

**State of Louisiana**  
**Department of Health & Hospitals**  
**Office of Behavioral Health**

**Request For Information (RFI)**  
**for**  
**Provision of Statewide Family Support Services**

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## Confidentiality

The designation of certain information as trade secrets and/or privileged, confidential, or proprietary information shall only apply to the technical portions of your response to this Request for Information. *Any response to this request marked as copyrighted or marked as privileged, confidential, or proprietary **in its entirety** shall be subject to rejection without further consideration or recourse* based on the professional opinions of Department of Health and Hospitals (DHH) legal staff.

Respondents should bear in mind that while trade secrets and other proprietary information submitted in conjunction with this RFI may not be subject to public disclosure, ***the submitting party must claim protections at the time of submission***. The following guidelines provide accurate instructions to mark adequately certain information as privileged, confidential, or proprietary.

- The respondent shall clearly designate the part of the response that contains a trade secret and/or privileged or confidential proprietary information as “confidential” in order to claim protection, if any, from disclosure. The respondent shall mark the cover sheet of the response with the following legend, specifying the section(s) of the response sought to be restricted in accordance with the conditions of the legend:

*“The data contained in pages \_\_\_\_\_ of this response have been submitted in confidence and contain trade secrets and/or privileged or confidential information, and such data shall only be disclosed for evaluation purposes. This restriction does not limit the State of Louisiana’s right to use or disclose data obtained from any source, including the proposer, without restrictions.”*

- Further, to protect such data, respondents should identify and mark each page containing such data as “CONFIDENTIAL.” A watermark or footnote delineating each page containing such data as “confidential” shall satisfy this requirement.

Respondents must be prepared to defend the reasons why material should be held confidential. If another respondent or entity seeks to review copies of a respondent’s confidential data, DHH shall notify the owner of the asserted data of the request. If the owner of the asserted data does not want the information disclosed, it must take legal action as necessary to restrain DHH from releasing information DHH believes to be public record. If the response contains confidential information, the respondent should submit a redacted copy of the response. Without the submission of a redacted copy, DHH may consider the entire response to be public record. When submitting the redacted copy, it should be clearly marked on the cover as a “REDACTED COPY.” The redacted copy should also state which sections or information have been removed.

## **Introduction**

### **About the Office of Behavioral Health**

#### ***Mission***

The Office of Behavioral Health's (OBH) mission is to lead the effort to build and provide a comprehensive, integrated, person-centered system of behavioral health prevention and treatment services that promote recovery and resilience for all citizens of Louisiana. OBH assures public behavioral health services are accessible, impactful, culturally and clinically competent and are delivered in partnership with all stakeholders.

#### ***Vision***

As a leader in the health care field, OBH will assure excellence in the provision of behavioral health services by overseeing the state wide operations of the Louisiana Behavioral Health Partnership (LBHP) and by supporting a safety net of services not in the scope of LBHP.

### **About the Coordinated System of Care (CSoC)**

As early as 1986, the system of care approach has been encouraged as a means to effectively structure services and supports for children with significant behavioral health challenges and their families. Systems of care exist in accordance with a core set of values that ensure that family and youth voice is actively integrated at all levels (service delivery, policy development and decision-making), that services are individualized and culturally competent, and that whenever possible youth receive the services and supports they need in their homes and communities. A national evaluation of Systems of Care has found that enrolled youth spend more time in school, have improved grades, exhibit reductions in disciplinary problems, have fewer arrests, achieve improved emotional health including fewer suicide attempts, and demonstrate reduced use of inpatient and residential care.<sup>1</sup>

Louisiana's Coordinated System of Care (CSoC) is the state's effort to bring this philosophy and approach to Louisiana to ensure that young people with significant behavioral health challenges in or at risk of out-of-home placement are able to receive the supports and services they need to be successful. The CSoC is an initiative of Governor Bobby Jindal that brings together the Department of Children & Family Services (DCFS), the Department of Education (DOE), the Department of Health & Hospitals (DHH), the Office of Juvenile Justice (OJJ), the Governor's Office, family, youth and advocate representatives to create and oversee a service delivery system that is better integrated, has enhanced service offerings and achieves improved outcomes. The CSoC is overseen by a State Governance Board comprised of representatives from these key stakeholder groups and is guided by a Statewide Coordinating Council that represents a wider range of partners including families and youth who are responsible for formulating and establishing policy that guides the efforts

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<sup>1</sup> US Department of Health & Human Services. (2008). Helping Youth Thrive in the Community. Children's Mental Health Awareness Day May 8, 2008.

of the implementing agency, the Department of Health and Hospitals-Office of Behavioral Health (DHH-OBH).

The CSoC, and the broader Louisiana Behavioral Health Partnership (LBHP) creates a single point of entry to access services for children who have complex behavioral health needs who are either in or at risk of out-of-home placement (e.g. foster homes, group homes, juvenile detention facilities, residential treatment centers). These children are often involved with many state agencies. CSoC brings all of these agencies' efforts together into one coordinated network to offer the right services at the right time at the right level of intensity.

Louisiana's CSoC serves children and youth under age 22 that have significant behavioral health challenges or co-occurring disorders that are in or at imminent risk of out of home placement as defined as: addiction facilities, alternative schools, detention, developmental disabilities facilities, foster care, homeless as identified by DOE, psychiatric hospitals, residential treatment facilities, and secure care facilities.

The goals of the CSoC include:

- To improve the overall outcomes for children with significant behavioral health challenges or co-occurring disorders;
- To reduce the number of children and youth in detention and residential settings; and
- To reduce the state's cost of providing services by leveraging Medicaid and other funding sources.

### **Statement of Need**

Support for and by family members within the system of care has emerged as a core strategy for improving children's behavioral health. The system of care approach has fundamentally changed the relationships that families of children and youth involved in child-serving systems have with those agencies. Increasingly, collaboration and partnership between families and service providers have been recognized as the threads that link successful programs, policies, and practices. The development of youth involvement in systems of care closely follows the growth and acceptance of family peer-to-peer support and the broader family empowerment movement, as well as the growth of consumer-provided services.

The role of the Family Support Organization (FSO) in the CSoC is to provide support, education and advocacy for children/youth with significant emotional and behavioral health challenges and their families. The FSO provides intensive face-to-face support to families and caregivers at the time and place that is most convenient for the family. The FSO staff members may attend Child and Family Team (CFT) meetings, Individual Education Plan (IEP) meetings and other pertinent meetings regarding the child and family. Education, skill development and training may be provided in either an individual and/or group setting. FSO

staff serve as advocates in many forums. FSO staff advocate for families' needs while encouraging them to advocate for themselves. FSO staff empower parents and caregivers to take control of their lives by building on their strengths and providing support where needed.

To enhance advocacy for families and youth, the FSO incorporates both Parent Support Specialists and Youth Support Specialists. Parent Support Specialists are parents or guardians whose children have experienced challenges and successes similar to the families they serve. Youth Support Specialists are young people who have experienced and successfully weathered similar challenges as the youth they serve.

At the inception of CSoC, a separate FSO provider served each implementing region. Based on experience and feedback to date, DHH-OBH is now seeking one provider for statewide implementation of the following: 1) coordination of direct peer-to-peer support to children/youth with significant emotional and behavioral health challenges enrolled in CSoC and their family members and caregivers; 2) individual and group educational sessions for these families and youth; 3) professional development and coaching of family and youth support staff; 4) billing for family and youth support services; 5) data collection and reporting; 6) participation in the Statewide Coordinating Council; and 7) advancing family/youth voice throughout the system of care.

### **Purpose of the RFI**

DHH-OBH issues this Request for Information (RFI) with the intent to determine the interest and capabilities of provider organizations or groups to provide the following:

1. Statewide coordination of direct peer-to-peer support to children/youth with significant emotional and behavioral health challenges enrolled in CSoC and their family members and caregivers;
2. Individual and group educational sessions for these families and youth;
3. Professional development and coaching of family and youth support staff;
4. Billing for family and youth support services;
5. Data collection and reporting;
6. Participation in the Statewide Coordinating Council; and
7. Advancement of family/youth voice throughout the system of care.

This document describes the basic components of the current system and requests information regarding a provider's thoughts, interest and ability to meet the Louisiana certification/credentialing requirements, as well as, the expectations of OBH. The RFI shall be used to select one provider to serve as the FSO who will transition and continue to serve families currently enrolled with existing FSOs and accept new FSO referrals. A Request for Proposals (RFP) is not required for this solicitation.

OBH's goal is to provide comprehensive and effective services for the populations indicated above.

## **Scope**

The role of the Family Support Organization (FSO) is at the heart of the system of care. With family members as full partners working within the system of care, the Louisiana CSoC hopes to stimulate behavioral change across the system and support development of family driven and youth guided policies and procedures within the provider agencies and among community partners. In Louisiana's CSoC, family involvement, support and development at the regional level shall be structured through regionally-based FSO staff and Community Teams. The FSO staff shall participate in the wraparound planning process and provide support, skill development and education to families being served by the CSoC. The FSO shall help to lead regionally-based CSoC activities including outreach and training and actively participate in each region's Community Team. The FSO staff is expected to serve as ambassadors of the CSoC message and associated values in all forums at the state and regional levels. The FSO shall hire staff that are diverse and reflective of the community and include both: youth with significant emotional/behavioral health challenges or co-occurring disorders who have been involved with public child-serving systems, and family members of such youth.

The statewide FSO shall have the capacity to serve up to 1,200 youth and their families across five (5) CSoC regions, initially. At current these regions include Act 1225 Regions 1 (Orleans/Jefferson area), 2 (Capital area), 7 (Alexandria area), 8 (Shreveport area) and 9 (Monroe area). At full implementation, the statewide FSO shall have a staffing structure that supports service delivery to up to 2,400 youth and families statewide across all nine (9) Act 1225/CSoC regions.

The scope of work indicated by this RFI is to:

- Establish statewide capacity to deliver Family and Youth Support services;
- Provide and build capacity for Parent Support and Training Specialists and Youth Support and Training Specialists;
- Ensure FSO staff participation in the child and family team process for youth involved in FSO services;
- Provide direct youth and family support, including psycho-education services to families and youth as providers enrolled in the SMO network under the State's Medicaid 1915(b)(3) and 1915(c) CSoC SED waivers and in coordination with the broader provider network's delivery of service;
- Participate in quality assurance and outcomes management/monitoring at local and state levels;
- Participate in planning, policy making and system oversight at local and state levels;

- Attend meetings of the State Governance Body (SGB) of the CSoC;
- Participate in the State Coordinating Council (SCC);
- Establish a Board of Directors with a minimum of 60% consumer representation;
- Advance the CSoC philosophy across the state and regions; and
- Ensure participation of regionally-based staff in regional Community Teams.

***FSO Requirements:***

This section describes general requirements that apply to the statewide FSO. The organization or group that seeks to fill this role must understand and agree to comply fully with the requirements of this section.

**A. Service Provision**

The statewide FSO shall be the agency that provides: 1) Parent Support and Training, and 2) Youth Support and Training for children/youth enrolled in CSoC. Services shall be delivered face-to-face with the majority occurring in community locations. Services may be provided on an individual basis or in a group setting.

Parent support and training is designed to benefit children/youth experiencing a serious emotional disturbance (SED) that are enrolled in the CSoC and are in or at risk of out-of-home placement. This service provides the training and support necessary to ensure engagement and active participation of the family in the child and family team planning process and with the ongoing implementation and reinforcement of skills learned throughout this process. The specialist may attend meetings with the family and assist family members to effectively contribute to planning and accessing services, including assistance with removing barriers. The specialist assists in describing the program model and providing information, as needed, to assist the family. Support and training is provided to family members to increase their ability to provide a safe and supportive environment in the home and community for the child/youth.

Youth support and training services are child-/youth-centered services that provide the training and support necessary to ensure engagement and active participation of the youth in the child and family team planning process and with the ongoing implementation and reinforcement of skills learned throughout the process. Services shall have a recovery focus that is designed to promote the skills necessary for both coping with and managing psychiatric symptoms while facilitating the utilization of natural resources and the enhancement of community living skills. Activities included must be intended to achieve the identified goals or objectives as established by the child and family team. The services and activities shall be structured and scheduled, and emphasize the opportunity for youth to support other children and youth in the restoration and expansion of the skills and strategies necessary to move forward in recovery.

The full descriptions of the services may be found in the service definition manual:  
<http://new.dhh.louisiana.gov/assets/docs/BehavioralHealth/LBHP/LBHPsvcsManv7.pdf>.

## **B. Compliance with State and Federal Requirements**

The statewide FSO will be financed using a concurrent Medicaid managed care 1915(b)(3) and home and community based 1915(c) waiver authority. The statewide FSO will be subject to DHH and Center for Medicaid and Medicare Services (CMS) regulatory requirements and will provide services that are Medicaid reimbursable. These requirements entail a professional working knowledge of the Medicaid rules and regulations and expertise in Medicaid billing and coding.

This approach is pending final approval from CMS. As such, the FSO shall engage in programmatic/procedural adjustments from what is detailed in this RFI, as required by CMS and DHH.

Links to the waiver documents may be accessed at:  
<http://new.dhh.louisiana.gov/index.cfm/page/538>

## **C. FSO Provider Agency Certification and Credentialing Requirements**

In order to provide family support, the statewide FSO shall be 1) certified by OBH; 2) credentialed by the SMO and 3) contracted by the SMO. SMO-contracted providers are required to maintain active OBH Certification for their provider type and specialty at each service location. To obtain and maintain certification by OBH/CSOC, all FSO staff must complete the required training as described below under "FSO Staffing Requirements." OBH shall provide or ensure access to the mandated training, as necessary, and establish a timeline and process by which OBH shall certify the FSO.

The statewide FSO shall maintain the necessary documentation or proof that individual FSO staff members have completed the required training. The statewide FSO shall be able to provide evidence of this certification to both OBH and the SMO. Once credentialed by the SMO, the use of Medicaid reimbursement to support FSO delivery under the waiver shall be allowed, subject to the limitations defined in the service definition manual and any future modifications from CMS.

The current credentialing and certification procedures are documented in the Magellan Provider Handbook Supplement for LBHP, available at:  
[http://www.magellanoflouisiana.com/media/133862/louisiana\\_provider\\_handbook\\_supplement.pdf](http://www.magellanoflouisiana.com/media/133862/louisiana_provider_handbook_supplement.pdf)

## **D. FSO Staffing Requirements**

Initial staffing for the statewide FSO shall have the capacity to serve up to 1,200 youth and their families across five (5) CSoC regions. At full implementation of the CSoC, the statewide FSO shall have a staffing structure to support service delivery for up to 2,400 youth and families across all nine (9) CSoC regions. The required staffing ratio for parent support or youth peer support is 1 FTE staff (may include part-time staff) to 20 families. It is anticipated that many of the positions providing direct service will include part-time staff.

Each FSO staff member shall complete an OBH-approved training program, which is generally a 12 month process, within 24 months of his or her initial date of hire. Over the course of this process applicants shall meet certain requirements. Each staff member shall participate in approximately ten days of formal training to include: 1) Overview of Family Support; 2) Wraparound Facilitation Core Training (3 days); 3) Engagement Training; and, 4) Advanced Family Support Training. In addition, all staff members are required to receive Coaching/Mentoring by their supervisor. Coaching/mentor training for supervisors is anticipated to include approximately sixteen (16) hours per month over a one year period. Training activity documentation shall include the frequency and type of activity as outlined in the current LBHP Service Definition Manual.

In order to maintain FSO certification and to ensure compliance with DHH and CMS standards, FSO staff must participate in OBH required training. All FSO staff must pass criminal background checks including fingerprinting by the State Police, sexual abuse registry clearance, child abuse and neglect disclosure, and motor vehicle screen. The statewide FSO must also ensure that staff is provided with ongoing professional development to support and maintain skills development. At a minimum, all staff shall participated in and successfully complete continuing education in confidentiality requirements, Health Insurance Portability and Accountability Act of 1996 (HIPAA) requirements, and mandated reporting.

Each Respondent must ensure that the following functions are covered by staff with the requisite experience and education:

- ◆ **Executive Director/Program Director:** This role is responsible for designing, developing and implementing strategic plans for the FSO in a cost-effective and time-efficient manner. The role shall be responsible for the day-to-day operation of the FSO, including managing committees and staff and developing business plans in collaboration with the board. The person performing this function shall demonstrate: success in resolving children's issues within the system; commitment to participating in on-going training, organizational development and capacity building of the CSoC; advanced knowledge of successful practices in delivering services to children or youth with significant emotional/behavioral health challenges or co-occurring disorders who have been involved with public child-serving systems; and extensive experience leading business-related

functions (including, but not limited to, budgeting and fiscal management, human resources, board management, public relations, and quality assurance). The person in this role shall have no familial, financial or supervisory relationship with elected or appointed state government officials or staff overseeing activities that are part of the system of care. This role shall be filled by a person with a High School diploma or equivalent, with an Associate's or higher level degree preferred.

- ◆ Business Manager/Information Technology Support: oversees the business and IT functions necessary for a successful statewide FSO including billing and reporting (experience with medical billing and coding). These functions shall be filled by persons with at least a Bachelor's-level degree in business administration, accounting, finance, IT, or related field, with two years professional experience or an equivalent combination of education and experience.
- ◆ Youth Support Specialists shall provide peer support services that are child/youth centered with a rehabilitation and recovery focus designed to promote skills for coping with and managing psychiatric symptoms while facilitating the utilization of natural resources and the enhancement of community living skills. The specialist serves as a member of the CFT and assists in describing the program model and providing information as needed to assist the family. The person fulfilling this role must be at least 18 years of age; possess a High School Diploma or equivalent or be currently-seeking diploma; and self-identify as a present or former child recipient of behavioral health services.
- ◆ Parent Support Specialists shall provide the parent training and supports necessary to increase the parent's ability to provide a safe and supportive environment in the home and community for the child or youth enrolled in the CSoC. The specialists provide the support necessary to ensure engagement and active participation of the family in the care planning process and with the ongoing implementation and reinforcement of skills learned. The specialist serves as a member of the CFT and assists in describing the program model and providing information as needed to assist the family. Staff in this role must be 21 years of age, possess a High School diploma or equivalent; and have a minimum of 2 years of experience living or working with a child with serious emotional disturbance or be equivalently qualified by education in the human services field or a combination of life/work experience and education with one year of education substituting for one year of experience. Preference is given to parents or caregivers of children with significant emotional/behavioral health challenges.
- ◆ Parent Support Supervisor(s) and Youth Support Supervisor(s) shall serve as direct supervisors and coaches of Parent Support Specialists and Youth Support Specialists, respectively. These personnel shall provide staff training and daily direction to subordinates, reviews pertinent documentation, attend Child and Family Team (CFT)

meetings and IEP meetings, as well as conduct individual sessions with staff and enrolled children/youth and their families in order to assess and provide guidance to staff members. These roles shall be filled by persons with a Bachelor’s-level degree in a human services field or Bachelor’s-level degree in any field with a minimum of two years of full-time experience working in relevant family, children/youth or community service capacity. Relevant alternative experience may substitute for the Bachelor’s-level degree requirement in individual cases subject to approval by OBH. If this role is filled by a Licensed Mental Health Professional (LMHP), the LMHP role (below) is not required.

- ◆ Any LMHP employed or contracted by the statewide FSO shall provide, and demonstrate the ability to provide, support and/or consultation and advice on activities of the Parent and Youth Support Specialists. The LMHP may serve in the supervisory role and have sufficient experience in working in relevant family, children/youth or community service capacity. Such a person must have: at least a Masters-level degree in an appropriate field; experience working in relevant family, children/youth or community service capacity is desirable; and a current unencumbered license in their area of practice in the State of Louisiana to diagnose and treat mental illness or substance abuse, acting within the scope of all applicable State laws and their professional license.

**E. FSO Activities**

Initial FSO activities shall focus on transition of children/youth and their families currently receiving Parent Support and Training (PST) and/or Youth Support and Training (YST) to the statewide FSO. The following chart outlines the anticipated transition process.

<b>Statewide FSO Transition Activities</b>	
Week 1	<ul style="list-style-type: none"> <li>• Confer with existing FSOs on staffing recommendations.</li> <li>• SMO provides full list of youth/families currently receiving FSO services to WAAs. WAAs forward list to statewide FSO with wraparound facilitator and PST/YST assignments noted.</li> <li>• Begin efforts to recruit new FSO staff, as needed, in regions with obvious need.</li> <li>• Begin credentialing/certification processes, as required by SMO and DHH, and provider onboarding with SMO.</li> </ul>
Week 2	<ul style="list-style-type: none"> <li>• Make decisions on FSO staffing and begin transition process.</li> <li>• Work with WAA and existing FSO to determine messaging to families/youth currently receiving PST/YST.</li> <li>• Continue credentialing/certification processes, as required by SMO and DHH, and provider onboarding with SMO.</li> </ul>
Weeks 2 and 3	<ul style="list-style-type: none"> <li>• Begin onboarding of new FSO staff (new hires)</li> <li>• Begin transition messaging to families currently receiving PST/YST</li> <li>• Conduct meetings between wraparound facilitators and FSO staff to review POC and other relevant information.</li> </ul>

<b>Statewide FSO Transition Activities</b>	
	<ul style="list-style-type: none"> <li>• Continue credentialing/certification processes, as required by SMO and DHH, and provider onboarding with SMO.</li> </ul>
Weeks 3 and 4	<ul style="list-style-type: none"> <li>• Complete credentialing/certification processes, as required by SMO and DHH, and provider onboarding with SMO.</li> <li>• Begin offering PST/YST to families currently receiving services</li> <li>• Begin receiving new referrals from WAA/SMO.</li> <li>• Continue FSO staff onboarding, consistent with current needs, referrals, and projected needs, across each implementing region.</li> </ul>

For new referrals, the initial CSoC referral shall be made by the SMO to the Wraparound Agency (WAA). The WAA shall ensure the completion of a comprehensive assessment to verify eligibility, complete enrollment documents and begin the planning process. A referral may be made to the FSO whenever indicated. The flowcharts herein delineate the proposed CSoC referral and enrollment and FSO referral processes that shall be effective upon CMS approval.

The following table provides a high-level summary of the responsibilities of the WAA and FSO.

<b>Responsibilities</b>	
<b>WAA</b>	<b>FSO</b>
<ul style="list-style-type: none"> <li>• Receive referral from SMO</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure appropriate screening, hiring, training processes are in place for each FSO staff person</li> </ul>
<ul style="list-style-type: none"> <li>• Make initial contact with family</li> </ul>	<ul style="list-style-type: none"> <li>• Develop cadre of PST and YST staff in each region</li> </ul>
<ul style="list-style-type: none"> <li>• Conduct comprehensive assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Establish a centralized intake process for all requests for FSO services</li> </ul>
<ul style="list-style-type: none"> <li>• Identify Child and Family Team members</li> </ul>	<ul style="list-style-type: none"> <li>• Receive referrals for FSO services (PST/YST) from the SMO or WAA when immediate and routine needs are identified</li> </ul>
<ul style="list-style-type: none"> <li>• Convene and facilitate Child and Family teams</li> </ul>	<ul style="list-style-type: none"> <li>• Attend Child and Family Team meetings for those youth/families receiving FSO services</li> </ul>
<ul style="list-style-type: none"> <li>• Document needs and service requests in the Plan of Care</li> </ul>	<ul style="list-style-type: none"> <li>• Provide PST/YST services in accordance with family's POC</li> </ul>
<ul style="list-style-type: none"> <li>• Communicate specific FSO services needs with centralized intake at the FSO</li> </ul>	<ul style="list-style-type: none"> <li>• Participate in the Statewide Coordinating Council</li> </ul>
<ul style="list-style-type: none"> <li>• Actively partner with FSO and the family to identify and select PST and</li> </ul>	<ul style="list-style-type: none"> <li>• Develop active partnerships and effective working relationships with all</li> </ul>

YST providers for the family	WAA staff
<ul style="list-style-type: none"> <li>Actively partner with State and regionally-based FSO staff to promote the values of CSoC and the value of FSO services</li> </ul>	<ul style="list-style-type: none"> <li>Actively partner with State and regionally-based WAA staff to promote the values of CSoC and the value of WAA services</li> </ul>
<ul style="list-style-type: none"> <li>Participate in the CSoC regional leadership groups including the Community Team</li> </ul>	<ul style="list-style-type: none"> <li>Participate in the CSoC regional leadership groups including the Community Team</li> </ul>

**F. Reimbursement**

The Statewide FSO shall submit an invoice to the SMO for authorized services provided to children/youth or families enrolled in the CSoC. There is a limit of 750 maximum allowable hours for YST per child per calendar year. Only services provided on a face to face basis shall be considered for reimbursement. Time spent in coordination activities is not billable time; however, there is a factor for coordination built into the rates. Services may be invoiced in 15 minute increments. The proposed new rates are \$12.91 per unit/\$51.64 per hour for individual services and \$3.23 per unit/\$12.92 per hour in a group setting. These rates are currently under review, pending CMS approval, and may be subject to change during the transition to a statewide FSO.

Reimbursement may be available to support those costs incurred and as necessary to effectively develop and facilitate transition plans for youth and families currently being served and for training-related expenses.

**G. IT and Other Administrative Requirements**

The SMO shall define the data system and other system administrative standards with which the FSO must be able to comply and coordinate, as required. The FSO shall comply with the data and system requirements established by OBH. The FSO shall be given a reasonable timeframe and appropriate supports by the SMO and state to facilitate such compliance.

**RFI Response**

Organizations interested in responding to this RFI must submit a capability statement of no more than 20 pages (in 12 point font, 1 inch margins) that details the organization’s ability to meet the statement of need. The following information is required on the cover page of the response:

- Date of Submission
- Name of Organization
- Mailing Address
- Contact Information

- Printed Name & Title of Authorized Representative
- Signature of Authorized Representative

For your convenience, a sample cover page has been appended to the final section of this RFI document.

## **Outline**

The proposal should include the following information in the order listed below.

1. Demonstrate an understanding of the Coordinated System of Care (CSoC) initiative including the values and principles on which it is premised and discuss how FSO services will be integrated with statewide CSoC efforts in implementing regions.
2. Demonstrate experience with youth with serious emotional/behavioral health challenges and families of these youth.
3. Demonstrate knowledge and prior experience with programs for delivering youth support and training and family support and training services or related services.
4. Demonstrate commitment to full participation in OBH- and SMO-sponsored staff training, and commit to providing additional staff training.
5. Provide biographical information of Principals involved in the organization. Resumes or CVs should be included in the attachments and will not count toward the twenty (20) page limit.
6. Demonstrate where applicable current involvement and linkages with youth and family-serving entities including, but not limited to, behavioral health programs, DCFS, OJJ, and/or DOE.
7. Demonstrate the necessary structure for governance, administrative, and budgetary stability, specifically as they relate to the CSoC governance structures noted above.
8. Provide evidence of a board of directors that is composed of at least 60% family members/youth or a plan to shift board composition by within three months of selection.
9. Provide a plan for recruitment and retention of a diverse regionally-based workforce within the CSoC implementing regions.
10. Provide a detailed implementation plan including specific activities and timeline that delineates the process for transitioning youth/families currently receiving FSO services to the new organization.
11. Provide a sample staffing structure which includes: regionally-based staff (with appropriate supervision) as well as a centralized administrative structure. An organizational chart should be included in the document or as an attachment.
12. Provide narrative which details how you will specifically address ensuring appropriate levels of supervision of the regionally-based family support and youth support staff.
13. Provide narrative which details how you will monitor quality, conduct routine auditing, and manage compliance regarding service delivery by the regionally-based family support and youth support staff.

14. Provide narrative which outlines how you have previously, and how you will continue to identify, educate and engage families and youth to become advocates for their respective groups in their regional communities, as well as state-wide.
15. Provide a methodology for ensuring compliance with required background check and mandatory training (HIPAA, confidentiality, mandated reporting).
16. Demonstrate adequate financial resources or the ability to obtain such resources as required to carry out the responsibilities of the statewide FSO.
17. Provide a detailed twelve (12) month operating budget which includes a transition and training budget (may be contracted separately) and budget justification which includes a breakdown of projected costs/revenues. The revenue should address fee for service income, as well as the applicant's in-kind or direct support. Utilize the format provided on the attached Budget Template to present the budget. The budget and budget justification shall be included as a separate attachment and will not to be counted in the narrative page limit.
18. Provide at least three (3) references in attachments. References should attest to the proposer's professional qualifications, and intention to partner with local community (including the regional private business sector) to enhance services to families. Attachments shall not count toward the twenty (20) page limit.
19. Additional materials may be included as attachments and must be clearly labeled as such. These may include annual reports, marketing materials, case studies, research papers, etc. Such attachments will not be included in the twenty (20) page limit.

### **Abbreviations and Terminology**

<b>CFT</b>	<i>Child and Family Team</i>
<b>CMS</b>	<i>Center for Medicare and Medicaid Services</i>
<b>CSoC</b>	<i>Coordinated System of Care</i>
<b>DCFS</b>	<i>Department of Child and Family Services</i>
<b>DHH</b>	<i>Department of Health and Hospitals</i>
<b>DOE</b>	<i>Department of Education</i>
<b>FSO</b>	<i>Family Support Organization</i>
<b>FTE</b>	<i>Full Time Equivalent</i>
<b>IEP</b>	<i>Individualized Education Plan</i>
<b>POC</b>	<i>Plan of Care</i>
<b>LMHP</b>	<i>Licensed Mental Health Practitioner</i>
<b>OBH</b>	<i>Office of Behavioral Health</i>
<b>OJJ</b>	<i>Office of Juvenile Justice</i>
<b>PST</b>	<i>Parent Support and Training</i>
<b>RFI</b>	<i>Request for Information</i>
<b>RFP</b>	<i>Request for Proposal</i>
<b>Regionally-based</b>	<i>Situated within the CSOC region served by a particular wraparound agency</i>

<b>SCC</b>	<i>Statewide Coordinating Council</i>
<b>SGB</b>	<i>State Governance Board</i>
<b>SMO</b>	<i>Statewide Management Organization</i>
<b>WAA</b>	<i>Wraparound Agency</i>
<b>YST</b>	<i>Youth Support and Training</i>

### **Proposer Inquiries**

The Department shall consider written inquiries regarding the RFI before the date specified in the Schedule of Events. To be considered, written inquiries and requests for clarification of the content of this RFI must be received at the email address provided below by the date specified in the Schedule of Events. Any and all questions directed to the RFI coordinator shall require an official response by the date specified in the Schedule of Events.

Action taken as a result of verbal discussion shall not be binding on the Department. Only written communication and clarification from the RFI Coordinator shall be considered binding.

### **RFI Procedure**

If your organization is interested in providing information on your ability to perform the requested services for the Office of Behavioral Health, please submit an electronic copy of your 20-page or less (12 point font with 1 inch margins) response to the contact listed below. Submissions may be in PDF or Microsoft Word format. The Department may invite qualified organizations to make oral presentations and participate in an individual question-and-answer session concerning their responses. Organizations should indicate in their responses whether they are willing to participate in these sessions. All organizations who have the interest and capacity to fulfill the activities specified in this RFI should respond **no later than 9:00 A.M. (CST) on December 17, 2012.**

### **How to Deliver the Response**

In response to this RFI please send a PDF or Microsoft Word-formatted response via email to [Sheila.Jordan2@la.gov](mailto:Sheila.Jordan2@la.gov). Please direct questions regarding this RFI in writing to the following point of contact:

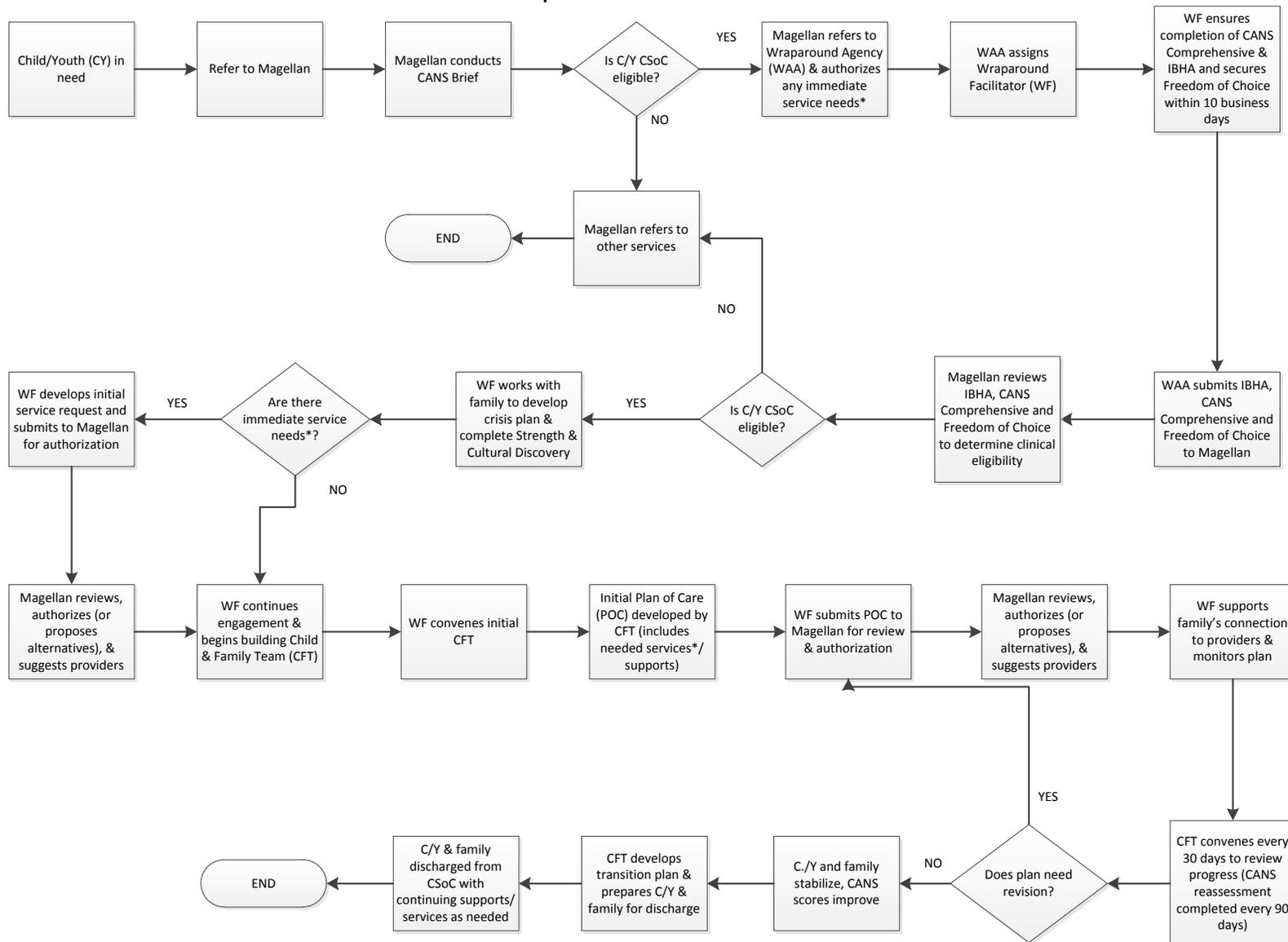
Sheila Jordan  
CSoc Family Lead  
Office of Behavioral Health  
225-342-0330  
[Sheila.Jordan2@la.gov](mailto:Sheila.Jordan2@la.gov)

## Schedule of Events

The following table designates the target dates for the RFI process. Please note that this RFI does not constitute a solicitation of offers from private providers or other entities. The dates listed below are subject to change without notification.

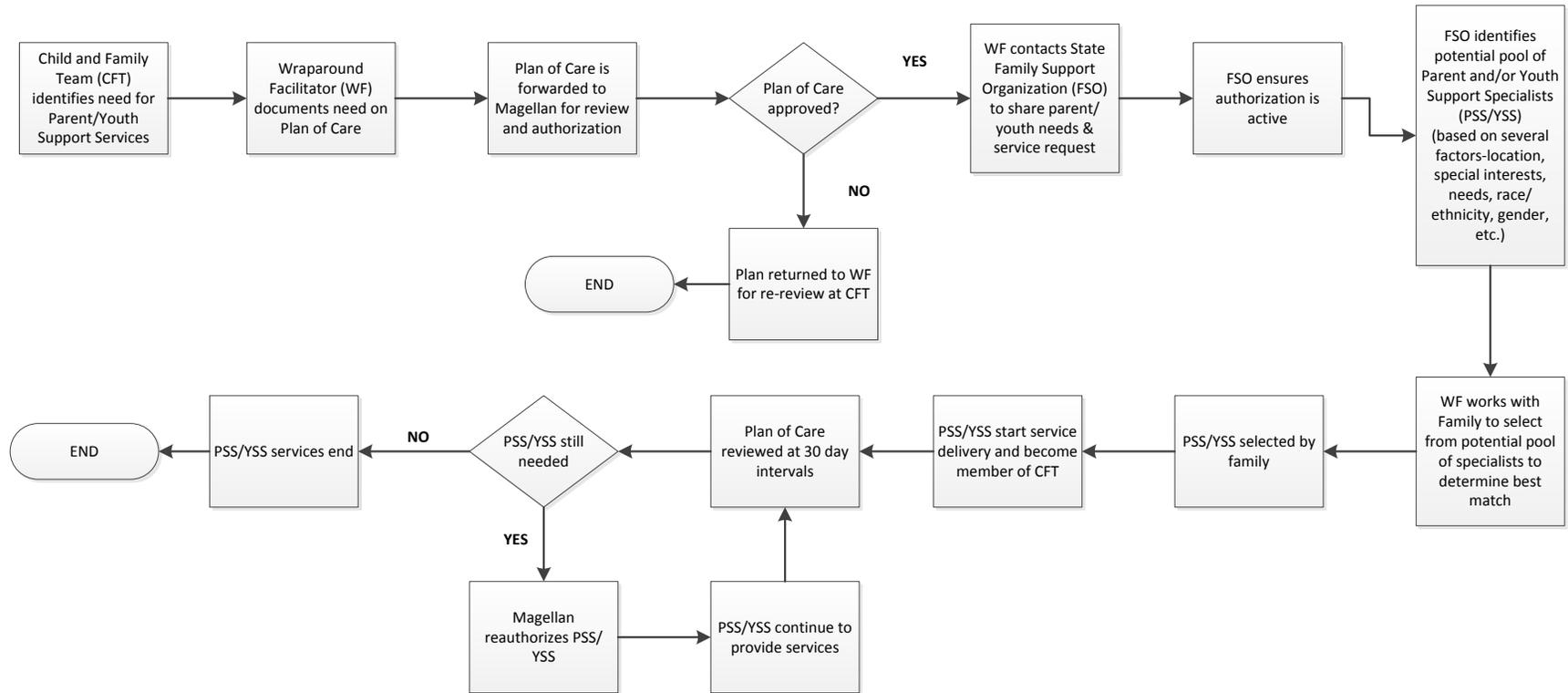
November 19, 2012	RFI distributed to potentially interested parties: <a href="http://new.dhh.louisiana.gov/index.cfm/newsroom/category/47">http://new.dhh.louisiana.gov/index.cfm/newsroom/category/47</a> and <a href="http://wwwprd1.doa.louisiana.gov/OSP/LaPAC/pubMain.cfm">http://wwwprd1.doa.louisiana.gov/OSP/LaPAC/pubMain.cfm</a>
November 26, 2012	Deadline for RFI questions to Sheila.Jordan2@la.gov. Inquiries must be received by 5:00 pm. (CST)
November 30, 2012	Responses to questions posted by DHH/OBH <a href="http://new.dhh.louisiana.gov/index.cfm/newsroom/category/47">http://new.dhh.louisiana.gov/index.cfm/newsroom/category/47</a> and <a href="http://wwwprd1.doa.louisiana.gov/OSP/LaPAC/pubMain.cfm">http://wwwprd1.doa.louisiana.gov/OSP/LaPAC/pubMain.cfm</a>
December 17, 2012	Last day for submission of proposals to Sheila.Jordan2@la.gov. Submissions must be received by 9:00 a.m. (CST)
December 21, 2012	Award announcement
December 26, 2012	Contracting and transition process begins
February 4, 2013	Begin service delivery

**Chart 1: Proposed CSoC Referral and Enrollment Process**



\* indicates opportunity for State Plan or CSoC specialized services to be offered

**Chart 2: Proposed Referral Process for FSO Services**



### Budget Template (Projected Operating Expenses and Revenue)

<b>Statewide Family Support Organization - Projected Expenses (12 months)</b>				
	Educ. Level	FTE	Salary	Expense
<b>Full-Time Staff with Benefits</b>				
Subtotal Salaried FTE		0		\$ -
Employee Related Expenses (Benefits and taxes)			_____%	\$ -
<b>Total Compensation Salaried FTEs</b>				<b>\$ -</b>
<b>Part-Time Hourly Employees</b>				
Subtotal Hourly FTEs				\$ -
Employee Related Expenses (Taxes)			_____%	\$ -
<b>Total Compensation Hourly FTEs</b>				<b>\$ -</b>
<b>Total Payroll costs</b>				<b>\$ -</b>
Program Related Expenses				\$ -
Overhead Costs				\$ -
Licensed clinical supervision/consultant				\$ -
Reimbursable Staff Training Expenses*				\$ -
<b>Total Program Costs</b>				<b>\$ -</b>

\* Reimbursement may be provided for state-mandated training

(This should be the projected cost of having each direct care staff member attend approximately 10 days of training. Additionally, supervisors will spend 16 additional hours per month in coach-related training. See "FSO Staffing Requirements" section of RFI.)

<b>Statewide Family Support Organization - Projected Revenue (12 months)</b>	
Fee-for-Service Revenue*	\$
Direct Support Revenue	\$
In-kind/donations	\$
<b>Total Projected Revenue</b>	<b>\$</b>

\* Project fee-for-service revenue considering appropriate staff to youth/family ratios, based upon a reasonable number of contact hours per direct staff.

**Budget Template (Projected Transition Costs)**

<b>Statewide Family Support Organization – Projected Transition Budget</b>		
Staff Salaries		\$
Employee Related Expenses		\$
Total Compensation Costs		\$
Programmatic Expenses (mileage)		\$
Total Projected Transition Costs		\$

\* Project salary-related expenses and programmatic expenses necessary to support the transition plan detailed in “Outline” item 13.

## **Name of Organization**

Response to  
Office of Behavioral Health  
Request For Information  
For

## **Provision of Statewide Family Support Services**

Submitted on:

**Month 00, 2012**

Name of Organization  
00000 Mailing Address  
City, ST 00000-0000  
Phone: (xxx) xxx-xxxx  
Fax: (xxx) xxx-xxxx  
Email: [main@provider-email.com](mailto:main@provider-email.com)

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Name of Authorized Representative, Title

Respondents are encouraged to use this page as a template for their response cover.