STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION
REQUEST FOR INFORMATION

AHCA RFI 001-10/11

Statewide Inpatient Psychiatric Program for Individuals Under the Age of Eighteen

PURPOSE

The State of Florida, Agency for Health Care Administration (Agency) requests information regarding the provision of services in the Statewide Inpatient Psychiatric Program (SIPP) for Medicaid in the state of Florida.

The purpose of this Request for Information (RFI) is to solicit information from providers of high quality inpatient psychiatric services for individuals under the age of eighteen (18) in AHCA areas 5, 6, 7, and 8. The Agency is seeking vendors who demonstrate the ability to provide effective, highly individualized psychiatric treatment interventions that are based on sound clinical practices and are focused on the presenting problems that precipitated a child or adolescent’s need for this restrictive level of care, with an anticipated average length of stay of one-hundred and twenty (120) days. Federal regulations (42 CFR 441.154) require these services to be provided under the direction of a professionally developed and supervised individual plan of care developed in collaboration with the child and family team which is designed to achieve the recipient’s discharge from inpatient status at the earliest possible time.

The Agency is seeking vendors who consider the use of seclusion and restraints as a treatment failure and can demonstrate commitment to, and progress toward, providing a trauma-informed, non-coercive, non-violent treatment milieu for children and adolescents, as evidenced by the reduction or total elimination of the use of seclusion and restraints.

Treatment planning and interventions must be oriented around discharge planning from the time of admission. The Agency is seeking information from vendors who will provide or arrange for community aftercare outpatient services for these children. Community aftercare outpatient services are defined as ongoing services received in a community-based outpatient setting following discharge from a SIPP vendor. These services must be based on a child and family’s individual strengths and needs and include outpatient psychiatric, assessment, clinical and in-home services available under the Medicaid Community Mental Health Services Program. SIPP vendors must demonstrate the capacity to provide these community-based outpatient services or arrange for such services with other community mental health providers. This program permits Florida Medicaid to provide specialized psychiatric inpatient diagnostic, treatment, and aftercare planning services to high-risk recipients under age eighteen (18).

The Agency will review the responses received from this RFI to identify vendors interested in contracting with the Agency for the services described in this RFI. This RFI will not result in the award of a contract. However, the information received may be used as a starting point for the development of contracts with qualified vendors utilizing a statutorily approved method of procurement. Vendors wishing to be considered for future SIPP contract awards should submit a response to this Request for Information (RFI).

BACKGROUND/OVERVIEW

The Agency for Health Care Administration is the single state agency responsible for administering the Medicaid program in Florida.
Statewide Inpatient Psychiatric Program (SIPP) Services:

The 2001 Florida Legislature first authorized the Agency to expend Medical Care Trust Funds to implement Medicaid coverage for services for children in institutions for mental diseases. (Institution for mental diseases (IMD) means a hospital, nursing facility, or other institution of more than sixteen (16) beds that is primarily engaged in providing diagnosis, treatment or care of persons with mental diseases, including medical attention, nursing care and related services.) This Medicaid coverage is provided under a Medicaid waiver that permits selective provider enrollment and approves access to services through prior authorization.

Florida Medicaid reimburses SIPP services based on an established per-diem rate. A SIPP vendor will request and secure prior authorization and continued stay authorizations from the Agency utilization management contractor for all inpatient psychiatric services to be reimbursed by Medicaid. Under this program, SIPP vendors are paid on a per diem fee-for-service basis at the rate of $406/day, with adjustments when approved by the Legislature. The only Medicaid service that contractors may be reimbursed for is the SIPP per diem rate. The Florida Legislature has approved funding for four-hundred and fourteen (414) beds, statewide, to meet the anticipated need for services.

ANTICIPATED SCOPE OF SERVICES

SERVICES TO BE PROVIDED BY THE VENDOR

The service array to be provided by a psychiatric inpatient program must include at least the following components:

1. A clearly defined treatment philosophy and approach which guides treatment planning and interventions and which is reflected consistently across components of the treatment program;

2. Review or completion of assessments and evaluations that reflect a child’s and family’s strengths and address medical, psychiatric, neurological, psychological, psychosexual, social (i.e., developmental, family, environmental), educational, substance abuse and trauma treatment needs;

3. Treatment planning developed by multidisciplinary teams comprised of the child and those who are involved in the care of the child or payment of the service;

4. A treatment plan that is individualized and specifically based on each child’s assessed goals, needs and unique strengths, and which addresses medical, psychiatric, biological, psychosexual, psychosocial and behavioral issues as well as educational, pre-vocational, recreational and trauma treatment needs of children and adolescents;

5. Psychiatric and medical services, including medication management and routine primary care services including first aid; routine preventive care, such as flu shots, if indicated; management of chronic but stable illnesses; and treatment of common illnesses, such as colds, flu, and upper respiratory infections;

6. Clinical therapy services, including at least twice weekly sessions with a master’s prepared therapist under the supervision of a licensed clinician, including a minimum of one (1) individual session and one (1) family therapy session weekly, based on best practices and accepted clinical guidelines, and provided in accordance with the child’s individual needs;

7. Frequent therapeutic home visits with approval of clinician and team, with the availability of clinical on-call support for children and family during visits;
8. A clearly defined therapeutic approach to assisting children and adolescents in learning to self manage their behaviors in age appropriate ways. The approach must be highly individualized, related to the child’s own treatment goals, strengths and assets, and designed to reduce challenging behaviors and teach new alternative skills;

9. Behavior analysis services provided by a certified behavior analyst or licensed mental health professional with experience in developing and implementing behavioral plans serving in lieu of a behavior analyst;

10. Parent education and parenting classes for parents/caretakers involved in their child’s treatment that is documented in the child’s medical record;

11. Peer group interaction activities;

12. Arranging for the provision of on-site educational services, by the local school district or through a cooperative agreement with the local school board;

13. A system for notifying the sending and receiving school districts within ten (10) calendar days of the child’s entry into residential treatment, consistent with Section 1003.57, Florida Statutes (F.S.);

14. Provision of overall coordination of a child’s or adolescent’s care while participating in SIPP, to include maintaining on-going contact with agencies and providers that are involved with the child and with which the child will continue to be linked;

15. Detailed aftercare planning services, recommended and developed by the child’s facility and community treatment team;

16. Services by a children’s mental health targeted case manager to coordinate and facilitate implementation of the aftercare services recommended in the discharge plan;

17. Direct provision of aftercare services, or well established linkages with community resources for the aftercare-planning component;

18. Recreational, expressive and activities therapies that engage children and adolescents in age appropriate and relevant activity;

19. Independent Living Skills training, including referral to vocational rehabilitative services, for recipients sixteen (16) to eighteen (18) years of age;

20. Transportation capability, meeting required safety regulations in accordance with the requirements of the Florida Department of Highway Safety and Motor Vehicles, for recreational activities or other needs;

21. A toll free help line for aftercare support, operated twenty-four (24) hours per day, seven (7) days per week, that will be available to all former patients for up to a period of two (2) years following discharge;

22. Provision of in-service training on behavioral health topics related to the provision of SIPP services or aftercare services for network provider agencies, at a minimum of four (4) sessions per year;

23. A system for collecting, trending and reporting baseline data, behavioral health outcomes, accepted/denied referrals, and prior authorization request outcomes;
24. Seclusion and restraint policies approved by the Department of Children and Families, Mental Health Program Office and the Agency for Health Care Administration, that are in compliance with standards in 42 CFR 483, including reporting and attestation requirements as published in the Federal Register Vol. 66, no. 14 on 1/22/01, and amended in the Federal Register Vol. 66, No. 99 on 5/22/01;

25. Substance abuse services on site for any child or adolescent who is assessed to have co-occurring substance abuse treatment needs;

26. Referral of enrollees for specialty care, other hospital care and other services when medically necessary;

27. Availability of written materials in other appropriate languages in an area with any non-English speaking minority that represents five percent (5%) or more of the general population;

28. Availability of personnel on staff who can communicate with the child during therapeutic activity times when serving non-English speaking children;

29. Non-discrimination policies;

30. Assistance to the child and family with the re-enrollment process for primary health care through notification of the Agency Area Office of the child’s discharge in order to facilitate the recipient’s re-enrollment into Medicaid managed care;

31. Communication and cooperation with the recipient’s former managed care plan in order to facilitate the recipient’s return to managed care;

32. Cooperation with the Agency’s care coordination contractors who will be providing on-site assistance and coordination of the various UM functions, including admissions, qualified evaluations and continued stay issues, to promote the effective use of SIPP and to support high quality SIPP services; and,

33. A brochure, which will provide an overview of the facility’s treatment services, and information on special services and other programmatic information, including educational services and referral for aftercare services.

RFI RESPONSE REQUIREMENTS

The Agency is interested in obtaining information concerning innovative programs providing effective inpatient residential treatment to individuals under the age of eighteen (18). Vendors responding to this RFI (respondents) are asked to be thorough, but concise when providing RFI responses. The RFI response should include the following information which shall be tabbed and numbered as indicated below for ease of reference by Agency review staff.

Responses shall be single sided, typed in Arial 12 pt. Font, or equivalent, using 1 inch margins and shall not exceed one-hundred and twenty-five (125) pages in length. All pages must be numbered, identify the Agency’s RFI number, and include the respondent’s name.

Category A: Corporate and Business Identification

Corporate Experience shall include evidence of the vendor’s capability by describing its organizational background and experience to include the following:
1. Describe the proposed vendor’s current bed capacity, average daily census for its latest fiscal year, and the projected census for the time period immediately prior to the implementation of a contract, if offered.

2. Describe the vendor’s total number of beds at the site of the proposed SIPP and the total number of beds that will meet the service requirements included in the RFI for the provision of SIPP services. The number of beds identified for the provision of SIPP services will be known as the SIPP bed capacity.

3. In the event that it is necessary to re-allocate the bed need, provide the minimum number of beds the vendor would accept if offered a contract for the services described in this RFI;

4. Address how a new Medicaid contract can be assumed in addition to the current responsibilities and initiatives of the proposed facility;

5. Provide an organizational chart and description of the structure of the organization (corporation) and proposed SIPP with detailed lines of authority including relationships among the board of directors, the administrative and management sections of the proposed facility, and the relationships between the administrative and management and clinical sections of the proposed facility;

6. Describe the vendor’s experience in providing psychiatric inpatient care to individuals up to age twelve (12) and from age twelve (12) through age seventeen (17). Include data on number of patients served and average length(s) of stay;

7. Describe the vendor’s ability to provide active, focused inpatient psychiatric treatment, with an average expected length of stay of one-hundred and twenty (120) days; and, per 42 CFR 441.154, procedures to achieve the recipient’s discharge from inpatient status at the earliest possible time;

8. Describe the vendor’s experience in working with families of children and adolescents in inpatient psychiatric treatment programs or residential treatment facilities;

9. For dependent children, describe the vendor’s experience with the Department of Children and Families’ Child Welfare/Community Based Care service delivery system and your knowledge of Chapter 39, F.S. ;

10. Describe the vendor’s experience in providing inpatient substance abuse treatment services to individuals under age eighteen (18);

11. Describe the vendor’s experience in working with the local mental health system of care for children and adolescents and working with mental health systems in other areas of the state;

12. Describe the vendor’s experience in providing and/or arranging for aftercare services for children and adolescents discharged from psychiatric inpatient services;

13. If the vendor is also a provider of children’s mental health targeted case management, describe how these services will be accessed prior to discharge;

14. Describe the vendor’s experience in providing a help line for children and adolescents and their families that is available twenty-four (24) hours per day, seven (7) days per week;

15. Describe corporate experience with Management Information Systems and experience with state and other payer-mandated data reporting systems, including outcome measurement systems;
16. Describe the circumstances of any occurrence within the past ten (10) years, of your organization’s willful termination of a contract with a state or the federal government; and,

17. Describe the vendor’s experience in dealing with public and government agencies. Please specify the location and type of service provided.

**Category B: Description of Physical Facility**

1. Describe the geographic and physical location and setting of the proposed facility, including approximate distance and driving time from a central location in each of the counties covered by the Agency’s geographic area for which the vendor is proposing to provide services;

2. Describe the arrangements and décor of the living and bedroom units and the facility’s capacity for serving both younger and older girls and boys. Include policies related to a recipient’s use of personal items and pictures to individualize living space;

3. Describe provisions for separating boys and girls and younger and older children;

4. Describe the facility’s safeguards and protections that prevent children and adolescents placed in care from:
   a. Running away;
   b. Leaving his or her own bedroom and entering another’s during sleeping hours; and,
   c. Engaging in inappropriate, dangerous or harmful interactions with other children or adolescents.

5. Describe the facility’s educational setting and classroom space;

6. Describe the eating area, recreational area(s) and resources, inside and out, and other community living areas; and,

7. Describe any seclusion and/or restraint facilities in use by the vendor, including type of door closure on any room used for seclusion, observation capacity and type(s) of restraints utilized.

8. Include pictures of all of the above mentioned areas of the proposed facility.

**Category C: Staffing**

1. Provide a description of management and administrative staffing for the proposed psychiatric inpatient program facility. Include a table listing all positions and responsibilities/functions by each type of position;

2. Provide a description of all staff and contracted positions for the facility’s treatment/clinical program-by-program component: nursing; clinical, therapy staff; direct care staff; and recreational, vocational and educational staff. Indicate bed and patient to staff ratios, describe minimum staff qualifications and provide job descriptions. Describe how the staffing meets the complex demands for services, resources, coordination, communication, and responsiveness that are inherent in the operation of a psychiatric inpatient unit for children and adolescents. Identify and summarize the training and experience of the vendor in managing and/or supervising inpatient psychiatric services; identify roles and functions of each; and provide resumes for any key staff and supervisors not included in the previous response;
3. Describe how the vendor will ensure that staff are qualified and experienced in the provision of psychiatric inpatient services to children and adolescents;

4. Describe who will be responsible for providing treatment services to patients, and consulting with families;

5. Describe who will be responsible for coordinating discharge planning throughout a child’s and/or adolescent’s treatment;

6. Describe who will be responsible for requesting prior authorizations and continued stays from the Agency’s utilization management contractor;

7. List qualifications and the vendor’s minimal staffing ratios for mental health direct care, recreational therapy, and vocational staff;

8. Describe how the vendor will meet the requirements for telephone access to a live person twenty-four (24) hours per day, seven (7) days per week to provide information about accessing services or handling psychiatric problems; and,

9. Describe how the vendor will conduct background checks on facility employees.

**Category D: Treatment Program**

1. Describe the vendor’s treatment philosophy and approach. Information should include references to clinical literature which supports the clinical approach. Include data on the vendor’s treatment outcomes as well as references to outcomes of other inpatient psychiatric treatment programs for children and adolescents that use the same or a similar approach and treatment philosophy;

2. Describe the integration of Recovery and Resiliency concepts into the treatment program. Include the relationship to the program philosophy, staff training, and program documentation. Give specific examples of application into the program;

3. Describe the integration of Trauma Informed Care principles into the treatment program;

4. Describe the vendor’s strategy for reducing the use of seclusion and restraints and providing a treatment environment that is trauma informed;

5. Provide an overall description of the vendor’s treatment program including detail on each component of treatment;

6. Include a daily schedule for Monday–Friday, weekends, holidays and school breaks. Discuss how the facility will be staffed during school breaks and holidays;

7. Describe overall goals and objectives for SIPP services;

8. Explain how the proposed program provides active and individualized treatment for high-risk children and adolescents;

9. Indicate the facility’s average length of stay. If the average length of stay in the facility is longer than the anticipated average of three (3) to six (6) months, please explain. Please describe the facility’s efforts to provide effective treatment that is designed to return a child or adolescent to the community at the earliest possible time, and efforts undertaken by the vendor to reduce the lengths of stay;
10. Indicate for which of the following groups the proposed facility offers specialized programming, staff expertise, and experience:

a. Children under ten (10) years of age;
b. Children with mild developmental delays or disabilities and co-occurring mental health disorders;
c. Children and adolescents who have experienced sexual trauma and abuse;
d. Children and adolescents who engage in sexually reactive behavior;
e. Children and adolescents who have eating disorders as a primary presenting problem;
f. Older adolescents who need assistance in preparing for independent living; and
g. Children and adolescents diagnosed with emotional disturbance or mental illness and co-occurring substance abuse issues.

Describe services and staff expertise that supports any other populations for which the vendor offers specialized treatment interventions and programs. (This information will be used to assist in the most appropriate placement of children and adolescents. Potential vendors will be selected based on the quality of their services, staff expertise, and experience. Potential vendors will not be ranked on the number of special populations served.)

11. Describe the vendor’s treatment process and design, including admission procedures, resident orientation, assessment procedures, treatment planning, treatment plan implementation and review, the middle phase of the treatment process, discharge policies and procedures, exit criteria and treatment termination procedures;

12. Provide a description of how the proposed vendor will integrate family-centered practice and family therapy into the treatment program and aftercare services. Provide a description of how the proposed vendor will work to include all members of the child’s immediate family in the family therapy component. Describe policies and procedures for including families in its children’s treatment planning and treatment process. Describe the vendor’s policy on home visits during treatment;

13. Describe opportunities the vendor will provide initially and on an on-going basis for families to provide input regarding treatment and services, as well as program design, implementation, and review. Describe how the vendor will track family involvement and opportunities for input;

14. Describe how the proposed SIPP will implement peer support and peer feedback to help maintain the treatment milieu;

15. Describe assessments used in the proposed SIPP including types and names of assessment tools. Indicate the position(s) and professional qualifications of individuals responsible for conducting and reviewing specific assessments and developing a diagnostic formulation and treatment recommendation. Indicate resources available for specialized assessments that may be required;

16. Describe the treatment team process, including team composition and leadership of the treatment team. Describe how often the treatment team will routinely meet, what circumstances would precipitate unscheduled reviews, and how the recipient and the family will be involved;

17. Include an example of a treatment plan developed by the vendor. Describe how the vendor will ensure treatment plans are individualized and based on assessments, with measurable goals and objectives. Describe how often treatment plans will be reviewed and treatment goals updated;

18. Describe the psychiatric services children and adolescents will receive and include the amount of face-to-face time with the psychiatrist and coordination between the psychiatrist and the rest of team;
19. Include practice guidelines and protocols for diagnoses and problems frequently encountered by children and adolescents in inpatient psychiatric settings;

20. Discuss the vendor’s provision of primary, routine health care in light of the exclusion for Institutes for Mental Disease (IMD). Pursuant to federal regulations regarding IMDs, children and adolescents in IMDs are not eligible for any other Medicaid benefit, with the exception of Targeted Case Management, while they are a SIPP services recipient. A vendor, which has fewer than sixteen (16) beds, but in which a child is receiving the SIPP Medicaid benefit, is subject to this same exclusion of other Medicaid benefits. A SIPP vendor is expected to provide routine medical care for individuals in “good physical health” with no acute or chronic problems requiring medical treatment and when only routine care is anticipated. If more severe medical problems arise, an admitted child must be discharged from the SIPP vendor prior to receiving other medical benefits available to eligible Medicaid beneficiaries;

21. Describe the coordination of care the vendor will establish with a pediatrician or family practitioner to provide routine medical care. Describe the types of physical illnesses the facility would be unable to handle;

22. Describe agreements with acute care settings and the capacity of the program to respond to a medical emergency. Routine medical care includes first aid; routine preventative care, such as flu shots, if indicated; management of chronic but stable illnesses; and treatment of common illnesses, such as cold, flu, upper respiratory illness, and infections.

23. Describe the extent and type of primary medical care that the SIPP will provide to patients and linkages with other medical facilities for specialized care and treatment, when the need arises;

24. Describe the vendor’s clinical services, including orientation and clinical criteria for frequency, duration, and amount of clinical services. Include information on the credentialing process for those staff who will be conducting therapy and the relationship of the professional clinical staff to the direct care staff;

25. Describe the role of mental health direct care staff in creating and maintaining a therapeutic milieu during periods of time when children and adolescents are engaged in activities of daily living, including meals, bed times, morning wake-up and leisure time activities. Describe their role in and training for handling psychiatric and behavioral crises;

26. Describe the vendor’s recreational, vocational and activities programs, and expressive therapies programs. Describe how the vendor will promote consistency between staff interactions in these areas and the child’s treatment plan;

27. Describe the vendor’s aftercare components. Include a description of the SIPP’s outpatient community mental health services. If the SIPP does not provide community-based services, provide a description of available community providers. Show evidence of working agreements with these providers to provide aftercare services. List services available. Describe how the SIPP will implement the requirement to follow up on referrals and conduct the sixty (60) day follow-up for children discharged from the SIPP. Describe how the vendor will link aftercare services when the child is from another service area;

28. Describe the vendor’s capacity to provide substance abuse services to seriously emotionally disturbed (SED) children and adolescents, in compliance with Chapter 65D-30, Florida Administrative Code (F.A.C.). Describe who will provide substance abuse services and their qualifications. Describe how substance abuse interventions will be integrated into treatment for participants who require them;
29. Include a list of specialty providers, other hospitals, and other service providers that can be accessed for services when medically necessary, and indicate the process for determining referral need;

30. Describe how the SIPP will address the requirement of the program regarding non-English speaking minorities in the proposed geographic area;

31. Indicate the resources that will be available to meet the requirement for serving hearing-impaired individuals. Indicate the resources available to meet the requirement for serving visually-impaired individuals;

32. Indicate the vendor’s understanding of and intent to comply with the requirement that a SIPP shall not refuse to admit a participant or otherwise discriminate against a participant solely on the basis of age, sex, race, physical or mental handicap, national origin, or type of illness or condition, unless the recipient could be more effectively treated in a different type of facility;

33. The SIPP vendor will be able to request reassignment of a child or adolescent to another vendor, pending review and approval by the Agency and the Department of Children and Families (DCF), if:
   a. The recipient/vendor relationship is not mutually acceptable;
   b. The recipient’s condition or illness could best be treated by another vendor; or
   c. The SIPP vendor determines that it is not able to provide effective treatment to a recipient due to the recipient’s non-compliant behavior.

Describe how the vendor intends to comply with the requirement regarding a vendor’s request for reassignment of participants, and the requirement that a SIPP contractor must keep a participant as a client until another SIPP or acute care setting is available. Indicate how the vendor understands and intends to comply with the requirement regarding timely notification of a vendor’s decision to discontinue treatment with a recipient;

34. Describe how the vendor will comply with, and who will be held responsible for requirements relating to recipient re-enrollment for primary care services after discharge from a SIPP;

35. Discuss how the vendor will communicate with the recipient’s former managed care plan in order to coordinate the recipient’s care as he/she returns to the community;

36. Describe how the vendor will meet the requirement for arranging for, or the provision of, a school program accredited by the county school district. Discuss the agency’s plan for providing services to children with learning disabilities;

37. Describe how the vendor will meet the requirement for providing a minimum of four (4) in-service trainings sessions for vendors in the local children’s mental health network of care;

38. Describe actions and printed materials that will be used to comply with the law relating to patient rights pursuant to Chapter 394 Part 1, F.S.;

39. Describe the facility’s current use of seclusion and restraints, including the rate and type of restraints. Describe the facility’s behavior management program;

40. Submit the facility’s plan for the reduction of the use of seclusion and restraints, including alternative interventions, staff orientation and training initiatives; and,
41. Submit detailed policies and procedures for the use of seclusion and restraints that are in compliance with 42 CFR 483 and Chapter 65E-9, F.A.C. Include lines of authority, time frames, and process for review and reporting; If the facility is part of a larger organizational structure, describe what clinical services will be accessed from the larger structure and the process for accessing the services.

**Category E: Management Information Systems (MIS)**

1. Describe the vendor’s corporate history, capacity and experience with MIS data systems, including current software and MIS staff to be utilized by position and responsibilities/functions;

2. Describe the vendor’s information management system and formats for reports and the vendor’s ability to protect information in compliance with Health Insurance Portability and Accountability Act of 1996 (HIPAA);

3. Describe the vendor’s ability to meet all federal regulations regarding standards for privacy and individually identifiable health information as identified in the HIPAA; and,

4. Describe how the vendor will collect, trend, and report outcomes to the Agency.

**Category F: Quality Improvement**

1. Describe the SIPP’s quality improvement program. Include information on lines of authority, roles, and committee structure;

2. Describe the credentials, training and experience of the SIPP’s designated Quality Improvement Manager;

3. Describe the SIPP’s internal quality improvement processes, including how quality improvement activities are linked to policy development, policy revisions, and staff training curriculum;

4. Describe the SIPP’s internal utilization review plan and process by addressing requirements;

5. Describe how the vendor will collect, analyze and trend required outcome data (i.e., critical incidents, seclusion and restraint, medication utilization, demographics, diagnoses, lengths of stay, presenting problems, family involvement, CFARS, thirty (30) day reports for dependent children). Identify who will be responsible for managing these requirements; and,

6. If the vendor has previously provided SIPP services, discuss the rate of recidivism for clients discharged within the past twelve (12) months. Discuss how this information has or will be used internally to improve the program.

**Category G: Implementation Schedule**

Outline the facility’s proposed implementation plan, including a report on the facility’s readiness to provide services. Include major activities, responsible staff/staff position, and dates for completion. Identify barriers to completion of the implementation plan and steps that will be taken to overcome these barriers. Identify the assumptions made in developing the implementation schedule.
Category H: Contact Information and References

Provide the following reference sources and contact information:

1. Provide the name of a primary and alternate contact person, with address and telephone number, for five (5) past and five (5) current payers or insurers for inpatient psychiatric services for children and youth;

2. With signed releases of information attached, provide the names, addresses, and telephone numbers of three (3) families whose children have participated in the facility’s residential treatment program;

3. Provide a primary and alternate point of contact for the respondent’s company, including company mailing address, telephone and fax numbers, and email addresses so that the Agency may contact your company for questions regarding their response to this RFI.

PROPRIETARY INFORMATION

Vendors must indicate which portions, if any, of the information being provided are trade secrets, by marking each page “trade secret” upon which such information appears. Information specifically identified as a trade secret under Section 812.081, Florida Statutes, will be kept confidential to the extent provided by law. If the Agency receives a public records request for information that has been identified by the responder as a trade secret, the Agency will notify the responder of such request.

FOLLOW-UP INFORMATION

In the event the Agency desires to enter into a Contract with a vendor responding to this RFI for services described in the RFI, the vendor will be required to submit the following information:

1. A description of contracts entered into during the most recent five (5) year period for the type of services described in this RFI. The description should include the client’s name, contact information, type of services provided, barriers encountered and resolutions, staff utilized during the term of the contract and whether the contract expired naturally and/or a termination by either party occurred;

2. A copy of the current license indicating that the vendor is: (1) an acute care hospital with child psychiatric beds licensed under Chapter 395, Florida Statutes (F.S.), or (2) a specialty hospital licensed under Chapter 395, F.S., or (3) a residential treatment facility licensed under Rule 65E-9, F.A.C., with clinical services delivered in compliance with Rule 65E-9 and 65E-10, F.A.C.;

3. Proof that the vendor’s proposed SIPP facility is accredited by the Joint Commission of Accreditation of Healthcare Organizations, the Council on Accreditation of Child and Family Agencies, the Council of Accreditation of Rehabilitation Facilities, or other nationally recognized accrediting entities, OR a statement of agreement that the vendor will apply for accreditation within one (1) year of the contract start date, if offered a contract by the Agency for the services described in this RFI;

4. A statement that the vendor meets general qualifications (as referenced in the Medicaid Provider General Handbook, Chapter 2) for enrollment as a Medicaid provider including background checks of board members, administrators and staff;

5. A statement that the vendor agrees to comply with all pertinent state and federal Medicaid regulations regarding quality of care and provision of Psychiatric Inpatient Services For Individuals Under Age 21 (42 CFR-441 Subpart D);
6. A statement that the vendor agrees to comply with 42 CFR 438.2(3), which indicates that SIPP services meet the federal definition of a Prepaid Inpatient Health Plan. Vendors must meet all requirements for Prepaid Inpatient Health Plans as set forth in Federal Medicaid Managed Care regulations;

7. Credentials for administrative, management and MIS staff for the proposed psychiatric inpatient program facility. The vendor shall identify, summarize the experience of, and provide resumes for managerial and supervisory staff, including director of quality improvement activities;

8. A copy of the vendor’s current substance abuse treatment license or anticipated date of receipt of the license from the Department of Children and Families or a letter of intention to sub-contract with a licensed provider to provide substance abuse treatment services; and,

9. A statement as to the financial solvency of the proposed facility, referencing audited financial statements for the vendor’s two (2) most recent fiscal years.

RESPONSES

Responses should address each of the RFI response categories outlined above and each response requirement point by point. Please provide the requested information no later than 5:00 PM, September 13, 2010. Responses may be sent via email to: lisa.baxter@ahca.myflorida.com.

Additional information that cannot be transmitted electronically must also be submitted by 5:00 PM, September 13, 2010 to the following address:

Agency for Health Care Administration
Procurement Office
Attn: Lisa Baxter
Building 2, Suite 203
2727 Mahan Drive, MS 15
Tallahassee, FL 32308

VENDOR COSTS

Vendors are responsible for all costs associated with preparing a response to this RFI. The State of Florida, Agency for Health Care Administration, will not be responsible for any vendor costs associated with preparing this information.

QUESTIONS

Questions concerning this RFI can be submitted in writing via email to the address listed above. All responses to questions received will be made, in writing, directly to the sender.

AGENCY FOR HEALTH CARE ADMINISTRATION WEBSITE

Additional information about the Florida Agency for Health Care Administration can be found on the Agency’s website at: http://ahca.myflorida.com/

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