system to prevent and manage crises the level of clinical expertise and stakeholder understanding of this population must be increased. To effect this change, the respondent should offer suggestions for content and types of training that would be meaningful for consumers, family members, direct service staff, therapeutic and residential provider agencies, and even staff from the Department of Children and Families, Mental Health, the Florida Department of Law Enforcement, and the State University System.

Additional elements to be included:

- a. An **implementation schedule** for the development of each component of the service system the respondent is describing.

- b. A **timeline for development and implementation** of the component(s) of the service system selected for description in at least one Region, and the remaining five Regions if the respondent has interest or capacity for full statewide implementation.
- c. A description of the **foreseen benefits and challenges** of the proposed system component(s) described, including any identified risks to the Agency's responsibilities to its consumers, families or legal representatives, other providers, other collaborating health care agencies, or behavioral health funding streams and recommendations for overcoming them.
- d. A description of the **staffing requirements and qualifications**, recommended staffing ratios for day and night operations foreseen to operate each component of the service system the respondent is describing.
- e. An estimate regarding the **implementation and operational costs** as well as proposed daily rate per person (both HCBS Waiver and Non-Waiver recipients) for each component of the service system the respondent is describing, as specified in Section B.2.a, (B. "Background/Purpose", Item 2., "Purpose", a. "Service Components"), above.
- f. A description of the outcomes that are to be met in order to continue to receive funding as well as criteria that must be met in order to determine that sufficient progress is being made. Identify how the provider rate will provide incentives for the provider to transition individuals to less intensive residential services to include living in own home, family home, supported living, or other residential setting.

D. PROPRIETARY INFORMATION

Any portion of the submitted response which is asserted to be exempt from disclosure under Chapter 119, Florida Statutes, shall be clearly marked "exempt", "confidential", or "trade secret" (as applicable) and shall also contain the statutory basis for such claim on every page. Pages containing trade secrets shall be marked "trade secret as defined in Section 812.081, Florida Statutes". Failure to segregate and identify such portions shall constitute a waiver of any claimed exemption and the Agency will provide such records in response to public records requests without notifying the respondent. Designating material simply as "proprietary" will not necessarily protect it from disclosure under Chapter 119, Florida Statutes. An entire response should not be considered trade secret.

E. RESPONSE SUBMISSION

Respondents to the RFI shall submit an electronic copy of its response using Microsoft Word 97 and/or Excel 97 or newer, not to exceed fifty (50) singled sided pages in length and sent via email. The software used to produce the electronic files must be logically named.

The respondent shall **also** submit one (1) electronic redacted copy of the response suitable for release to the public. Any confidential or trade secret information covered under Section 812.081, Florida Statutes, should be either redacted or completely removed. The redacted response shall be marked as the “redacted” copy and contain a transmittal letter authorizing release of the redacted version of the response in the event the Agency receives a public records request.

Responses to the RFI shall be provided no later than **5:00 PM, Eastern Standard Time, January 15, 2015**. Responses shall be submitted to:

Agency for Persons with Disabilities
Bureau of Quality Management
Attn: Edwin DeBardleben
4030 Esplanade Way
Suite 360K
Tallahassee, Florida 32399-0950
rfi.dualdiagnosisandib@apdcares.org

F. PROCESS

After the Agency has received all responses to this RFI, the Agency, in its sole discretion, shall determine if a meeting with respondents is necessary to clarify the information received. In the event that the Agency decides to hold a meeting, the respondent(s) will be notified via email.

APD will review and analyze information received from this RFI to determine the best option(s) to address the Agency's objectives and requirements. Any request for cost information will assist the Agency in gaining perspective of the potential budgetary magnitude.

Responses to this request will be reviewed for informational purposes only and will not result in the award of a contract. Vendors submitting a response to the RFI are not prohibited from responding to any related subsequent solicitation. Not responding to this RFI does not preclude participation in any future procurement, if any is issued.

G. VENDOR COSTS

Vendors are responsible for all costs associated with preparation, submission, and any potential meeting(s) to discuss this RFI. APD will not be responsible for any vendor costs associated with responding to this RFI.

H. REGISTER WITH THE STATE OF FLORIDA

In order to do business with the State of Florida, all vendors must be registered in MyFloridaMarketPlace. Information about registration with the State of Florida is available, and registration may be completed at the MyFloridaMarketPlace website link under the heading, Business, on the State portal at www.myflorida.com. Those lacking internet access may request assistance from the MyFloridaMarketPlace customer service at 866-352-3776. Registration is not required to respond to this RFI.

I. QUESTIONS

Questions concerning this RFI should be submitted in writing via email to: rfi.dualdiagnosisandib@apdcares.org

Verbal questions will NOT be accepted. Questions will be answered by sending questions and responses to respondents; accordingly, questions shall NOT contain proprietary or classified information. Copies of the responses to all questions will be made available through electronic posting on the Vendor Bid system website at:

http://www.myflorida.com/apps/vbs/vbs_main_menu.

J. AGENCY FOR PERSONS WITH DISABILITIES

The Florida Agency for Persons with Disabilities (APD) works in partnership with local communities to support people with developmental disabilities in living, learning, and working in their communities. APD provides critical services and supports for customers with developmental disabilities so they can reach their full potential. The agency serves people with autism, cerebral palsy, Down Syndrome, Intellectual Disabilities, Prader-Willi Syndrome, and Spina Bifida.

Additional information about the Florida Agency for Persons with Disabilities can be found on the Agency's website at: <http://apdcares.org/>.

NOTICE TO PERSONS WITH DISABILITIES IN NEED OF A REASONABLE ACCOMMODATION: Please contact Edwin DeBardeleben to make your request at rfi.dualdiagnosisandib@apdcares.org as soon as possible before the deadline for submittal.