

Request for Proposal For High Fidelity Wrap Around Services

OCTOBER 5, 2021

This solicitation should not be interpreted as a contract (implicit, explicit, or implied), nor does it imply any form of agreement to any potential candidate. In addition, no inference should be made that Trillium will purchase and/or implement in the future any of the programs or services proposed by the respondents.



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EXECUTIVE SUMMARY

Trillium Health Resources (Trillium) is a Local Management Entity /Managed Care Organization (LME/MCO) that oversees publicly funded mental health, substance use, and intellectual/developmental disability services for 26 counties in eastern North Carolina. The mission of Trillium is “transforming lives and building community well-being through partnership and proven solutions.”

GENERAL/BACKGROUND INFORMATION

Trillium Health Resources is expanding **High Fidelity Wrap-Around (HFW) Services** within Trillium’s catchment area and is recruiting one provider per the following identified counties **Beaufort, Bladen, Brunswick, Craven, Carteret, Columbus, Dare, Halifax, Hyde, Jones, Martin, Nash, New Hanover, Onslow, Pamlico, Pender, Tyrrell & Washington** to set up the services.

Trillium is seeking providers that demonstrate the capability and capacity to provide **HFW** services to achieve desired outcomes; including increased family assets and functioning and reduced out of home residential treatment and inpatient hospitalizations.

Trillium will work closely with the selected provider(s) to ensure services are provided as clinically indicated. The provider must participate in routine monitoring and additional reviews as needed to ensure compliance with State and Medicaid Standards.

**No award will be made for Bladen until the State Officially approves the Transfer to Trillium.*

SCOPE OF WORK

The goal of this Request for Proposal (RFP) is to increase access to **High Fidelity Wrap-Around (HFW) Services** for youth with serious emotional disturbance or youth with serious emotional disturbance and a co-occurring substance use disorder and/or intellectual/developmental disability within the Trillium catchment area.

High Fidelity Wrap-Around (HFW) is an intensive, team-based, person-centered supportive service that provides coordinated, integrated, family-driven care to meet the complex needs of youth/young adults who are involved with multiple systems (e.g., mental health, child welfare, juvenile/criminal justice, special education), who are experiencing serious emotional or behavioral difficulties, have dual diagnosis (MH and/or SUD, and IDD) with complex needs, and are at risk of placement in therapeutic residential settings, or other institutional settings, or have experienced multiple crisis events. The HFW process aims to achieve positive outcomes by providing a structured, creative and individualized team planning process that, compared to traditional treatment planning, results in interventions that are more effective and more relevant to the child and family.

Awarded Provider(s) must credential and train with the North Carolina High Fidelity Wrap Around Training Program funded by the NC Department of Health and Human Services operated out of the UNC Greensboro Center for Youth, Family, and Community Partnerships. ([NC High Fidelity Wraparound Training Program](#))

Trillium will provide Medicaid funding for this service. No start-up funding available.

Applicants must also meet all requirements of the High Fidelity Wrap –Around (HFW) Services outline JCB J394 Expansion of High Fidelity Wraparound Teams and Provider Expectations guidelines.

COMPLIANCE

The selected provider **MUST** agree to:

1. Complete steps, post award, to demonstrate readiness to provide High Fidelity Wrap-Around (HFW) Services.
 - a. The provider must obtain written approval from the NC HFWTP and LME-MCO to begin a new HFW team.
 - b. The provider must complete a readiness assessment with NC HFWTP.
 - c. In Hiring and Training Qualified Staff:
 - i. Providers must coordinate with and include the NC HFWTP Implementation Specialist in the interview process for coaches and facilitators.
 - ii. Providers and coaches must coordinate and include NC Families United in the interview process for Family Support Partners and Youth Support Partners.
 - iii. Youth Support Partners hired cannot exceed the age as set forth by the NC HFWTP.
 - iv. Providers must show completion of all required training for staff as set forth by NC HFWTP
 - d. Complete HFW credentialing requirements and receive credentialing approval from NC HFWTP.
 - e. Obtain all equipment needed for provision of services.
2. Comply fully with the following:
 - a. High Fidelity Wraparound Service Definition
 - b. 10A NCAC 27G
 - c. APSM 45-2: "Records Management and Documentation Manual"
 - d. APSM 95-2: "Clients Rights Rules in Community Mental Health, Developmental Disabilities and Substance Abuse Services"
 - e. 42 CFR, Part 2
 - f. HIPAA
 - g. Maintaining Accreditation (if applicable)
 - h. Any applicable local, state, and federal regulations
 - i. Trillium Health Resources Benefit Plan

- j. Submission of Treatment Authorization Requests (TARs) and claims in accordance with the Medicaid Benefit Plan
 - k. Person-Centered Plan Instruction Manual
 - l. Trillium Health Resources Provider Manual
3. Be established as a legally constituted entity capable of meeting all the requirements of the Provider Certification, Communication Bulletins, and Service Implementation Standards;
 4. Comply with all applicable federal and state requirements. This includes the North Carolina Department of Health and Human Services Statutes, Rules, Policies, Communication Bulletins, and other published instructions.
 5. If applicable, comply with the North Carolina Health Information Exchange Authority (NC HIEA) Healthcare provider information exchange guidelines and implementation timelines documented here <https://hiea.nc.gov/>
 6. Provide weekly updates on progress to the Trillium Project Coordinator until the project is complete and service provision has been implemented. Updates are to be provided via email to the Project Coordinator.

ELIGIBILITY REQUIREMENTS

- ▲ Applicant must be directly enrolled with Medicaid and have their own National Provider Identifier (NPI). This includes enrollment in NC Tracks. Both in-network and out-of-network providers are eligible to apply.
- ▲ Applicant must not have had any sanction(s) issued including but not limited to the following:
 - MCO/LME: Contract Termination or Suspension, Referral Freeze, Unresolved Plan of Correction, Outstanding Overpayment, Prepayment Review, Payment Suspension.
 - DHB: Contract Termination or Suspension, Payment Suspension, Prepayment review, Outstanding Final Overpayment.
 - DMH/DD/SAS: Revocation, Unresolved Plan of Correction.
 - DHSR: Unresolved Type A or B penalty under Article 3, Active Suspension of Admissions, Active Summary Suspension, Active Notice of Revocation or Revocation in Effect.
 - U.S. Internal Revenue Service/NC Department of Revenue: Unresolved tax or payroll liabilities.
 - NC Secretary of State: Administrative Dissolution, Revocation of Authority, Notice of Grounds for other reason, Revenue Suspension. Providers organized as a corporate entity must have a "Current – Active" registration with the NC Secretary of State.
 - Boards of Licensure or Certification for the applicable Scope of Practice.

- Must not have outstanding program integrity or network sanctions with Trillium Health Resources.
- ▲ Applicant must adhere to all regulatory requirements listed in the above “Compliance” section.
- ▲ Selected provider must adhere to all program, staffing, and training requirements set forth in 10A NCAC 27G.

FORMATTING REQUIREMENTS

Trillium’s goal is to review all proposals; however, this goal must be balanced with Trillium’s obligation to ensure equitable treatment of the received proposals. **For this reason, Trillium has established the following formatting requirements. If the applicant does not adhere to these requirements, the proposal will be rejected and returned to the agency without review.**

All proposals must be submitted electronically through the [APPLICATION LINK](#).

- ▲ Any attachment pages must be typed in black, double-spaced, using a font of Times New Roman, size 12 point, with 1” margins.
- ▲ Any specified page limits cannot be exceeded.
- ▲ Applicants must use the sections/headings listed under Required Proposal and place the required information in the correct section.
- ▲ Black print should be used throughout your application, including any charts and graphs.
- ▲ Materials with printing on both sides will be excluded from review.
- ▲ Attached pages should be clearly labeled and numbered consecutively from beginning to end, so that information can be located easily.

REQUIRED PROPOSAL COMPONENTS

Please complete the online application to provide responses to the following questions.

- ▲ Provider Introduction/Overview
 - Please describe the organization’s history of experience as a Mental Health/Intellectual Developmental Disability/Substance Use Disorder provider, including provision of residential services. (Limited to 6 pages) Include the following:
 - » Organization’s qualifications for providing HFW services;
 - » Evidenced based practices used in the organization;
 - » Number of years operating as a behavioral health provider;
 - » Cultural and linguistic competence of the Organization;
 - » Experience working with special populations served in HFW;

- » Capacity for expansion of services;
- » Organizational and supervisory structure; and
- » Methods for crisis management.
- Disclose any sanctions, past, or pending, under the Medicare and/or Medicaid programs, including paybacks, lawsuits, insurance claims or payouts, and disciplinary actions of the applicable licensure boards, or adverse actions by regulatory agencies within the past five years.

🌱 Project Plan for EACH PROPOSED HFW TEAM

- Please describe your plan for implementation/expansion of HFW services. (Limited to 4 pages). A separate plan must be submitted for each proposed HFW team by county for which the provider is applying. Providers proposing to cover more than one county with a single HFW Team must specify the counties in the plan. Include the following components in your response:
 - » Program design for staffing and supervisory experience available including plans for how you will develop and train the required staff;
 - » Evidenced based practices to be used, how the direct service staff will be trained in the EBP or model and reinforce components of the EBP or model on a daily basis with individuals served;
 - » Plan for how service will be implemented;
 - » Plan for managing crisis.
 - » Plan for providing transportation, if needed
- Provide a timeline for the services proposed. This timeline should include the following:
 - » All activities required to accomplish the key objectives of the project.
 - » Target dates for the proposed activities, where applicable.
 - » Information on the proposed start and completion dates of the key objectives and activities.
 - » Education/Training and Supervision of Staff
 - » Stakeholder engagement and service promotion
- Explain why your organization selected the identified county or counties and how you will ensure the growth and sustainability of HFW.
- Describe any additional services requested to support a continuum of care and appropriate step-down or discharge planning for members receiving the service.
- Describe how your organization will ensure the HFW team prepare and collect data to show the outcomes for members who receive High Fidelity Wrap-Around Services

🌱 Attachments Required

1. Cover Letter (attachment)-Letter must be signed by an officer of the company- there is a one (1)-page limit for this document
2. Providers must submit a Letter of Support from each County DSS and County DJJ corresponding to proposed coverage areas.
3. A Letter of Intent ready for submission to NC HFOTP that details the identified county your organization wishes to deliver HFW, the reason for the selected county, plan to ensure an adequate referral stream and identify established partnerships that are essential for HFW success.
4. Complete copies of the organization's last fiscal year's financials including: the audit opinion, the balance sheet, statements of income, retained earnings, cash flows, management letters, and the notes to the financial statements OR If independently audited financial statements do not exist, the provider/vendor should state the reason and submit sufficient information to be evaluated.
5. Organizational Flow Chart up to the ultimate owner of the holding company including list of all parent, sister, and subsidiary entities in the entire chain of ownership.
6. Provide a Budget that includes the projected annualized revenue and expenses for this service. The budget should include all projected project initiation costs, revenue, personnel costs and direct service expenses. For each line item, include a narrative explanation justifying how costs were calculated. Narrative explanation should include projected number of consumers to be served in the 12-month period and an average of the estimated length of stay in service.

PROPOSAL EVALUATION INFORMATION

- 🌱 All proposals will be reviewed for compliance with the mandatory requirements stated within the RFP. Proposals deemed incomplete will be eliminated from further review.
- 🌱 Trillium staff may contact the provider/vendor for clarification on any response.
- 🌱 Responsive proposals will be evaluated on the factors that have been assigned a point value. The responsible provider(s)/vendor(s) with the highest score(s) will be selected as a finalist(s) or the finalist(s) based upon the proposals submitted.
- 🌱 It is Trillium's intent to award this service to the most qualified applicant(s), though Trillium reserves the unlimited right to not make an award based upon this RFP.
- 🌱 Finalist providers/vendors may be asked to submit revised proposals or make a presentation for the purpose of obtaining best and final offers. If so, points will be recalculated accordingly and points awarded will be added to the previously assigned points to attain final scores.
- 🌱 The responsible provider/vendor whose proposal is most advantageous to Trillium, taking into consideration the evaluation factors, will be recommended for contract

award. Please note, however, that a serious deficiency in response to any one factor may be grounds for rejection regardless of overall score.

- Recommendations will then be made to Executive Management who has the final decision-making authority.

ADMINISTRATIVE INFORMATION

Timeline

Questions & Answer (Q&A) Submission Deadline Please use the link to submit Questions	October 18, 2021
Q&A results posted on Trillium website	October 29, 2021
Proposal Submission Deadline	November 12, 2021
RFP Award Notification	December 13, 2021
Date work to begin (projected)	To Be Determined

***All timelines are tentative and subject to change

Written questions concerning this RFP will be received via the [Questions](#) link and must be received by **October 18, 2021** at 11:59 PM Eastern Standard Time.

It is important that all interested applicants for this application periodically check Trillium's website, www.trilliumhealthresources.org, for any updates that may be issued prior to the application closing date.

Award Notices

- All applicants will receive notification from Trillium when awards are determined via posting all awards to the Trillium Health Resources webpage.

Administrative Requirements

- The providers awarded the RFP must comply with all terms and conditions of the awarded contract. These terms and conditions will be provided in the award contract for signature.
- The awardee will be held accountable for the information provided in the proposal relating to performance targets. Trillium will consider the provider's progress in meeting goals, objectives, and schedules based on the contracted criteria. Failure to meet stated goals, objectives and schedules may result in suspension or termination of the contract, or in reduction, withholding and/or repayment of funding.

TRILLIUM CONTACT INFORMATION

For technical questions related to submission of the electronic application contact:

Department: Network Services Support
Address: 201 W First St, Greenville NC 27858
Phone Number: 866-998-2597
Email Address: NetworkServicesSupport@TrilliumNC.org

ATTACHMENTS

All attachments are to be labeled and all pages should be consecutively numbered in order to avoid confusion.