

Request for Proposals (RFP)

January 15, 2016

SUBJECT: RFP- Telephonic Psychiatric Service (TiPS)

Dear Prospective Offeror:

The Physical Health MCOs (PH MCOs) serving Pennsylvania's HealthChoices (HC) program, invite you to submit a response for the Telephonic Psychiatric Service (TiPS) RFP.

Part I—GENERAL INFORMATION

Each Physical Health Managed Care Organization (PH MCO) contracted with the Commonwealth of Pennsylvania to provide Medicaid services under the HealthChoices Program is required to coordinate the care of children (under age 21) who require therapeutic interventions and/or medication to treat mental health conditions, especially those children in foster care. In order to improve timely access to quality behavioral health services for children and adolescents, the PH MCO will contract for Telephonic Psychiatric Services (TiPS) that will provide real time telephonic consultative services to Primary Care Providers (PCPs) and other prescribers of psychotropic medications for children (referred to as PCPs throughout this document). The PH MCOs will work with one TiPS team in each HealthChoices (HC) zone.

Part II—QUALIFICATIONS, REQUIREMENTS, AND KEY RESPONSIBILITIES

1) Staffing Requirements

TiPS Provider is responsible for establishing and maintaining a team of behavioral health professionals who will be available to respond to inquiries from PCPs seeking assistance in providing pediatric behavioral health care.

Qualified applicants must have a TiPS staff which includes one (1) full-time equivalent child psychiatrist, one (1) full-time equivalent behavioral health therapist, and one (1) full-time equivalent care coordinator.

(a) **Child Psychiatrist.** The full-time equivalent position of child psychiatrist may consist of one or more individuals as follows- child psychiatrists must be Board certified or Board eligible and skilled in psychopharmacology. At least one child psychiatrist shall be on call providing continuous coverage from 9:00 a.m. to 5:00 p.m., Monday through Friday, and shall at all times while on call carry a pager and/or cell phone and be accessible to a caller within thirty (30) minutes. The on-call team member shall not be engaged in any activity from which he/she cannot be interrupted within thirty (30) minutes. A child psychiatrist team member shall make an on-site visit to high volume participating PCPs defined by the PH MCOs in the HC zone at least once per year. One child psychiatrist will be designated as the TiPS team lead medical director with responsibility to assure consistent quality of care, convene periodic team meetings, assure team productivity and timely regional coverage of PCPs, and participate in quarterly meetings with all Behavioral Health Managed Care Organizations (BH MCOs) and PH MCOs within the HC zone.

(b) **Behavioral Health Therapist.** The one (1) full-time equivalent position of behavioral health therapist may consist of one or more individuals as follows: licensed clinical social workers ("LCSW"), licensed mental health counselor, or licensed psychologists. The

behavioral health therapist team member's activities must be limited to consultative or short-term transitional care. The therapist(s) must be knowledgeable of local behavioral health resources and work as a team with the care coordinator to match a specific youth/family with the most appropriate and available community resource.

(c) **Care Coordinator.** The care coordinator supports the team members by coordinating and maintaining schedules, managing registration and billing of patients requiring face-to-face visits, arranging appointments with local behavioral health providers and oversees collection of any encounter data. The care coordinator must be in constant contact with the BH and PH MCOs.

2) Consultation Service Requirements

(a) TiPS services will be available at all times at a minimum between 9:00 a.m. to 5:00 p.m., Monday through Friday (excluding Provider's holidays), to PCPs in the HC zone to provide immediate consultations by telephone concerning children and adolescent behavioral health matters.

- In the event that TiPS provider is unable to consult with the PCP at the time of initial inquiry, the TiPS provider shall respond to the PCP within thirty (30) minutes of PCP's initial inquiry.

(b) The telephone consultation will result in one of the following outcomes dependent upon the needs of the PCP's patient and patient's family:

- Resolution of the PCP's inquiry to the satisfaction of the PCP
- Referral to the TiPS care coordinator to assist the family in accessing routine local BH services with such referral stating the average anticipated wait time for visits
- Referral to TiPS child psychiatrist for an acute psychopharmacological or diagnostic consultation within two (2) weeks or as agreed with the patient's family
- Referral to the TiPS behavioral health therapist to provide diagnostic consultation and/or transitional face-to-face care or telephonic support to the patient and family until the family can access routine local behavioral health services.

(c) The TiPS provider shall maintain an appropriate clinical setting for its staff to care for patients needing face-to-face consultative or transitional services.

(d) The TiPS provider shall maintain records on all consultations and maintain a single designated telephone number with paging ability or TiPS person answering the telephone for PCPs to access consultation services.

(e) For all encounters requiring the care coordinator to assist the family as appropriate with access to routine local behavioral health services, the TiPS provider will follow up with the family to ascertain whether the appointment was made and continue to assist if the appointment was not made. The care coordinator will contact the BH-MCO to make it aware of any barriers to timely care.

(f) The TiPS provider will send to PCPs a written or electronic record of all face-to-face visits including results of any follow up contacts within 2 business days of the visit. The TiPS provider is encouraged to provide verbal feedback to the PCP from all face-to-face visits requiring follow up. The TiPS provider will also send PCPs a written or electronic record of all telephonic care coordination encounters including results or any follow up contact within 2 business days of encounter.

(g) The TiPS provider will generate quarterly reports to PH MCO detailing the activity of participating PCPs and identifying which PCPs are not utilizing the service. The TiPS provider will outreach to engage PCPs who are not utilizing the service. This may include but is not limited to outreach by telephone, e-mail, continuing education sessions, or visits to the office.

The quarterly reports must include the following detail at minimum:

- The number of telephonic and face to face encounters
- The number of unique recipients using the service
- The number referred for additional services with community BH providers
- The number of recipients who showed up for referred services
- The number of unique members discussed with the BH-MCO
- The number of unique members discussed with the PH MCO
- The number of calls NOT returned/managed in 30 minutes

3) Provider Outreach Services

The TiPS provider will sequentially contact PCPs and other targeted prescribers of psychotropic medications in the HC zone to inform them of the TiPS program and encourage them to participate. The TiPS provider will provide PCPs in the HC zone with training and behavioral health continuing education at PCP offices on how to access and use the consultation program, orientation to community behavioral health services, and guidelines for prescribing and monitoring side effects of common psychotropic medications.

Part III—QUESTIONS

1. Describe your organization or practice, including its resources, infrastructure, and capacity to meet the requirements of the RFP. Please include the proposed Health Choices zone(s) you are interested in serving, and a timeline for your ability to begin providing TiPS services at full capacity in your proposed zone(s).
2. Describe the lead psychiatrist of your TiPS team including his or her personal education, training, experience, and their relationship to your organization? ie: (employee, consultant, subcontractor, etc.) Please include, when available, the resumes of each proposed TiPS team member. Please describe the proposed relationship of other members of the team to your organization.
3. Describe your credentialing process and how ongoing oversight of credentials is maintained.
4. Describe how your organization will communicate and coordinate information sharing between BHMCOs and PHMCOs. Please include how you will address data security.
5. Describe your experience serving Medicaid beneficiaries and working with providers who serve large numbers of Medicaid recipients.
6. Describe any previous experience (if any) working with the PH MCOs.
7. Describe how your care coordinator will work with BH and PH MCOs to fulfill the requirements of the RFP.
8. Describe any previous experience of your organization or practice in peer to peer telephonic or video consultations, including outcomes and lessons learned if available.
9. How do you plan to engage PCPs and other targeted prescribers of psychotropic medications to inform them of the TiPS program and encourage them to participate?
10. What experience does your organization have in providing continuing education and provider training? Include a detailed plan and proposed timeline for providing education and training to the participating physician practices in your zone(s).

11. Describe your experience working with the various community behavioral health service organizations in Pennsylvania.
12. Describe any clinical practice guidelines and/or criteria that will be used by the TiPS work team to support evidence-based care.
13. Are there any other measures you would use in your quarterly reporting in addition to the ones described?
14. How would you measure/define success within this program?
15. What are your suggestions to enhance any details not fully described in this RFP?
16. What type of supplemental information would you need from MCOs, if any, to successfully meet the outlined requirements and deliver services?
17. What is the minimum total cost estimate or estimated cost per child per year you would be able to provide this service for in each zone you are interested in participating? Please provide a sample budget.

Part IV—IMPORTANT DATES/NEXT STEPS

- Feb 3: Proposals must be received no later than **5 pm ET, Wednesday, February 3, 2016.**
 - All proposals must be submitted by email to Emily@elkatz.com in a single PDF document (including any supplemental information).
- January 26 : “Vendor Fair” in Mechanicsburg, 10-4; Child Welfare Resource Center, 403 E. Winding Hill Road, Mechanicsburg, PA 17120 (February 2 snow date, same time/location)
 - Interested parties are strongly encouraged to attend the Vendor Fair on Jan 26.
 - **This will be an opportunity to provide the PH MCOs with a short overview of your proposal. Come prepared with a presentation no longer than 20 minutes.**
 - Your organization will only need to be there for your presentation, not the whole day.
 - Interested respondents should email Emily@elkatz.com by January 20 if they plan on attending the vendor fair.
 - You will be assigned a specific presentation time. Please include name and contact info of up to 3 representatives (name, email and phone).

Part V—OTHER

- Selected bidders will be required to negotiate and enter into a contract for these services with the PH MCOs in the HC zone(s) in which they are providing TiPS services.
- PH MCOs reserve the right to reject any and all proposals and have the sole discretion to determine which bidders meet the qualifications of the RFP and to determine which of those bidders to engage in contract negotiations.
- Bidder is responsible for any costs incurred as part of its proposal preparation and submission, attendance of and presentation at the vendor fair, or anticipation of contract award.
- The PH MCOs reserve the right not to consider proposals submitted after the response date.
- Any confidential or proprietary information submitted by the bidder should be marked confidential and proprietary.
- Any provider currently under debarment or suspension or excluded from participation in any federally funded healthcare program or has relationships which are prohibited under 42 CFR 438.610, is excluded from participation.
- All questions should be directed by email to Emily Katz; Emily@elkatz.com