

# Request for Information: Transition to Community Living (TCL) Peer Support Specialist/In-Reach Function

OCTOBER 8, 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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## STATEMENT OF NEED

Trillium Health Resources (Trillium) is seeking to identify mission-driven organizations that are interested in the development of TCL Peer Support Service/In-Reach Function Services throughout Trillium's catchment area.

This Request for Information (RFI) is open to both in-network and out-of-network providers enrolled in NC Tracks and NC Medicaid who are free of contract sanctions, fraud investigations, and/or current or previous IRS liens. More than one provider may be selected.

This RFI is being used as a means to obtain information about providers that are capable of providing these services to our Medicaid beneficiaries. This RFI should not be interpreted as a contract (implicit, explicit, or implied), nor does it imply any form of an 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.

## PEER SUPPORT SERVICE/IN-REACH FUNCTION REQUIREMENTS

In-Reach is an engagement, education and support effort designed to accurately and fully inform adults who have a serious mental illness (SMI) or a serious and persistent mental illness (SPMI) about community-based mental health services (including Individual Placement and Support- Supported employment (IPS-SE)) and supported housing options. This includes, but is not limited to, the availability of tenancy support services and rental assistance.

In-Reach is ongoing with the goal of educating individuals about all services that may be beneficial to him/her as well as community-based options.

### Target Population

The provider will target In-Reach to Adult Care Homes (ACHs) determined to be an Institution for Mental Disease (IMDs) after August 23, 2012. Target Population for In-Reach includes:

- ▲ Individuals with Serious Mental Illness (SMI) who reside in ACHs determined by the State to be an IMD
- ▲ Individuals with Serious and Persistent Mental Illness (SPMI) who are residing in ACHs licensed for at least 50 beds and in which 25% or more of the resident population have a mental illness
- ▲ Individuals with SPMI who are residing in ACHs licensed for between 20 and 49 beds and in which 40% or more of the resident population have a mental illness
- ▲ Individuals with SPMI who are or will be discharged from a State Psychiatric Hospital (SPH) and who are homeless or have unstable housing; this includes all Trillium Members who are discharging from a SPH whether they qualify or do not qualify for TCLI
- ▲ Individuals diverted from entry into ACHs pursuant to the pre-admission screening and diversion provisions established by the State

Each person eligible for TCL In-Reach will need to be assigned to a tier by the In-Reach specialist in conjunction with their supervisor. Tiers need to be assigned after the first in-reach visit in which members receive education about services and supports that are available while the member continues to reside in the facility and are available if they choose to move to a lesser restrictive environment.

### **Required Skills, Experience, and Education to Perform In-Reach Activities:**

In-Reach staff must be a NC Certified Peer Support Specialist with a minimum of high school/GED and 1-2 years of experience working with the MH/SA population. If the provider has limited availability of qualified Certified Peer Support Specialists in the catchment area, the provider will build capacity, train and recruit Certified Peer Support Specialists.

The In-Reach staff must be knowledgeable about Medicaid and Special Assistance benefits, available clinical services, medical and community supports, and supported housing. The In-Reach staff must receive additional training in the following skill set: Assertive Engagement, Motivational Interviewing, Active Listening Skills, RENEW Transition Model, and other relevant methods of engagement.

### **In-Reach Function Activities:**

In-Reach is an engagement, education, and support effort designed to accurately and fully inform adults who have a serious mental illness (SMI) or a serious and persistent mental illness (SPMI) about community-based mental health services and supported housing options including but not limited to the availability of tenancy support services and rental assistance.

In-Reach is ongoing with the goal of educating individuals about all community based options, including the option to transition to supported housing, its benefits, the array of services and supports available to those in adult care homes (ACHs), or supported housing to include rental subsidy and other assistance individuals may need. In-Reach includes informing individuals about Medicaid, Special Assistance, services under the North Carolina State Plan for Medical Assistance or the State funded service array for which the individual is eligible. In-Reach includes offering the individual opportunities to meet with other individuals with disabilities who are living, working, and receiving services in integrated settings.

### **IN-REACH activities include but are not limited to:**

- 🌱 Assessing interest in supported housing
- 🌱 Explaining fully the benefits and financial aspects of clinically appropriate community based integrated settings, including supported housing
- 🌱 Facilitating and accompanying individuals on site visits to permanent housing with tenancy rights
- 🌱 Facilitating and accompanying individuals on visits within their community

- 🌱 Exploring and addressing the concerns of any individual who declines the opportunity to move to supported housing or who are ambivalent about moving to supported housing, despite being qualified for such housing
- 🌱 Reviewing individual's housing preferences
- 🌱 Provide linkages to ongoing peer support services as a step in education/exposure to the housing options and supports available
- 🌱 Educating individuals about services covered under the North Carolina State Plan for Medical Assistance, Medicaid 1915 (b) (c) waiver, or the State funded service array.

### **Documenting In-Reach Activities:**

The Provider will maintain up-to-date data on individuals involved in In-Reach. The Provider must document all In-Reach activities and outcomes of In-Reach efforts, to include refusals to meet with In-Reach staff, as well as lack of response to written communication about In-Reach by the individual or guardian with-in 48 hours.

All documentation related to In-Reach should be made available to Trillium Health Resources upon request.

In-reach activities shall be documented include, at minimum:

- 🌱 Full explanations of the benefits and financial aspects of clinically appropriate community-based integrated settings, including supporting housing;
- 🌱 Facilitating and accompanying individuals on visits to support housing apartments;
- 🌱 Assessing Adult Care Homes residents' interest in supporting housing; and
- 🌱 Exploring and addressing the concerns of any Adult Care Home residents who decline the opportunity to move to supportive housing or who are ambivalent about moving to supportive housing despite being qualified.
- 🌱 Guardianship, Power of Attorney and Representative Payee documentation.
- 🌱 Permission to receive and disclose Information Forms
- 🌱 The completed Community Integration Plan (CIP)
- 🌱 The completed Supported Employment document
- 🌱 The completed In-Reach tool
- 🌱 Completed Informed Decision Making Tool (IMD)
- 🌱 Completed In Reach Checklist
- 🌱 Any additional medical or behavioral documentation and assessments as appropriate.
- 🌱 Applications for apartments
- 🌱 Upload supporting documents into a care note as appropriate.
- 🌱 The In-Reach staff will document the individuals "Care Level" on appropriate Trillium Software Platform using the Tier system identified above

## DATA AND REPORTS

The provider will maintain up-to-date data on individuals involved in the In-Reach process. The provider will deliver ad hoc reports related to In-Reach to Trillium Health Resources as requested. The provider will follow the state process for withdrawing a member when appropriate and assure all documentation is entered as required.

The Provider will email to the designated Trillium Health Resources staff an Excel spreadsheet with the below information:

1. Percentage of Individuals in Transition Planning Status with In-Reach Documented (Target: 95% Stretch 100%)
2. Percentage of Individuals with Follow-Up Visit Documented At Least Every 90 Days (Target: 95% Stretch 100%)
3. Percentage of Individuals in In-reach with Guardians who accept services while residing in ACH (Target: 90% Stretch 95%)
4. Percentage of Individuals in In-reach who accepts services while in the ACH (Target: 75% Stretch 90%)
5. Percentage of Individuals in In-reach who agree to move to supported housing (Target: 75% Stretch 90%)

## Provider Responsibilities for Oversight of In-Reach Functions:

The provider is responsible for coordinating, overseeing, and documenting the completion of In-Reach activities for applicable individuals with Medicaid originating in a county for which Trillium Health Resources is responsible.

The provider is expected to create procedures documenting the method by which initial and ongoing In-Reach activities will be completed and documented. The procedures developed by the provider must be consistent with the requirements and directives provided by Trillium Health Resources and the State. Procedures related to In-Reach must be made available to Trillium Health Resources upon request.

Trillium Health Resources and the State will be sponsoring initial and ongoing training regarding In-Reach activities. The Provider's staffs are required to attend the State and Trillium Health Resources sponsored training. Additional training may be required by Trillium Health Resources as deemed necessary.

## FUNDING

Trillium Health Resources will reimburse selected provider for Administrative funds based on availability of funds from NC Department of Health and Human Services via a Non-UCR Contract. Providers will also utilize UCR billable Peer Support Service.

Prior to contracting, providers will be required to submit a Budget Summary and Narrative for approval by Trillium that includes all revenue and operating expenses to deliver the Peer Support Services/In-Reach Function requirements in accordance with the NC Department of Health and Human Services In-Reach/Transition Manual, as well as Clinical Coverage Policy 8-G: Peer Support Services.

Providers will perform the In-Reach Function in accordance with Trillium requirements and applicable national accreditation standards under a Delegation Agreement and will participate in the Pre-Delegation Review Process and Delegation Monitoring requirements.

## SUBMISSION INFORMATION

Providers interested in providing Peer Support Specialist/In-Reach should provide an application via the link below by November 15, 2021.

[Submission Link- CLICK HERE](#)