



REQUEST FOR PROPOSALS

Front Door Evaluation Facility

SOLICITATION

NUMBER: FDEF200602

SOLICITATION DUE

DATE/TIME: 6/1/06; 5:00 PM CT

SUBMITTAL LOCATION: **Attn: Robin Cunningham**
1199 S. Beltline Rd #100
Coppell, Texas 75019

INTRODUCTION

ValueOptions of Texas, Inc. (ValueOptions) NorthSTAR is responsible for the administration of behavioral health treatment and prevention services for eligible populations in the NorthSTAR region which includes seven counties: Dallas, Collin, Ellis, Hunt, Kaufman, Navarro, and Rockwall.. In response to this solicitation, *ValueOptions* will accept at the above-specified location, until the time and date cited, competitive sealed proposals for the services specified.

ValueOptions is soliciting proposals for a comprehensive continuum of care for people suffering from psychiatric and substance abuse emergencies. The offerors will provide three (3) distinct levels of care to include: Psychiatric Emergency Service (PES), 23 hours observation and inpatient levels of care; hereafter, to be referred to as Front Door Evaluation Facility (FDEF). This 24 hour facility must have the capacity to evaluate and treat psychiatric emergencies for both voluntary and involuntary clients. It will provide intensive medical oversight, nursing care, medication and laboratory support, assessment and reassessment, enrollment, linkage and referral to community mental health services with the capacity to treat patients on an inpatient basis and for up to 23 hours to stabilize an acute crisis through the use of crisis intervention techniques and acute medical management.

Proposals shall be in the actual possession of *ValueOptions* on or prior to 5:00 pm on June 1, 2006, and at the location indicated above. Late proposals will not be considered.

Proposals shall be submitted in a sealed envelope or package with the Solicitation Number FDEF200602 and the Offeror's name and address clearly indicated on the envelope or package. All proposals shall be typewritten. Additional instructions for preparing a proposal are included in this Solicitation.

OFFERORS ARE STRONGLY ENCOURAGED TO CAREFULLY READ THE ENTIRE SOLICITATION.

Solicitation Contact Person:

Robin Cunningham
1199 S. Beltline Rd #100
Coppell, Texas 75019
972-906-2500

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1. Purpose

- 1.1. *ValueOptions NorthSTAR*, in order to improve upon its current model of delivering care in the NorthSTAR Service Area, is soliciting proposals for the delivery and management of a FDEF that provides Psychiatric Emergency Service (PES). Service locations must be provided in Dallas County and Collin Counties and accessible to residents in the other 6 counties in accordance to State access standards (within 75 miles).
- 1.2. Individuals to be served through this Request for Proposals (RFP) are NorthSTAR enrolled or NorthSTAR eligible ages 18 years and above, who are in need of emergency psychiatric services, co-occurring disorder services and/or court ordered evaluation/treatment services and who present for such services within the NorthSTAR service area.
- 1.3. The systems of care to be procured under this RFP will include the following services, which must be provided directly by applicant or contracted for with existing provider(s):
 - Psychiatric Emergency Service (PES) (including crisis triage, assessment and counseling services, psychiatric evaluation and services, medical services including laboratory screening, physical health screening, initiation of detoxification, physician services, nursing services, medication and medication monitoring, and the development of a discharge plan)
 - 23-hour observation beds
 - Inpatient Acute beds for short-term stabilization
 - Court Ordered Evaluation and Treatment
 - Co-Location and/or coordination with Peer “living room” concept which is “a consumer/peer operated program” that provides for supportive services in a location conducive to supervision and brief respite for individuals awaiting further disposition determination such as admission to 23 hour observation, mediation assessment, or transportation back to an appropriate community option such as home or residential treatment
 - Co-Location and/or coordination with the Mobile Crisis Team, and a 24 hour out-patient clinic, whose primary function will be to work with the mobile crisis team to provide after-hours, non-emergent medication refills and crisis intervention. (co-location is preferable and highly desirable, but not essential)

- Coordination and cooperative working relationship with the Parkland Psychiatric Emergency Room
- Facilitate funding of and/or working with psychiatry residency programs, This may include the funding of Psychiatry Residency positions, and the appointment of staff physicians at the Front Door Evaluation Facility as faculty of the associated Medical School
- Co-Location and coordination with probate court
- Coordination with the Single Portal Authority (SPA) – Transicare for patient placement with the State Mental Health Facilities.
- Support services including but not limited to case coordination with out-patient and substance abuse providers, coordination with clinical and court liaisons as well as consumer and family education

2. Goal

2.1. The goals of this RFP include:

- improve the evaluation and triage of adult psychiatric patients who are served outside of the Parkland Hospital Emergency Room
- procure quality adult psychiatric and co-occurring PES care services
- improve the array, availability, accessibility, and utilization of psychiatric, and co-occurring PES care services to eligible individuals
- improve the quality of emergency care through the incorporation of existing or improved program standards for the services to be procured through this RFP
- ensure quality, consistency, and coordination of care for consumers utilizing the FDEF
- facilitate community-based treatment in the least restrictive environment which is in accordance with the recovery philosophy

3. Time Frame

3.1. Procurement and initiation of services under this RFP is as follows:

Action	Date
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ValueOptions NorthSTAR
Solicitation # FDEF200602
Released May 3, 2006

RFP Release Date	5/3/06
Intent Notice	5/10/06
Written Questions Due to ValueOptions	5/11/06
Response to Written Questions Emailed to all Offerors	5/23/06
Complete RFP Responses Due to ValueOptions	6/1/06
Finalists Chosen by ValueOptions	6/8/06
External Review Completed by Consumer, Advocacy Stakeholders and NTBHA Board Members	6/15/06
Award Date and Letter of Intent	6/16/06
Negotiation Completed	7/1/06
Final Contract Executed	7/7/06
Readiness Review	TBD
Contract Fully Implemented	TBD

4. Offeror Qualifications

- 4.1. Offerors must propose to deliver and or be responsible for oversight of all services described within the RFP.
- 4.2. Offerors and all providers who will deliver services under a contract resulting from this RFP must hold current Texas licenses in good standing for all services which they propose to provide, or must be able to obtain such licenses prior to service delivery.
- 4.3. Offerors and all providers who will deliver services under a contract resulting from this RFP must, prior to the initiation of services, be credentialed by *ValueOptions NorthSTAR* in accordance with the ValueOptions NorthSTAR Provider Manual.
- 4.4. Offerors must demonstrate their knowledge and experience in providing psychiatric and co-occurring Psychiatric Emergency Service to the identified population to be served under this RFP.
- 4.5. Offerors must explain how they will develop collaborative relationships with funding sources and collateral agencies.
- 4.6. Offerors must demonstrate their commitment to and an understanding of comprehensive, recovery focused, community-based behavioral health services to individuals of various racial, religious, and ethnic origins from all socio-economic backgrounds.
- 4.7. Offerors must demonstrate a plan to forge strong collaborative relationships with all community stakeholders including the Department of State Health Services, the seven (7) NorthSTAR counties, NTBHA, NorthSTAR NAMI

Chapters, MHA of Greater Dallas, Parkland Hospital, and the entities that comprise the local criminal justice system.

- 4.8. Must demonstrate their knowledge and experience in providing court ordered evaluations and treatment and collaborative relationships with community service providers, police, fire, local hospitals and emergency rooms.
 - 4.9. Offerors must demonstrate sufficient organizational capacity and infrastructure, history of successful service provision, and financial viability to successfully implement the services requested under this RFP.
 - 4.10. Offerors must be able to demonstrate their ability to collect, track, analyze, and report consumer, utilization, and financial data as required by *ValueOptions NorthSTAR*.
 - 4.11. Offerors must also demonstrate their ability to verify eligibility for Medicaid, Medicare and other health insurance prior to enrolling the patient into the NorthSTAR program. Additionally, offeror must assist patients with enrollment into Medicaid and Medicare should the patient qualify for that program.
 - 4.12. Offerors need to include co-location opportunity for probate court for involuntary commitment and hearings for medication orders.
5. Scope of work
- 5.1. Psychiatric Emergency Service (PES)
 - Offeror to provide Psychiatric Emergency Service(including crisis triage, assessment and counseling services, psychiatric evaluation and services, medical services including detoxification, physician services, nursing services, medication and medication monitoring, and the development of a discharge plan)
 - Psychiatric Emergency Service shall be operated twenty-four (24) hours per day seven (7) days per week, holidays included, and shall be staffed to acuity at all times by a physician, a registered nurse and other staff as required by licensure, credentialing, and program standards included in this RFP.
 - Psychiatric Emergency Service must include an emergency room treatment and evaluation service, 23-hour beds for extended outpatient observation and triage, acute beds for short-term stabilization, a minimum of 2 seclusion/restraint rooms, as well as appropriately furnished and equipped space for ambulatory assessment and observation at each location.

- 5.2. The offeror must be able to successfully initiate the court ordered evaluation process and provide court ordered treatment in each facility in accordance with Texas Revised Statute 36, Articles 4 and 5 and maintain separate areas for individuals being treated under involuntary status. Each facility must maintain a separate entrance for police and fire personnel and be able to secure law enforcement weapons.
- 5.3. Each facility must have protocols for and be able to initiate detoxification services as appropriate. Ongoing detoxification needs must be assessed using DEPARTMENT OF STATE HEALTH SERVICES criteria and then coordinated with the existing contracted medically monitored detoxification service provider.
- 5.4. The purpose of support services is to ensure adequate treatment and service coordination/case management for individuals accessing Psychiatric Emergency Service. The offeror must fulfill the role of Clinical Liaison for all individuals enrolled with *ValueOptions NorthSTAR* through the FDEF(s) as well as Non Medicaid individuals enrolled through the FDEF with the expectation of ongoing services through *ValueOptions NorthSTAR*. The focus of support services is to promote recovery and engage individuals in the recovery process to maximize the likelihood of follow-up treatment, family education and support, (personal assistance). Support services must include offering peer support services at each facility.
- 5.5. The offeror may propose to deliver additional outpatient support and rehabilitation services consistent with the goals of this RFP and with the recovery needs of the consumers served by the offeror.
- 5.6. FDEF staff must arrange and document follow-up appointments for consumers who are served by the FDEF as clinically indicated according to the VO and NorthSTAR Provider Manual.
- 5.7. The offeror must directly provide or through subcontractors provide all services necessary to operate each facility (for example: housekeeping, laundry, food). The offeror must submit an exhaustive list of such services and how such services will be secured/delivered.
- 5.8. Service facility to determine NorthSTAR eligibility, enrollment and placement here after to be referred to as FDEF.
- 5.9. Individuals to be served through this RFP are NorthSTAR Medicaid and non-Medicaid NorthSTAR eligible Indigent adults (age 18 and above) who are in need of Psychiatric Emergency Service or court ordered evaluation/treatment and who present for such services within the NorthSTAR Service Area.
- 5.10. People with psychiatric symptoms are to be treated with dignity and respect.

- 5.11. Consumers with serious mental illness must have a documented contact with the consumer's ValueOptions NorthSTAR clinical team prior to leaving the FDEF in order to facilitate discharge planning.
- 5.12. Offeror will submit all required reports to ValueOptions NorthSTAR. Reports include but are not limited to:
 - Admissions
 - Discharges
 - Referral Source
 - Disposition Report for all Level of Care
 - Patient movement reports (i.e. patient moved from 23hr obs to inpatient bed)
- 5.13. Offeror must ensure that all referrals to include but not limited to the police, fire, consumers and family members, receive immediate attention when they enter the lobby or designated emergency area at the FDEF.
- 5.14. Offeror's staff will follow *ValueOptions* authorization protocols and member notification protocols as described in the ValueOptions NorthSTAR Provider Handbook, and as outlined in provider contract.
- 5.15. Offeror will ensure that persons with developmental and physical disabilities have full access to all services at the FDEF.
- 5.16. All persons admitted will be triaged by an RN within 30 minutes of entrance to each facility.
- 5.17. All persons admitted will be seen by a physician within 60 minutes of entrance to each facility.
- 5.18. Offeror will accept persons who present needing detoxification services and coordinate appropriate additional services with NorthSTAR chemical dependency providers.
- 5.19. Offeror will ensure appropriate court ordered evaluations are conducted and have an adequate peer review process in place.
- 5.20. All medically necessary services are provided to consumers according to clinical necessity criteria.
- 5.21. All services planned or provided meet ValueOptions NorthSTAR medical necessity criteria.
- 5.22. Offeror will participate in Utilization Review activities as outlined by the provider manual and/or provider contract.

- 5.23. Offeror will have dedicated Utilization Review staff to facilitate preauthorization, concurrent review and discharge planning 24 hours a day, 7 days a week. All admissions to 23 hour Observation and inpatient level of care must be pre-authorized according to contract.
- 5.24. Offeror will assure that all requests for transfer to the FDEF as preauthorized by ValueOptions NorthSTAR are in accordance with the provider manual and provider contract.
- 5.25. Offeror must ensure that services are provided in the least restrictive environment that is clinically appropriate.
- 5.26. Discharges from intensive services are not delayed due to failure to provide adequate discharge planning.
- 5.27. Decisions regarding admission, or discharge from restrictive levels of care are made by appropriately trained staff within appropriate and/or mandated time frames and are supported by clinical documentation consistent with the NorthSTAR Medical Necessity Criteria.
- 5.28. The contract resulting from this RFP will require that services be provided in conformance with the following documents, which are incorporated into this RFP by reference. Offerors must describe how they will provide the necessary capacity and have in place adequate capacity management procedures to meet these standards:
 - Intergovernmental Agreement between Texas Department of State Health Services and ValueOptions NorthSTAR <http://www.dshs.state.tx.us/mhprograms/northstarhomepage.shtm>
 - Contract between *ValueOptions NorthSTAR* and the Texas Department of State Health Services . <http://www.dshs.state.tx.us/mhprograms/northstarhomepage.shtm>
 - Texas Department of State Health Services/ Office of Behavioral Health Licensure Standards
 - Texas Administrative Code to include, but not limited to, Title 25 Part 1 Chapter 411 Subchapters J, M and N also all of Title 25 Part 1 Chapters 404, 405, 409, 414, 415 and 448
 - ValueOptions (corporate) and NorthSTAR's Provider Manuals
 - 42 CFR

6. Special program requirements

- 6.1. Offerors must provide Psychiatric Emergency Service and the initiation of detoxification services 24 hours a day, 365 days a year. The FDEF will not

be on diversion at any time, unless approved in advance by *ValueOptions NorthSTAR*. Proposals must identify the number and type of staff members, by shift, who will be available to provide the services required under each facility's license. Staffing plan must include provisions for back up or PRN staff to ensure that availability of contracted services is not diminished by planned or unplanned staff absences.

- 6.2. Offerors must include with their proposal a written Capacity Management Plan that includes admission triage criteria and protocols for admission, utilization review, and discharge to ensure that program resources are utilized efficiently.
- 6.3. Offerors must describe how services will be accessible to physically disabled consumers and must describe their resources and plan for serving consumers with sight, hearing, or other physical disabilities.
- 6.4. Offerors must describe how a separate entrance will be maintained for fire/police personnel and how law enforcement officers' weapons will be secured.
- 6.5. Offerors must also describe how they will communicate with consumers who do not speak English.
- 6.6. Offerors must demonstrate the capacity to meet current *ValueOptions NorthSTAR* access-to-care standards and timeliness of service standards: consumer must be screened by RN within 30 minutes of arrival and seen by a doctor within 60 minutes.
- 6.7. Offerors must accept referrals and admit consumers 24 hours a day, 365 days a year. Priority must be given to referrals from the NorthSTAR service area Police and Fire Departments, and to consumers transported to each facility by the *ValueOptions NorthSTAR* Mobile Crisis Teams. If all beds are full, the offeror must triage cases based on acuity and must manage available resources according to an approved Capacity Management Plan.
- 6.8. All consumers utilizing the services purchased under a contract pursuant to this RFP must be enrolled in *ValueOptions NorthSTAR* by the Offeror, unless they are already enrolled. Eligibility must be verified by Offeror by calling 1-888-800-6792 or checking the valueoptions.com website at the time of admission.
- 6.9. Offerors must ensure that all referred consumers are screened for current and potential Medicare and Medicaid eligibility and must actively assist all potentially eligible consumers in initiating the appropriate application process prior to the consumer's departure from each facility. The NorthSTAR program is the payor of last resort. Therefore, the enrollment application should be completed as soon as the offeror determines that there is no other payor source.

- 6.10. Staff providing clinical assessment services must meet the requirements as outlined in the *ValueOptions NorthSTAR* Provider Manual. The assessment process must be performed in accordance with the ValueOptions NorthSTAR Provider Manual. Staff must receive ongoing training in the clinical evaluation of both substance abuse and other behavioral health disorders, and written assessments must provide evidence that co-occurring disorders have been identified and included in the consumer's treatment and discharge plans.
- 6.11. The assessment process must effectively identify consumers who meet criteria for medically monitored inpatient detoxification or other behavioral health services and must include referral and coordination of care protocols that enable these individuals to receive an appropriate level and intensity of post-discharge services within clinically appropriate time frames.
- 6.12. The Offeror must have protocols for the identification of adults requiring a determination of *Seriously Mentally Ill (SMI) eligibility* in accordance with the ValueOptions NorthSTAR Provider Manual.
- 6.13. Contracts resulting from this RFP will require that a written Service Plan be developed for all consumers who utilize the offeror's services. Service plans must meet all DEPARTMENT OF STATE HEALTH SERVICES and *ValueOptions NorthSTAR* standards for treatment plans and must include evidence of the involvement of the consumer and other appropriate parties in the development of the plan.
- 6.14. Contracts resulting from this RFP will require that the Offeror provide case coordination and medically necessary case management services to consumers both during the consumer's episode of care and until the consumer is either disenrolled from *ValueOptions NorthSTAR* or is formally transitioned to and initiates services with another *ValueOptions NorthSTAR* provider. Treatment must be coordinated with the assigned Clinical Liaison as outlined in the ValueOptions NorthSTAR Provider Manual. If the individual does not have a currently assigned Clinical Liaison, the offeror must fulfill the role as identified in this RFP and in accordance with the ValueOptions NorthSTAR Provider Manual.
- 6.15. Services must be provided in accordance with the DSHS/DEPARTMENT OF STATE HEALTH SERVICES Covered Services Guide.
- 6.16. Successful offerors must implement specific protocols to ensure that services are collaboratively planned and implemented with the input of key stakeholders, including local Fire and Police Departments, *ValueOptions NorthSTAR* crisis and substance abuse providers, ValueOptions NorthSTAR Direct Services Clinics, and other health and social service providers.
- 6.17. *ValueOptions NorthSTAR* will work with the successful offeror to develop collaboration and coordination protocols that include, at a minimum:

- Collaborative needs assessment and service-planning
 - Involvement of appropriate collateral parties in assessment and service-planning for shared consumers, with consumer consent
 - Implementation of regular communication and problem-solving mechanisms regarding service delivery and the care of shared consumers
 - Protocols for the notification and involvement of appropriate collateral providers in crises involving shared consumers
- 6.18. Successful offerors must work with *ValueOptions NorthSTAR* to develop collaborative protocols for the coordination of care for consumers who need and will accept ongoing behavioral health services upon discharge from the FDEF. Protocols must address the sharing of clinical information and coordination of treatment-planning and service delivery.
- 6.19. Transitions of consumers must be planned, implemented, and monitored to ensure continuity of care and the successful transfer of clinical responsibility among various components of the treatment system. The successful offeror must comply with state and *ValueOptions NorthSTAR* policies related to coordination of care, including:
- Policies regarding coordination with STAR Primary Care Physicians;
 - Department of State Health Services and *ValueOptions NorthSTAR* policies regarding inter-Local Mental Health Authority transfers
- 6.20. *ValueOptions NorthSTAR* policies regarding case management discharge planning, and follow-up.
- 6.21. Offerors must propose specific triage criteria and protocols related to consumers with concurrent medical issues, including withdrawal, especially as these relate to the coordination of emergency medical care and/or inpatient detoxification care while receiving services from the offeror. For consumers needing or receiving intensive case management, offerors must implement protocols for the coordination of case management and treatment services. These protocols must be consistent with the Coordination of Care Section of the *ValueOptions NorthSTAR* Provider Manual.
7. Specialized Services
- 7.1. Offerors must describe how they will provide appropriate services to consumers with special treatment or medical needs, including:

- Pregnancy or other non-life threatening medical conditions
- Evidence of poly-drug use
- Evidence of co-occurring substance abuse/chemical dependency and other behavioral health disorders
- Consumers with physical limitations
- Consumers with developmental disabilities
- Involuntary Treatment

7.2. Strategies should address, at a minimum, the following issues:

- Admission criteria and policies that promote the engagement and delivery of services to consumers with special and/or medical needs
- Staff expertise and means of accessing resources for specialized behavioral health assessments, evaluations, and treatment *in each of the above areas*
- Inclusion of collateral/referral agencies in the process of identifying consumers with special needs
- Compliance with DEPARTMENT OF STATE HEALTH SERVICES and *ValueOptions NorthSTAR* coordination of care policies and service planning guidelines for consumers with special clinical/service needs

8. Cultural Competence

8.1. Offerors must describe how they demonstrate cultural competency, and their plan to provide culturally competent services to consumers. Proposals must include, at a minimum:

- Demographic data describing the ethnicity of the offeror's current employees
- The current and planned number of clinicians and other program staff who have specialized language skills and cultural competence in serving consumers from minority cultures; must have a minimum of 15% bi-lingual (Spanish and English) staff
- Current and planned number of clinicians fluent in sign language
- Availability and accessibility of culturally-specific program services
- Staff recruitment and retention policies and procedures as they relate to issues of cultural competence
- Staff training and development plan which addresses the maintenance and enhancement of cultural competence among staff and provider agencies
- Needs assessment, program planning, customer satisfaction, and outcome studies that identify and address cultural competency issues

8.2. Plan to provide culturally competent services to consumers from other subcultures, including:

- Homeless, "street", and migrant subcultures
- Deaf/hearing impaired sub-culture
- Other alternative sub-cultures or lifestyles
- Members of other special populations with unique service needs, as defined by geographic, social, or socio-economic variables

9. Crisis Intervention Services

9.1. The *ValueOptions NorthSTAR* crisis system currently consists of the following components:

- 24-hour crisis telephone screening, assessment, and triage by *ValueOptions NorthSTAR*

- 24-hour mobile crisis intervention and limited transportation by Adapt Community Solutions
 - After Hours Mental Health Clinic by Adapt of Texas
 - Crisis/secure transportation provided by Transicare
 - Level 1 Medically Monitored Detoxification Services provided by Homeward Bound, and Ambulatory Detoxification Services Provided by Solace
 - Inpatient hospital services provided by multiple contracted hospitals (per NorthSTAR contract section 8.1.2 offeror must have at least 60 acute beds per day in conjunction with other NorthSTAR community hospitals)
 - Inpatient Services at State Mental Health facilities for extended stabilization
 - Child/Adolescent Psychiatric Emergency Service provided by Timberlawn Mental Health Services
 - 24 Hour response by the Assertive Community Treatment Teams
- 9.2. The crisis services listed above along with other outpatient services will continue to be purchased by *ValueOptions NorthSTAR* for the benefit of all enrolled consumers. Offerors responding to this RFP must demonstrate how they have implemented specific coordination protocols with the *ValueOptions NorthSTAR* crisis system or with similar service systems.
- 9.3. ValueOptions would also like offerors to make suggestions as to the improvement of the current model of service delivery for Psychiatric Urgent Care.
10. Offerors must adopt the ValueOptions NorthSTAR QM/UM plan. The offeror must implement protocols to monitor all aspects of the scope of work as outlined in this RFP. (Available upon request)
11. Performance Standards and Indicators
- 11.1. Access to Care Standards - successful offerors must monitor and ensure compliance with DEPARTMENT OF STATE HEALTH SERVICES and *ValueOptions NorthSTAR* access to care standards
- 11.2. Timely enrollment – upon identification that no other payor source exists for the consumer offeror must demonstrate how they will enroll consumers into the NorthSTAR program in a timely manner. All efforts will be made to obtain appropriate enrollment documentation upon stabilization of the consumer

- 11.3. Service value thresholds - the Offeror must document, through successfully adjudicated encounters in the *ValueOptions NorthSTAR* management information system, service value to enrolled assignees which is equal to or in excess of 100% of the *ValueOptions NorthSTAR* funds received through a contract pursuant to this RFP
- 11.4. Clinical Records Quality - clinical records must meet DEPARTMENT OF STATE HEALTH SERVICES and *ValueOptions NorthSTAR* standards, based on clinical chart audits conducted by the *ValueOptions NorthSTAR* audit teams
- 11.5. Customer Satisfaction - the offeror must have a mechanism for soliciting feedback on performance from local police and fire departments, service recipients, advocates, consumer organizations, family members, and other stakeholders. The offeror must have a plan to ensure appropriate community relations are maintained in the neighborhood of each facility
- 11.6. The Offeror must implement and incorporate into their performance improvement programs the results of customer satisfaction surveys which include consumer, family, funding source, and referral agency satisfaction components
12. The Offeror must ensure compliance with Department of State Health Services and *ValueOptions NorthSTAR* Coordination of Care Requirements, including the implementation of protocols described in this RFP. In addition, the Offeror must comply with DEPARTMENT OF STATE HEALTH SERVICES and *ValueOptions NorthSTAR* Provider Manual regarding coordination with STAR Primary Care Physicians.
13. The Offeror and subcontracted provider(s) must ensure the timely reporting of data, events and services as outlined in the *ValueOptions NorthSTAR* Provider manual.
14. The Offeror must ensure the timely submission of all contract deliverables as identified in the *ValueOptions NorthSTAR* Provider Manual and subsequent contract.
15. During the final contract negotiations with the offeror, *ValueOptions NorthSTAR* will specify treatment outcome indicators that are applicable to the populations covered by this RFP. Performance goals relative to these indicators will be established and monitored, and network performance on the indicators will be included in any performance-based incentive systems which *ValueOptions NorthSTAR* implements.
16. Cost and Pricing Data
 - 16.1. Cost and pricing data must be included with all proposals submitted under this RFP. *ValueOptions NorthSTAR* reserves the right to request

supplemental financial data in order to establish a fair price and reimbursement mechanism for the services to be procured.

16.2. include in the proposal both Fee for Service and Sub capitation rates.

17. Technical Assistance

17.1. Potential offerors may submit written questions or requests for clarification of the RFP. Requests must be limited to clarification of the contents or requirements of the RFP. Requests must be submitted to:

Robin Cunningham
1199 S. Beltline Road Suite 100
Coppell, TX 75019
Robin.cunningham@valueoptions.com

17.2. Requests must be received and logged in by *ValueOptions NorthSTAR* staff no later than 5:00 p.m. CST on May 11, 2006. *ValueOptions NorthSTAR* will e-mail written responses to all RFP respondents no later than May 23, 2006. Respondents will be defined as those organizations that submit the intent form by May 10, 2006.

18. Amendments to RFP

18.1. *ValueOptions NorthSTAR* reserves the right to amend this RFP at any time prior to the deadline for proposal submission. In the event that an amendment is published, *ValueOptions NorthSTAR* will e-mail a copy of the amendment to each individual who received a copy of the original RFP.

19. Submission and Preparation of Proposals

19.1. The original and fourteen (14) unbound copies of the completed proposal shall be labeled and submitted in a sealed envelope or box to:

Robin Cunningham
1199 S. Beltline Road Suite 100
Coppell, TX 75019

19.2. All proposals must be received and logged in by *ValueOptions NorthSTAR* staff no later than 5:00 pm CST, June 1 2006. Late proposals will not be accepted or considered.

19.3. No facsimile, telegraphic, or computer disk offers will be accepted. Any facsimile, telegraphic, computer disk, or email offer will be rejected.

19.4. The offer must be typed in 11 point size font or larger; single-spaced; single-sided; one inch (or greater) margins; all pages must be consecutively numbered. The name of the offeror must be included on each page of the proposal.

- 19.5. The person signing the offer must initial erasures or other modifications of the offer in ink. Modifications shall not be permitted after offers have been opened except as otherwise provided in applicable law.
- 19.6. The Letter of Assurance within the solicitation shall be submitted with the offer and must include an original signature by a person authorized to sign the offer. The signature shall signify the Offeror's intent to be bound by the offer and the terms of the solicitation. Failure to submit an original signature with the offer shall result in rejection of the offer.
- 19.7. The name, address, and telephone number of the individual who should be contacted for purposes of discussing each aspect of the Offeror's proposal shall be included.
- 19.8. The offeror must submit **one original and fourteen (14) copies of their proposal, unbound** (no staples, binders, notebooks, plastic covers; only clips are permitted).
20. Revisions of proposals are not permitted after they are submitted to *ValueOptions NorthSTAR*.
21. *ValueOptions NorthSTAR* reserves the right to conduct post-submission discussions with offerors who meet the minimum offeror qualifications. The purpose of such discussions is to clarify the offeror's proposal and to solicit a best and final offer for the services to be provided under the RFP.
22. The proposal review process will consist of two components:
- A technical review of each proposal to determine the presence of all required proposal components; and, for proposals that are deemed to be complete:
 - A multidisciplinary substantive review of each proposal by *ValueOptions NorthSTAR* staff and external reviewers
- 22.1. As part of the substantive review process, reviewers may request additional written information, may invite each offeror to orally present and respond to questions, and may elect to visit current service site/s of any offeror.
- 22.2. Proposals will be reviewed using the criteria contained within this RFP; however, *ValueOptions NorthSTAR* reserves the right to select any or all proposals, in whole or in part, without obligation to select either the lowest-priced or highest-scoring proposal. The proposal(s) selected will be chosen based on a determination by *ValueOptions NorthSTAR* that the proposal(s) can best achieve the goals and desired outcomes of this solicitation.

23. *ValueOptions NorthSTAR* reserves the right to withdraw this solicitation at any time. In the event that the solicitation is cancelled, all RFP recipients will receive written notice of the cancellation.
24. *ValueOptions NorthSTAR* reserves the right to accept any or all proposals, in whole or in part, which are submitted in response to this RFP. The decision to award a contract will be made by the Chief Executive Officer of *ValueOptions NorthSTAR* whose decision will be final and not subject to appeal.
25. Upon selection of one or more proposals, *ValueOptions NorthSTAR* will notify each offeror in writing of its decision to select or reject its proposal..
26. Assurances and Certifications
 - 26.1. In the event that a contract is awarded under this RFP, the successful offeror(s) shall be required to submit the following assurances and certifications prior to the award of a contract:
 - Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower-Tier Covered Transactions
 - Certification Regarding Environmental Tobacco Smoke
 - Assurance of Compliance with the Americans with Disabilities Act of 1990, P.L. 101-336
 - Assurance of Compliance with Title VI of the Civil Rights Act of 1964, as amended
 - Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973, as amended
 - Certificate of Insurance form(s)
 - Certification and Disclosure Regarding Lobbying
 - Request for Taxpayer Identification Number and Certification Form

27. Certificate of Insurance

- 27.1. The Offeror shall maintain, at its own expense and for the entire period that any agreement is in force as a result of this RFP, policies of professional liability and general liability insurance coverage. An actuarially sound program of self-insurance that has been approved in writing by *ValueOptions* may be used to satisfy the insurance requirements specified in this insurance coverage provision. If Offeror is licensed as an acute care hospital, it shall maintain

professional liability insurance coverage in an amount of not less than three million dollars (\$3,000,000) per occurrence and five million dollars (\$5,000,000) aggregate. Otherwise, Offeror shall maintain professional liability insurance coverage in an amount of not less than one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) aggregate. Such professional liability insurance shall insure Offeror for all claims for damages that arise in connection with the performance of Covered Services hereunder. Offeror shall give *ValueOptions* at least thirty (30) days' prior written notice of any change, termination or cancellation of insurance coverage required under this provision. If the insurance coverage is changed, Offeror shall provide *ValueOptions* with a revised face sheet reflecting such changes prior to their effective date. Offeror shall specifically authorize its insurance company to send *ValueOptions* a copy of the face sheet reflecting such changes prior to their effective date. Offeror shall specifically authorize its insurance company to send *ValueOptions* a copy of the face sheet for each annual renewal of offeror's professional liability insurance and shall ensure that *ValueOptions* receives such face sheet within ten (10) days of each annual renewal. If supplemental information regarding the policy is required, Offeror shall promptly provide *ValueOptions* such information upon the applicable party's request.

27.2. Claims-Made Policy - In the event that Facility maintains professional liability insurance on a "claims made" basis, Facility agrees to maintain such policy in effect, or maintain appropriate "tail coverage" for a period of three (3) years following any termination of this Agreement.

28. *ValueOptions NorthSTAR* will not reimburse the cost of developing, presenting, or otherwise responding to this solicitation.

29. Evaluation Criteria

29.1. The following criteria will be utilized in reviewing and evaluating proposals submitted in response to this RFP:

- Offeror demonstrates sufficient organizational capacity and infrastructure, history of successful service provision, and financial viability to successfully implement the clinical and administrative services requested under this RFP, including the ability to comply with ***ValueOptions NorthSTAR*** data submission requirements for enrollment, disenrollment, assessment, and claims.
- Offeror demonstrates responsiveness to the needs of its key stakeholders, including local governments, local police and fire departments, *ValueOptions NorthSTAR* or other primary funding sources, and individuals presenting for services.
- Offeror demonstrates knowledge of the needs and resources available to NorthSTAR consumers and has developed

collaborative relationships with other health, social service, and law enforcement agencies;

- Offeror's past history and current operations demonstrate a commitment to the goals of this RFP.
 - Offeror proposes a sound plan to provide all services identified in the Scope of Work and to meet Special Program Requirements as identified in Section I of the RFP, including:
 - Availability and accessibility
 - Principles of care
 - Integration of treatment and case management services
 - Interagency collaboration and coordination of care
 - Specialized services
 - Cultural competence
 - Crisis intervention services
 - Quality management plan
 - Customer Service
 - Offeror proposes a sound plan for the administration and oversight of the services in the Scope of Work, including fiscal management, IS/data management, contract management, and clinical/quality management (including referral/intake, utilization review/management, performance improvement, and monitoring of performance against identified performance indicators).
30. *ValueOptions NorthSTAR* will give preference to proposals that demonstrate the offeror's successful history of delivering services in The NorthSTAR Service Area and the offeror's ability to secure financial and other support from local government and other funding sources.
31. In order to be deemed complete, a proposal, in response to this RFP, must address the areas described above. Providers may also attach letters of recommendation from consumers or community activities.

APPENDICES

APPENDIX A

11. A.SUBMITTAL INFORMATION: SAMPLE LETTER OF ASSURANCE

The offeror's proposal must include a Letter of Assurance that is:

- Typed on agency/company letterhead;
- Signed by a person authorized to commit the offeror to the following assurances;
- Submitted with the offeror's proposal.

SAMPLE LETTER OF ASSURANCE														
If a contract is awarded, the (Legal Name of Offeror): _____														
1. Certifies that the price submitted was independently arrived at without collusion;														
2. Agrees to comply with <i>ValueOptions NorthSTAR</i> : <ul style="list-style-type: none"> • Monitoring activities; • Auditing activities; • Contract provisions; and • Requirements regarding lobbying and disclosure 														
3. Agrees to provide services as submitted in the Program Description;														
4. Submit, with the signed contract, a completed: <ul style="list-style-type: none"> • Certificate of Insurance form; • Certification and Disclosure Regarding Lobbying form; • Request for Taxpayer Identification Number and Certification Form W-9; • Assurance of Compliance with title VI of the Civil Rights Act of 1964, as amended; • Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973, as amended; • Certification and Disclosure Regarding Debarment, Suspension, Ineligibility and voluntary Exclusion – Lower Tier Covered Transactions; • Assurance of Compliance with the Americans with Disabilities Act of 1990; and • Certification Regarding Environmental Tobacco Smoke. 														
Offeror Contact Person: _____														
Title: _____ Telephone No. _____														
Organizational Structure (Select one): <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> County Agency</td> <td><input type="checkbox"/> Not-for-Profit Organization</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Indian Tribe</td> </tr> <tr> <td><input type="checkbox"/> For-profit Corporation</td> <td><input type="checkbox"/> Sole Proprietorship</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> Municipality</td> </tr> <tr> <td><input type="checkbox"/> State Agency</td> <td><input type="checkbox"/> Educational Institution/District</td> <td colspan="2"><input type="checkbox"/> Other (specify: _____)</td> </tr> </table>			<input type="checkbox"/> County Agency	<input type="checkbox"/> Not-for-Profit Organization	<input type="checkbox"/> Partnership	<input type="checkbox"/> Indian Tribe	<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Individual	<input type="checkbox"/> Municipality	<input type="checkbox"/> State Agency	<input type="checkbox"/> Educational Institution/District	<input type="checkbox"/> Other (specify: _____)	
<input type="checkbox"/> County Agency	<input type="checkbox"/> Not-for-Profit Organization	<input type="checkbox"/> Partnership	<input type="checkbox"/> Indian Tribe											
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Individual	<input type="checkbox"/> Municipality											
<input type="checkbox"/> State Agency	<input type="checkbox"/> Educational Institution/District	<input type="checkbox"/> Other (specify: _____)												
Person(s) authorized to sign a Contract and/or Contract Amendment on behalf of Offeror:														
_____ Name (Typed)	_____ Title	_____ Signature / Date												

APPENDIX B

PROPOSAL CHECKLIST

A complete proposal will consist of all of the following items. Offerors are encouraged to use this checklist to review their proposals for completeness prior to submission.

1. SUBMITTAL INFORMATION:

- Cover letter signed by a person authorized to bind the offeror
- Signed and dated Letter of Assurance (See Appendix A)

2. ORGANIZATIONAL INFORMATION: (Note: Maximum 5 pages, excluding Letters of Agreement and Licenses)

- Names and proposed relationships of Offeror and all other organizations which will provide services under a contract resulting from this RFP
- History/overview of offeror, including history and current provision of required services
- Description of offeror's current administrative infrastructure and functions, including MIS/data management, fiscal, and contract management of vendor agreements
- Description of past contract performance, including timely submission of contract deliverables, identification of corrective actions initiated by major funding sources, and past and current sanctions or restrictions on practice implemented by funding sources or regulatory or credentialing entities
- Description of offeror's current clinical/QM functions and oversight mechanisms, including referral/intake, utilization review and management, and performance improvement

3. CURRENT ENROLLMENT, SERVICE DELIVERY, AND SERVICE COORDINATION (Maximum 3 pages)

- Unduplicated number of consumers served July 1, 2004 through June 30, 2005;
- Number of behavioral health services by type provided July 1, 2004 through June 30, 2005;
- Identification of key stakeholders for current services and a description of specific coordination mechanisms for stakeholder and collateral agency involvement in planning and delivery of services

4. PLAN TO DELIVER REQUIRED SERVICES (Note: Maximum of 50 pages, plus attachments)

- Description of facilities, personnel, and technical resources to be committed to the implementation of a contract, if awarded.
- Detailed plan for the delivery and coordination of all services, including a description of how the offeror proposes to implement the program requirements in this RFP, including:
 - Availability and accessibility
 - Centralized referral/intake system
 - Principles of care
 - Integration of treatment and case management services
 - Interagency collaboration and coordination of care

- Specialized services
 - Cultural competence
 - Crisis intervention services
 - Customer Services
- Plan to provide administrative functions, including fiscal management, IS/data management (including centralized reporting of consumer and service data, interface with the VALUEOPTIONS NORTHSTAR IS system and contract management)
 - Plan to provide clinical/quality management and oversight, including referral/intake, utilization review/management, performance improvement, and monitoring of performance against identified performance indicators
 - Transition or service development plan, if necessary, for the implementation of all services required by this RFP.

5. BUSINESS COMPONENT

- Proposed revenue and expense budget for FY2005-2006 which identifies all prospective funding sources and program costs and which includes a budget narrative
- Two most recent Audited Financial Statements
- Description of current and recent historical data pertaining to state or federal government held liens due to failure to pay payroll tax liabilities
- Description of intended subcontractors including the financial reimbursement terms
- Plan to fund this program/service expansion including loans, advances, drawing upon reserves, etc
- Completed budget template and narrative
- Annual funding requested from ValueOptions NorthSTAR to deliver the services required by this RFP

6. ATTACHMENTS

- Letters of Agreement or other documents which define the legal and/or functional relationships between all entities involved in providing or managing the services
- Mission statement or other evidence of Offeror's guiding principles or philosophy of service delivery (maximum 3 pages)
- Current Financial Information
- Current fiscal year revenue and expense budgets of all parties which identifies all funding sources for services currently provided
- Independent audit reports for FY 2004-2005.
- Letters of Support: Offerors may submit a maximum of 8 letters of support which reflect community support for their current and/or proposed services.

7. SCORING

1. Section 1 – Organizational Background (Weight 10%)	Points Available – 76	Points Scored
a. Provide the name, address and phone number of all parent, corporate or affiliate companies.	3	
b. Please include the names, phone numbers, email	5	

addresses and resumes for your corporate and local management that will be accountable to ValueOptions for contracted services.		
c. Submit a list of all of your payer sources (i.e. managed care organization, government agencies, and grants, etc.)	5	
d. Submit four (4) references, supplying the following information for each:	5	
i. Contact Name		
ii. Company		
iii. Address		
iv. Phone number		
v. Type of service provided		
e. Describe your headquarters and local operations in terms of organizational structure, reporting structure and decision making structure.	5	
f. Please provide ValueOptions with evidence of liability insurance including (coverage, limits, carrier name, and effective dates of policies).	10	
g. Please provide a certified copy of your articles of incorporation.	8	
h. Please certify that your organization has not been excluded from participation in the Medicare Program or any state Medicaid Program.	10	
i. Please provide your Texas Provider Identifier and National Provider Identifier	5	
j. Offeror demonstrates responsiveness to the needs of its key stakeholders, including local governments, local police and fire departments, <i>ValueOptions NorthSTAR</i> or other primary funding sources, and individuals presenting for services.	10	
k. Offeror demonstrates sufficient organizational capacity and infrastructure,	10	

history of successful service provision, and financial viability to successfully implement the clinical and administrative services requested under this RFP, including the ability to comply with ValueOptions NorthSTAR data submission requirements for enrollment, disenrollment, assessment, and claims.		
2. Section 2 – Program Description Questions (Weight 50%)	Points Available - 149	
a. Describe in detail how you will operationalize all three components of a 24 hour 7 day per week Front Door Evaluation Facility (FDEF) system. Please provide a program description as well as specific policies and procedures you have in place that will guide this program.	10	
b. Describe in general your relationship with NorthSTAR community based providers and hospital based providers (i.e. Parkland Hospital). Detail how you intend to interface with other providers in assisting clients with discharge and follow-up care.	10	
c. Please provide a description of how your organization would interface with the court system.	10	
d. Please detail the staffing requirement and credentials of the staff you would hire to perform the FDEF services.	5	
e. Discuss how you would interface with ValueOptions on admission referrals.	10	
f. Describe what access standards would be implemented to assure that timely responses to all patients are guaranteed.	10	
g. Describe how your hospital	3	

interacted with ValueOptions Staff an will there be designated staff to respond to ValueOptions requests?		
h. Describe how services will be provided for the following ValueOptions enrollees:	10	
i. Non-English speaking		
ii. Hearing impaired		
iii. Visually impaired		
i. In accordance with managed care principles, ValueOptions has an expectation that our provider partners who perform inpatient services will work with us on placing clients into the most appropriate levels of care for our consumers.	10	
i. Please describe your definition of diversion and what your diversion rates are for your existing business.	10	
ii. Discuss how you would specifically monitor and measure diversion ratios	5	
iii. Describe how you measure timeframes for:		
1. Initial evaluation	5	
2. Evaluation by MD	5	
iv. Discuss how you will link with the referral sources or ValueOptions when you provide services to a consumer, and what is your process of communication will be to "close the loop" on referrals made.	10	
j. Describe how your organization will comply with Quality Management initiatives and programs that will include, but are not limited to adverse incident, appeals and complaint reporting.	8	

k. Please provide a draft marketing/promotion plan of how you would promote FDEF services.	8	
l. Please describe how your organization would have the capacity to coordinate with providers of related to peer support, pharmacy, mobile crisis, probate court, lab services, and Med Clinic.	10	
m. Please describe how your organization can facilitate working with a psychiatric residency program.	10	
3. Data Reporting (Weight 15 %)	Points Available 47	
a. Describe your reporting capabilities and attach a set of standard data reports you would use to track all activities.	10	
b. Describe your ability to submit encounter data to ValueOptions to allow our production of encounter data reporting to the Department of State Health Services.	10	
c. Describe the computer hardware and software used in the office that will serve the NorthSTAR account, including capacity, recent updates and system changes planned for the next 18 months.	9	
d. Describe your procedures to ensure the security and confidentiality of your systems and data?	10	
e. Please provide a copy of your business/disaster recovery plan.	8	
4. Implementation (Weight 10%)	Points Available 18	
a. Please provide a transition plan from the award date to include the date your organization could start offering 100% of the services detailed in this RFP, timeframes, work items and responsibilities.	10	
b. Please provide information regarding all key individuals who will be providing support	8	

during the implementation process. Include names, positions and qualifications.		
5. Pricing (Weight 15%)	Points Available 10	
a. Please provide your proposed rate structure for providing services described in this RFP.	10	
6. Grand Total (Weight = 100%)	Total Points 300	

APPENDIX C

ValueOptions NorthSTAR Provider Manual (www.valueoptions.com/northstar)

- A. NorthSTAR Acute Services Program Description and Level of Care Criteria
- B. Flow chart for prescreening of requests for transfer of un-enrolled persons to the Front Door Evaluation Facility

APPENDIX D

CRISIS SERVICES

NorthSTAR Psychiatric Emergency Service (PES):

This Program is a 24-hour facility with capacity to evaluate and treat psychiatric emergencies for both voluntary and involuntary clients. Provides intensive medical oversight, nursing care, medication support, assessment & reassessment, linkage and referral to ongoing mental health services; has general mental health services and case management with the capacity to treat patients for up to 23 hours to stabilize an acute crisis through the use of crisis intervention and acute medical management.

This service includes the programs of Level 1 (Urgent care - ER) and Level II (23 hour observation). Admission to PES is managed through a brief assessment / triage by a licensed clinician. All assessments which are determined to need clinic based services will be referred to the co-located 24 hour clinic.

Enrollment in the NorthSTAR program is subject to the NorthSTAR eligibility requirements which include financial eligibility and county of residence. Persons, who appear in crisis within the NorthSTAR area and who are financially eligible but do not live in the NorthSTAR area, can receive emergency services only.

Summary of PES ADMISSION CRITERIA:

1. In the NorthSTAR Area at the time of crisis, and
2. Experiencing one or more of the following:

Severe and debilitating loss of ability to perform activities of daily living due to impairment in judgment, poor impulse control or moderate impairment in cognitive perceptual abilities arising from:

- Acute psychiatric condition or dual disorder condition
- Acute exacerbation of chronic psychiatric condition
- Significant decrease in functioning in several activities of daily living as measured against baseline function over the preceding year.

Danger to self as evidenced by:

- Specific plan to harm self with high lethality, intent and means, and ambivalence in intention with desire to seek treatment, or
- Active suicidal ideation accompanied by rejection or lack of available social therapeutic support

Danger to others / property as evidenced by:

- Specific plan to take a severe, life threatening action with high lethality, intent and means; ambivalence in intention with desire to seek treatment; or

- Severe violent/homicidal ideation accompanied by a rejection or lack of available social/therapeutic support, and

A high risk for placing self or others at risk for significant harm through impulsive behavior or exercising poor judgment as evidenced by:

- A documented pattern of ongoing and recent impulsive behavior that puts self or others at risk, or
- Intoxication or withdrawal from drugs or alcohol leading to harm from resulting impulsive behavior or poor judgment.

Utilization Review Requirements:

Preauthorization is not required for Psychiatric Emergency Service, but is required for 23 hour observation services and inpatient services.

Psychiatric Emergency Care

This level of care offers evaluation and treatment services in a clinically staffed, psychiatrically supervised treatment environment. These programs are designed to provide a safe and secure environment for stabilization of acute symptoms that may or may not require a continued stay in an acute care facility. This program is appropriate for those who, as a result of a psychiatric disorder, pose an acute threat to themselves and/or others or who are unable to meet their own basic needs and role functions. The evaluation includes a comprehensive assessment and a treatment plan is developed to stabilize the individual and discharge to an alternate level of care or to make a determination to hospitalize.

The primary objective of this level of care is for prompt evaluation and/or stabilization of consumers presenting with acute psychiatric symptoms or distress. Before or at admission, a psychiatric assessment is conducted and a treatment plan developed. As a part of the planning, every effort should be made to involve the family (or legal guardian) in the process unless such involvement is contraindicated. The treatment plan should place emphasis on crisis intervention services necessary to stabilize and restore the consumer to a level of functioning that does not require hospitalization. Duration of services at this level of care may not exceed 23 hours, by which time stabilization and/or a determination of the appropriate level of care will be made, and facilitation of appropriate treatment and the treatment team will coordinate support linkages.

Criteria

Admission Criteria

All of the following are necessary for admission to this level of care:

1. Symptoms consistent with a DSM-IV (Axis I-II) diagnosis and likely to respond to therapeutic intervention.
2. Indications that the symptoms may stabilize and an alternative treatment may be referred to within a 23-hour period.
3. Presenting crisis cannot be safely evaluated or managed in a less restrictive setting.
4. The consumer / parent or legal guardian is willing to consent for treatment, or the consumer meets involuntary **evaluation** criteria (Apprehension by Peace Officer without a Warrant or Mental Illness)

	<p>Warrant).</p> <p>5. In addition to the above, at least one of the following must be present:</p> <ul style="list-style-type: none"> a) Loss of impulse control leading to life-threatening behavior and/or other psychiatric symptoms that require immediate stabilization in a psychiatric setting. b) Substance intoxication with suicidal/homicidal ideation. c) Command auditory/visual hallucinations or delusions leading to suicidal or homicidal intent. d) There is an indication of actual or potential danger to self as evidenced by serious suicidal intent or a recent attempt with continued intent as evidenced by the circumstances of the attempt, the consumer's statements, or intense feelings of hopelessness and helplessness. e) There is an indication of actual or potential danger to others as evidenced by a current threat and the means to seriously harm or kill someone as a result of their psychiatric illness. f) The consumer is experiencing a crisis demonstrated by an abrupt or substantial change in normal life functioning brought on by a specific cause, sudden event, and/or severe stressor. g) The consumer demonstrates a significant incapacitating or debilitating disturbance in mood and/or thought interfering with ADSL to the extent that immediate stabilization is required.
<p>Psychosocial, Occupational, and Cultural and Linguistic Factors</p>	<p>These factors, as detailed in the Introduction, may change the risk assessment and should be considered when making level of care decisions.</p>
<p>Exclusion Criteria</p>	<p>Any of the following criteria are sufficient for exclusion from this level of care:</p> <ul style="list-style-type: none"> 1. The consumer can be safely maintained and effectively treated at a less restrictive level of care. 2. Threat or assault toward others is not accompanied by a DSM-IV diagnosis. 3. Presence of any condition requiring acute medical or surgical care. 4. The primary problem is social, economic (i.e. housing, family conflict, etc.), or one of physical health without a concurrent major psychiatric episode meeting the criteria for this level of care, or admission is being used as an alternative to incarceration. 5. The consumer was transferred to the facility under an Order of Protective Custody or Court Ordered Commitment.

<p>Continuing Stay Criteria</p>	<p>There is no continued stay associated with Psychiatric Emergency services. Consumer must be transferred to a more/less intensive level of care.</p>
<p>Discharge Criteria</p>	<p>Any of the following criteria are sufficient for discharge from this level of care:</p> <ol style="list-style-type: none"> 1. Treatment plan goals and objectives have been substantially met. 2. The consumer no longer meets admission criteria or meets criteria for less/more restrictive level of care. 3. Length of stay at this level of care has surpassed the program's maximum 23-hour length of stay and a plan for continuation of services at another level of care has been established. 4. Consent for treatment is withdrawn and either it has been determined that involuntary inpatient treatment is inappropriate. 5. Support systems allowing the consumer to be maintained in a less restrictive treatment environment have been secured.

23-Hour Observation and Treatment / Hospital-based

This level of care offers observation/holding beds in a secure and protected, clinically staffed, psychiatrically supervised treatment environment. These programs are designed to provide a safe and secure environment for short-term stabilization of symptoms that may or may not require a continued stay in an acute care facility. This program is appropriate for those who, as a result of a psychiatric disorder, pose an acute and significant danger to themselves and/or others or who are unable to meet their own basic needs and role functions and **is unable to be stabilized in an emergency room or PES level of care**. During the observation/holding period, a comprehensive assessment is conducted and a treatment plan developed to stabilize the individual and discharge to an alternate level of care or to make a determination to hospitalize.

The primary objective of this level of care is for prompt evaluation and/or stabilization of consumers presenting with acute psychiatric symptoms or distress. Before or at admission, a psychiatric assessment is conducted and a treatment plan developed. As a part of the planning, every effort should be made to involve the family (or legal guardian) in the process unless such involvement is contraindicated. The treatment plan should place emphasis on crisis intervention services necessary to stabilize and restore the consumer to a level of functioning that does not require hospitalization. This level of care may also be used for a comprehensive assessment and to obtain clarification regarding previously incomplete patient information that may lead to a determination that the consumer requires a more intensive level of care. Duration of services at this level of care may not exceed 23 hours, by which time stabilization and/or a determination of the appropriate level of care will be made, and facilitation of appropriate treatment and the treatment team will coordinate support linkages.

Criteria

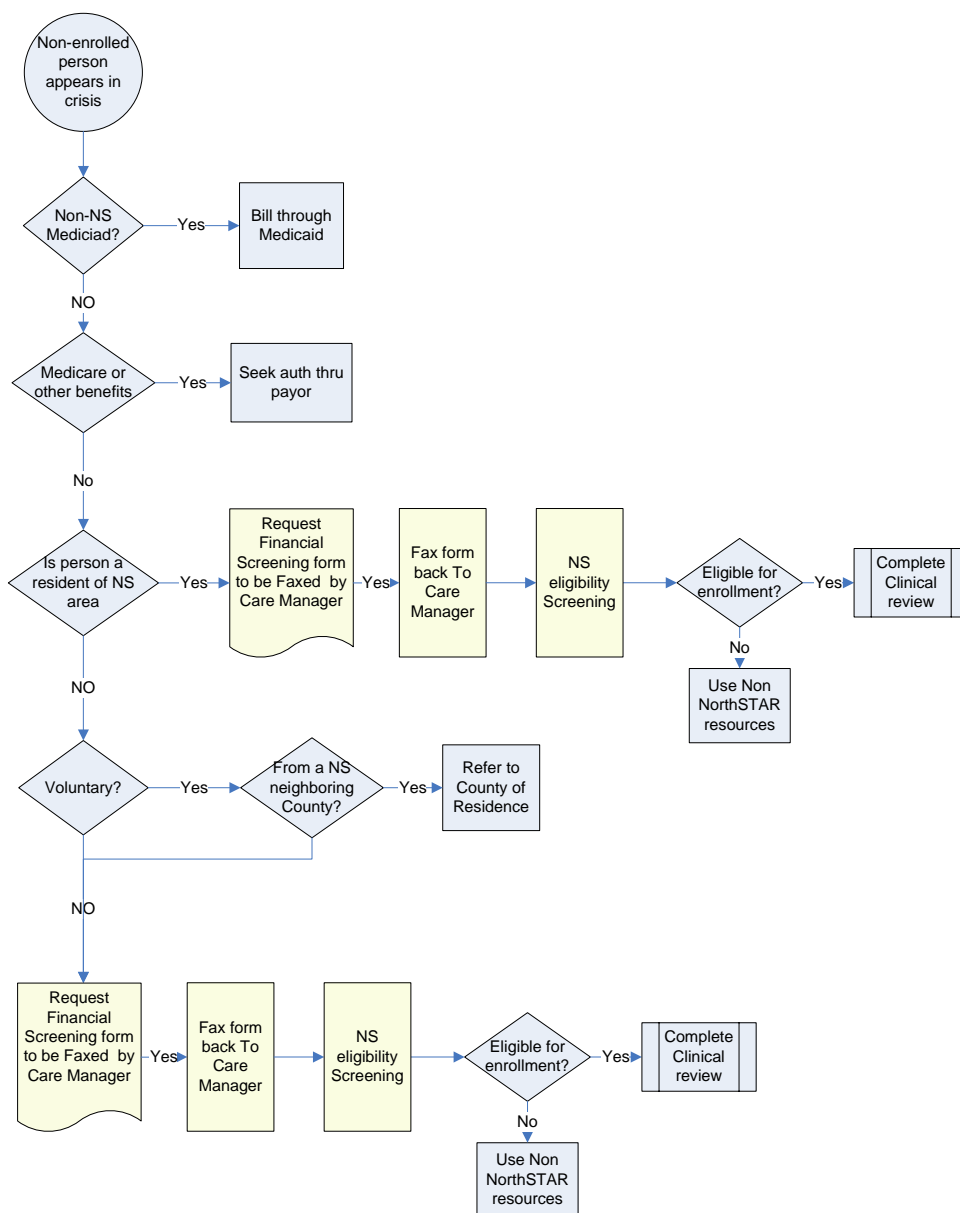
<p>Admission Criteria</p>	<p><i>All of the following are necessary for admission to this level of care:</i></p> <ul style="list-style-type: none"> • Symptoms consistent with a DSM-IV (Axis I-II) diagnosis and likely to respond to therapeutic intervention. • Indications that the symptoms may stabilize and an alternative treatment may be referred to within a 23-hour period. • Presenting crisis cannot be safely evaluated or managed in a less restrictive setting. • The consumer / parent or legal guardian is willing to sign in voluntarily, or the consumer meets involuntary commitment criteria. • In addition to the above, at least one of the following must be present: <ul style="list-style-type: none"> a) The consumer failed to be stabilized in an emergency room or urgent care level of care b) The consumer was transferred to the facility under an Order of Protective Custody or Court Ordered Commitment.
<p>Psychosocial, Occupational, and Cultural and Linguistic Factors</p>	<p>These factors, as detailed in the Introduction, may change the risk assessment and should be considered when making level of care decisions.</p>
<p>Exclusion Criteria</p>	<p>Any of the following criteria are sufficient for exclusion from this level of care:</p> <ol style="list-style-type: none"> 1. The consumer can be safely maintained and effectively treated at a less restrictive level of care including the Emergency Room or PES. 2. Threat or assault toward others is not accompanied by a DSM-IV diagnosis. 3. Presence of any condition requiring acute psychiatric inpatient, medical, or surgical care. 4. The primary problem is social, economic (i.e. housing, family conflict, etc.), or one of physical health without a concurrent major psychiatric episode meeting the criteria for this level of care, or admission is being used as an alternative to incarceration.
<p>Continuing Stay Criteria</p>	<p>There is no continued stay associated with 23-hour observation. Consumer must be transferred to a more/less intensive level of care.</p>
<p>Discharge Criteria</p>	<p>Any of the following criteria are sufficient for discharge from this level of care:</p> <ol style="list-style-type: none"> 1. Treatment plan goals and objectives have been substantially met. 2. The consumer no longer meets admission criteria or meets criteria for less/more restrictive level of care. 3. Length of stay at this level of care has surpassed the program's maximum 23-hour length of stay and a plan for continuation of services at another level of care has been established.

	<ol style="list-style-type: none">4. The consumer / family/guardian and/or custodian are competent and non-participatory in treatment or in following the program rules and regulations. The non-participation is of such a degree that treatment at this level of care is rendered ineffective or unsafe, despite multiple, documented attempts to address non-participation issues. In addition, either it has been determined that involuntary inpatient treatment is inappropriate, or a court has denied a request to issue an order for involuntary inpatient treatment.5. Consent for treatment is withdrawn and either it has been determined that involuntary inpatient treatment is inappropriate or the court has denied involuntary inpatient treatment.6. Support systems allowing the consumer to be maintained in a less restrictive treatment environment have been secured.
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APPENDIX E

NS AREA Facility Request for Non Member Transfer To Front Door for Enrollment & Services

Wednesday, March 01, 2006



APPENDIX F

NorthSTAR Crisis & Acute Services Programs

