



REQUEST FOR PROPOSALS

MYPAC TRANSITIONAL AGE YOUTH
DEMONSTRATION WAIVER
RFP # 20090717

Contact:

Melanie Wakeland
Procurement Officer
exmpw@medicaid.state.ms.us
Fax: (601) 359-9153
Phone: (601) 359-6286

Due Dates:

Questions & Letter of Intent
FAX or MAIL or HAND DELIVERY
5:00 P.M. Central Standard Time, Friday, July 31, 2009

Answers Posted to Internet www.medicaid.ms.gov
5:00 P.M. Central Standard Time, Friday, August 7, 2009

Sealed Proposals
MAIL or HAND DELIVERY ONLY
5:00 P.M. Central Standard Time, Friday, August 14, 2009

**MYPAC Transitional Age Youth
Demonstration Waiver
RFP # 20090717**
Office of the Governor – Division of Medicaid

1.0..... Overview.....	3
1.1 Background.....	3
1.2 Authority.....	3
1.3 Accuracy Of Statistical Data.....	3
1.4 Electronic Availability.....	4
1.5 Additional Information.....	4
1.6 Proposal Overview.....	4
1.7 Procurement Approach.....	5
1.8 Rules Of Procurement.....	7
1.9 Award Notice.....	10
2.0..... Waiver Description.....	11
2.1 Overview.....	11
2.2 Screening And Assessment.....	11
2.3 Approach.....	12
2.4 Prtf/Acute Psychiatric Unit Expense.....	16
2.5 Evaluation.....	16
2.6 Training.....	17
3.0..... Proposal Submission Requirments.....	18
3.1 Format.....	18
3.2 Required Sections.....	18
3.3 Transmittal Letter.....	18
3.4 Project Abstract.....	19
3.5 Project Description.....	19
3.6 Organizational Profile.....	20
3.7 Financial Information.....	20
3.8 Assurances.....	20
3.9 Provider Application.....	20
4.0..... Proposal Evaluation Criteria.....	22
4.1 Statement Of Understanding - 20 Points.....	22
4.2 Approach - 50 Points.....	22
4.3 Organizational Profile – 20 Points.....	22

**MYPAC Transitional Age Youth
Demonstration Waiver
RFP # 20090717**
Office of the Governor – Division of Medicaid

1.0 OVERVIEW

1.1 BACKGROUND

On December 19, 2006, the Centers for Medicaid and Medicare Services approved The Division of Medicaid's (DOM) request for a section 1915 (c) Home and Community-based Waiver to implement Community Alternatives to Psychiatric Residential Treatment Facility Demonstration Project.

The goal of the demonstration waiver is to develop a systemic change model that maximizes the quality of life and functional independence of the target population and their families in a cost-effective manner. The primary objective for this project is to keep adolescents out of Psychiatric Residential Treatment Facilities (PRTFs), when possible or, should they require a PRTF level of care, return them to their families and communities as quickly as possible.

DOM seeks competitive written proposals from qualified Offerors seeking to provide services as Primary Service Coordinators (PSCs) for the PRTF Demonstration Grant Project. The primary purpose of the PRTF Grant Project is to provide home and community based services to transitional age youth, 18 through 21 years of age, who are at immediate risk of being placed in a PRTF or who are already in a PRTF and want to transition back to the community. The Primary Service Coordinators will be responsible for the total care of the participant and will ensure access to an appropriate array of services and supports necessary to meet the varying needs of the participants.

1.2 AUTHORITY

This RFP is issued under the authority of Title XIX of the Social Security Act as amended, implementing regulations issued under the authority thereof and under the provisions of the Mississippi Code of 1972 as amended. All offerors are charged with presumptive knowledge of all requirements of the cited authorities. The submission of a valid executed proposal by any Offeror shall constitute admission of such knowledge on the part of the each Offeror. Any proposal submitted by any Offeror which fails to meet any published requirement of the cited authorities may, at the option of DOM, be rejected without further consideration.

Medicaid is a program of medical assistance for the needy administered by the states using state appropriated funds and federal matching funds within the provisions of Title XIX and Title XXI of the Social Security Act as amended.

In Mississippi, the Medicaid program began on January 1, 1970. The program is administered by the Division of Medicaid, Office of the Governor by authority of Section 43-13-101 et seq. of the Mississippi Code of 1972. Services are provided through a fee-for-service arrangement with a variety of medical providers. The Mississippi Division of Medicaid has no managed care programs.

In addition, Section 1902 (a) (30) (A) of the Social Security Act requires that State Medicaid Agencies provide methods and procedures to safeguard against unnecessary utilization of care and services and to assure "efficiency, economy and quality of care."

1.3 ACCURACY OF STATISTICAL DATA

All statistical information provided by DOM in relation to this RFP represents the best and most accurate information available to DOM from DOM records at the time of the RFP preparation. DOM, however, disclaims any responsibility for the inaccuracy of such data and should any element of such data later be discovered to be inaccurate, such inaccuracy shall not constitute a

**MYPAC Transitional Age Youth
Demonstration Waiver
RFP # 20090717**
Office of the Governor – Division of Medicaid

basis for rejection of the Agreement by any Offeror. Neither shall such inaccuracy constitute a basis for renegotiation of any payment rate after Agreement award. Statistical information is available on the DOM web site.

1.4 ELECTRONIC AVAILABILITY

The materials listed below are on the Internet for informational purposes only. This electronic access is a supplement to the procurement process and is not an alternative to official requirements outlined in this RFP. The DOM web site is www.medicaid.ms.gov.

1. This RFP and RFP Questions and Answers (following official written release of responses)
2. Division of Medicaid Annual Reports
3. Provider Manuals and Bulletins
4. CA-PRTF Grant Application from DOM to CMS

1.5 ADDITIONAL INFORMATION

Public financial information is available at <http://merlin.state.ms.us> under the Public Access query section.

1. DOM's website is <http://www.medicaid.ms.gov>.
2. State of Mississippi portal is <http://www.mississippi.gov>.
3. No other information will be made available to potential Offerors.

1.6 PROPOSAL OVERVIEW

1.6.1 Eligible Applicants

To be eligible to submit a proposal, an applicant must meet the following stipulations:

1. The applicant has not been sanctioned by a state or federal government within the last 10 years.
2. The applicant organization has at least three years experience with successfully operating a multiple-service delivery program (continuum of care).
3. The applicant must have access to a variety of coordinated services and supports via other agencies/organizations (System of Care model).
4. If a nonprofit organization, the applicant has obtained a 501(c) 3 IRS status and has a current registration with the Mississippi Secretary of State Office.

1.6.2 Qualification of Offerors

Offerors must comply with all conditions required for participation in the Mississippi Medicaid program as outlined in the DOM Provider Policy Manual, Section 4.

DOM may make such investigations as necessary to determine the ability and commitment of the Offeror to adhere to the requirements specified within this RFP and its proposal, and the Offeror shall furnish to DOM all such information and data for this purpose as may be requested. DOM reserves the right to inspect Offeror's physical facilities prior to award to satisfy questions

**MYPAC Transitional Age Youth
Demonstration Waiver
RFP # 20090717**

Office of the Governor – Division of Medicaid

regarding the Offeror's capability to fulfill the requirements of the Agreement. DOM reserves the absolute right to reject any proposal if the evidence submitted by, or investigations of, such Offeror fail to satisfy DOM that such Offeror is properly qualified to carry out the obligations of the Agreement and to complete the work or furnish the items contemplated.

The State reserves the right to reject any and all proposals, to request and evaluate "best and final offers" from some or all of the respondents, to negotiate with the best proposed offer to address issues other than those described in the proposal, to award an Agreement to other than the low Offeror, or not to make any award if it is determined to be in the best interest of the State.

1.6.3 Funding Limits

DOM anticipates the expenditure of approximately \$5 million dollars over the initial project period identified in 1.6.4 below. All expenditures will be based upon a fee schedule itemizing 4 separate services (3 of which are included in this RFP), unit cost for each, and the number of units to be delivered, submitted by the applicant organization. The total number of participants to be served may not exceed 97 during this 39-month project period.

1.6.4 Length of Project Period

The initial project period for this demonstration waiver will begin on October 1, 2009 and end September 30, 2012 (36 months). At that time, existing agreements may be extended up to three (3) years, renewed, and/or modified by mutual consent without requiring the resubmission of a proposal.

1.6.5 Cost Sharing or Matching Requirements

See section 2.4 PRTF Expense

1.6.6 Type of Award

The result of this RFP will be a Medical Assistance Participation Agreement.

1.6.7 Number of Anticipated Awards

There will be a minimum of one (1) and maximum of three (3) awards granted.

1.7 PROCUREMENT APPROACH

The procurement process provides for the evaluation of proposals and selection of the winning proposal in accordance with federal law and regulations, and state law and regulations.

Submission of a proposal constitutes acceptance of the conditions governing the procurement of this RFP, and constitutes acknowledgment of the detailed descriptions of the Mississippi Medicaid Program.

No public disclosure or news release pertaining to this procurement shall be made without prior written approval of DOM. FAILURE TO COMPLY WITH THIS PROVISION WILL RESULT IN THE OFFEROR BEING DISQUALIFIED.

**MYPAC Transitional Age Youth
Demonstration Waiver
RFP # 20090717**
Office of the Governor – Division of Medicaid

1.7.1 Timetable

<u>Date</u>	<u>Event</u>
July 17, 2009	Release RFP for Bids
July 31, 2009 (5:00 p.m. CST)	Deadline for Letter of Intent and Written Questions
August 7, 2009 (5:00 p.m. CST)	Response to Questions Posted
August 14, 2009 (5:00 p.m. CST)	Proposal Deadline
August 19 - 20, 2009	Evaluation of Proposal
August 21 - 28, 2009	Executive Review and Approval
October 1, 2009	Implementation Phase begins
October 15, 2009	Operations Start Date

DOM reserves the right to amend the timetable in the best interest of DOM. Potential Offerors who have submitted letters of intent will be notified of any changes to this timetable.

1.7.2 Letter Of Intent

The Offerors are requested to submit a Letter of Intent to bid by 5:00 PM CST, Friday, July 31, 2009 and should be sent to:

Melanie Wakeland
Division of Medicaid
Walter Sillers Bldg., Suite 1000
550 High Street
Jackson, Mississippi 39201

Fax: (601) 359-6286

Email: exmpw@medicaid.state.ms.us

This letter shall be on the official business letterhead of the Offeror and must be signed by an individual authorized to commit the company to the work proposed. Submission of the Letter of Intent shall not be binding on the prospective Offeror to submit a proposal.

1.7.3 Questions

In order to provide equal treatment to all Offerors, all questions must be submitted in writing via email to DOM by 5:00 PM CST, Friday, July 31, 2009. Please use the Question and Answer Template located on the procurement web page. Only written questions from those who have submitted a Letter of Intent will be answered.

Multiple questions may be submitted. Written answers will be available not later than 5:00 pm CST, Friday, August 7, 2009 via DOM website at <http://www.medicaid.ms.gov>. Questions and answers will become a part of the RFP as an attachment. Written responses provided for the questions will be binding.

**MYPAC Transitional Age Youth
Demonstration Waiver
RFP # 20090717**
Office of the Governor – Division of Medicaid

Questions should be sent to:

Melanie Wakeland
Division of Medicaid
Walter Sillers Bldg., Suite 1000
550 High Street
Jackson, Mississippi 39201

E-MAIL: exmpw@medicaid.state.ms.us

1.7.4 Submission Requirements

Proposals for this RFP must be submitted in 3-ring binders with components of the RFP clearly tabbed. An original and five (5) copies of the proposal under sealed cover and a completed DOM Provider Application must be received by DOM no later than 5:00 PM CST, on Friday, August 14, 2009. Any proposal received after this date and time will be rejected and returned unopened to the Offeror.

Proposals should be delivered to:

Melanie Wakeland
Division of Medicaid
Walter Sillers Bldg., Suite 1000
550 High Street
Jackson, Mississippi 39201

The outside cover of the package containing the Proposals shall be marked:

REF: **MYPAC Transitional Age Youth Demonstration Waiver**
RFP #
(Name of Offeror)

As the proposals are received, the sealed proposals will be date-stamped and recorded by DOM. The parties submitting proposals are responsible for ensuring that the sealed competitive proposal is delivered by the required time and to the required location and the parties assume all risks of delivery. No facsimile proposals will be accepted. The proposal must be signed in blue ink by an authorized official to bind the Offeror to the proposal provisions.

Proposals and modifications thereof received by DOM after the time set for receipt or at any location other than that set forth above will be considered late and will not be considered for award.

1.8 RULES OF PROCUREMENT

To facilitate the DOM procurement, various rules have been established and are described in the following paragraphs.

**MYPAC Transitional Age Youth
Demonstration Waiver
RFP # 20090717**
Office of the Governor – Division of Medicaid

1.8.1 Representation Regarding Contingent Fees

The Offeror represents by submission of its proposal that it has not retained a person to solicit or secure an Agreement or understanding for a commission, percentage, brokerage, or contingent fee.

1.8.2 Restrictions on Communications with Staff

From the issue date of this RFP until an Offeror is selected and the Agreement is signed, Offerors and/or their representatives are only allowed to communicate with RFP Procurement Officer, Melanie Wakeland.

For violation of this provision, DOM shall reserve the right to reject any proposal.

1.8.3 Acknowledgment of Amendments

DOM reserves the right to amend the RFP at any time prior to the date for proposal submission. Prior to July 31, 2009 amendments will be posted on the internet and sent to all entities requesting information concerning this procurement. The DOM web site is www.medicaid.ms.gov. After July 31, 2009, amendments will be sent only to Offerors who have submitted a Letter of Intent. Amendments will be delivered by certified mail return receipt requested or by other carriers that require signature upon receipt.

Offerors shall acknowledge receipt of any amendment to the solicitation by signing and returning the amendment immediately. The acknowledgment must be received by DOM by the time and the place specified for receipt of proposals.

1.8.4 Cost of Preparing Proposal

Costs of developing the proposals are solely the responsibility of the Offerors. DOM will provide no reimbursement for such costs. Any costs associated with any oral presentations to DOM will be the responsibility of the Offeror and will in no way be billable to DOM. If site visits are made, DOM's cost for such visits will be the responsibility of DOM and the Offeror's cost will be the responsibility of the Offeror and will in no way be billable to DOM.

1.8.5 Acceptance of Proposals

After receipt of the proposals, DOM reserves the right to award the Agreement based on the terms, conditions, and premises of the RFP and the proposal of the selected Offeror without negotiation.

All proposals properly submitted will be accepted by DOM. However, DOM reserves the right to request necessary amendments from all Offerors, reject any or all proposals received, or cancel this RFP, according to the best interest of DOM.

DOM also reserves the right to waive minor irregularities in bids providing such action is in the best interest of DOM.

Where DOM may waive minor irregularities as determined by DOM, such waiver shall in no way modify the RFP requirements or excuse the Offeror from full compliance with the RFP specifications and other agreement requirements if the Offeror is awarded the Agreement.

**MYPAC Transitional Age Youth
Demonstration Waiver
RFP # 20090717**
Office of the Governor – Division of Medicaid

DOM reserves the right to exclude any and all non-responsive proposals from any consideration for Agreement award. DOM will award the Agreement to the Offeror whose offer is responsive to the solicitation and is most advantageous to DOM.

1.8.6 Rejection of Proposals

A proposal may be rejected for failure to conform to the rules or the requirements contained in this RFP. Proposals must be responsive to all requirements of the RFP in order to be considered for Agreement award. DOM reserves the right at any time to cancel the RFP, or after the proposals are received to reject any of the submitted proposals determined to be non-responsive. DOM further reserves the right to reject any and all proposals received by reason of this request. Reasons for rejecting a proposal include, but are not limited to:

1. The proposal contains unauthorized amendments to the requirements of the RFP.
2. The proposal is conditional.
3. The proposal is incomplete or contains irregularities that make the proposal indefinite or ambiguous.
4. An authorized representative of the party does not sign the proposal.
5. The proposal contains false or misleading statements or references.
6. The proposal ultimately fails to meet the requirements of the state in some material aspect.
7. The proposal is not responsive, i.e., does not conform in all material respects to the RFP.
8. The supply or service item offered in the proposal is unacceptable by reason of its failure to meet the requirements of the specifications or permissible alternates or other acceptability criteria set forth in the RFP.
9. The Offeror does not comply with the Procedures for Delivery of Proposal as set forth in the RFP.
10. The Offeror currently owes the State money.

1.8.7 Alternate Proposals

Each Offeror, its subsidiaries, affiliates or related entities shall be limited to one proposal which is responsive to the requirements of this RFP. Failure to submit a responsive proposal will result in the rejection of the Offeror's proposal. Submission of more than one proposal by an Offeror will result in the summary rejection of all proposals submitted. An Offeror's proposal shall not include variable or multiple pricing options.

1.8.8 Proposal Amendments and Withdrawal

Prior to the proposal due date, a submitted proposal may be withdrawn by submitting a written request for its withdrawal to DOM, signed by the Offeror.

An Offeror may submit an amended proposal before the due date for receipt of proposals. Such amended proposal must be a complete replacement for a previously submitted proposal and must be clearly identified as such in the Transmittal Letter. DOM will not merge, collate, or assemble proposal materials.

**MYPAC Transitional Age Youth
Demonstration Waiver
RFP # 20090717**
Office of the Governor – Division of Medicaid

Amendments, revisions, and/or alterations to proposals may be required, based on CMS approval of the 1915(c) Waiver, after the proposal due date, and will be requested by DOM if needed.

Any submitted proposal shall remain a valid proposal for 180 days from the proposal due date.

1.8.9 Disposition of Proposals

The proposal submitted by the successful Offeror shall be incorporated into and become part of the resulting Agreement. All proposals received by DOM shall upon receipt become and remain the property of DOM. DOM will have the right to use all concepts contained in any proposal and this right will not affect the solicitation or rejection of the proposal.

1.8.10 Responsible Offeror

DOM shall only make an Agreement with a responsible Offeror who possesses the ability to perform successfully under the terms and conditions of the proposed procurement and implementation. In letting the Agreement, consideration shall be given to such matters as the Offeror's integrity, performance history, financial and technical resources, and accessibility to other necessary resources.

1.8.11 Best and Final Offers

The Executive Director of DOM may make a written determination that it is in the State's best interest to conduct additional discussions or change the State's requirements and require submission of best and final offers. The Procurement Officer shall establish a date and time for the submission of best and final offers. Otherwise, no discussion of or changes in the bids shall be allowed prior to award. Offerors shall also be informed that if they do not submit a notice of withdrawal or another best and final offer, their immediate previous offer will be construed as their best and final offer.

1.9 AWARD NOTICE

The notice of intended Agreement award shall be sent via mail, email or fax with voice or email confirmation of receipt

Consistent with existing state law, no Offeror shall infer or be construed to have any rights or interest to a provider Agreement with DOM until final approval from all necessary entities and until both the Offeror and DOM have executed an Agreement.

**MYPAC Transitional Age Youth
Demonstration Waiver
RFP # 20090717**
Office of the Governor – Division of Medicaid

2.0 WAIVER DESCRIPTION

2.1 OVERVIEW

2.1.1 Goal

The overall goal of this demonstration waiver is to develop a systemic change model that maximizes the quality of life and functional independence of the target population and their families in a cost-effective manner. The primary objective is to keep transitional age youth/young adults out of PRTFs, when possible or, should they require PRTF level of care, return them to their families and/or communities as soon as possible, and prepare them for independent living as an adult. The project is to test the effectiveness (both in participant functional outcomes and costs) of providing home and community-based service alternatives to PRTFs.

2.1.2 Vision

The vision is a system of care in which the Primary Services Coordinator (PSC) identifies and determines the most effective and appropriate comprehensive approach through the individualized service plan (ISP). Because of this responsibility, the PSC will ensure access to an appropriate array of services and supports necessary to meet the differing needs of the transitional age person. In addition, because no one provider can or will provide all of the services/supports needed, successful applicants will be required to collaborate and partner with other organizations to ensure access to and delivery of all necessary services/supports. All services and supports offered to participants will fall under either intensive case management services, functional assessments, and/or respite and wraparound services.

2.1.3 Target Population

The target population is (1) high-end intensity youth/young adults with (2) SED or 18-21 with SPMI (as specified in the DSM-IV), (3) who are at immediate risk of being placed in a PRTF or who are already in a PRTF and want to transition back to the community, (4) who meet the State's Medicaid level of care requirement for admission to a PRTF, (5) who meet the Medicaid financial eligibility requirements, and (6) who choose or whose families choose community-based services in lieu of a PRTF.

2.2 SCREENING AND ASSESSMENT

The Division will initiate, in coordination with the successful applicant(s), a Project Awareness Plan that provides for organized efforts to increase awareness and understanding of the program by school districts, youth courts, social services providers, mental health providers, and others. As this social marketing effort becomes effective, prospective youth for the demonstration waiver will be identified and recruited through MAP Teams, community mental health centers, DHS Placement Offices, local schools, youth courts, justice system, Health Department, PRTF pre-certification, and through family members and/or guardians.

As transitional age individuals are identified and recommended for entrance into the demonstration waiver, a representative on the Assessment Team will contact the youth's parents or guardian (if the transitional age person is living at home and/or is cared for by his/her family) regarding the demonstration waiver and possible inclusion. An initial screening will then be performed to assess basic eligibility, family/guardian support and interest, safety of current living arrangements, and any medical conditions that would severely impede full participation in the demonstration waiver. Next, a complete assessment, including a psychological evaluation and an IQ assessment, for project compatibility and alternative treatment identification will be

**MYPAC Transitional Age Youth
Demonstration Waiver
RFP # 20090717**
Office of the Governor – Division of Medicaid

performed. Transitional age youth/young adults who meet all of the foregoing eligibility and other requirements, and who choose to participate are referred to the PSC for certification as PRTF eligible, and entrance into the project.

Screened transitional age individuals who meet the requirements will be assigned to a PSC based upon: (1) prior history or relationship with the PSC, (2) the youth/family having knowledge or awareness of the PSC, and (3) if neither of the foregoing criteria are present, then youth will be assigned on a random, alternating basis.

Under this demonstration waiver, the Utilization Management Quality Improvement Organization (UM/QIO) will conduct precertification and concurrent reviews for all project participants using the Medicaid eligibility requirements defined at:

<http://www.hsom.org/09%20MYPAC%20Provider%20Manual.htm>

Throughout the identification, recruitment, screening, and certification process, a project family representative, Family Support Specialist (funded by the Division), will be in constant contact with the youth's family/guardian, as appropriate. The Family Support Specialist may establish a relationship with the family/guardian to inform, encourage, and support them as they assist with determining if community-based alternatives are best and most appropriate for the youth/young adult. If applicable, the Family Support Specialist may maintain contact with the parent/guardian throughout the transitional age person's tenure of participation in the project.

2.3 APPROACH

The overall service delivery approach for this demonstration waiver is a system of care (SOC) that ensures participating transitional age youth/young adult will have access to a coordinated, seamless, culturally competent, consumer/family driven, individualized array of services and supports in their community by tailoring service/support delivery to the specific and unique needs of transitional age persons. As integral components of this SOC approach, individualized service planning, the wraparound service delivery model, intensive case management (care coordination), and respite services shall be integrated and utilized throughout the project implementation in an age and stage of life - appropriate manner.

2.3.1 Individualized Service Planning

Each transitional age person in the project should have an individualized service plan (ISP) developed within 14 days of entering the demonstration waiver by an individualized Child and Family team composed of professionals, nonprofessionals, family members, and the participating youth (if appropriate). Based on the results of the assessment and further tailored for specific characteristics and needs of the youth/young adult and, if applicable, the family, the ISP should identify a specific and unique menu of services and supports that have been collectively identified as the most appropriate and effective service recipe for a particular youth, his/her family and their individual situation. In addition to the traditional services that will be a part of most plans, it is expected that certain environmental stabilizing supports necessary for "treatment readiness" will be identified and integrated into the plan, such as food, clothing, housing, safety needs, transportation assistance, life choice counseling, decision-making and other social skill development needs. The team should meet periodically (monthly) to review and update the plan.

2.3.2 Intensive Case Management

This is a key component of this demonstration waiver. The overall coordination of ALL services and supports is the responsibility of the Primary Service Coordinators (PSC). Health services, doctor visits, immunizations, dental care, and prescription drugs are coordinated by the PSC but

**MYPAC Transitional Age Youth
Demonstration Waiver
RFP # 20090717**

Office of the Governor – Division of Medicaid

are not paid through this waiver. The PSC will be responsible for referring, accessing, coordinating that care as well. Covered health services will be paid through the traditional Medicaid program. The PSC and/or a member of the Wraparound Team should have face-to-face contact with the transitional age person and, as appropriate, with a family member/guardian a minimum of 3 times per week.

2.3.3 Wraparound

This service provides all-inclusive care for transitional age individual in the demonstration waiver. Service payments will be made to providers on a per diem basis. Services will be provided to youth and, if applicable, with their family based on an individualized service plan (ISP) developed in coordination with the family. Within this service definition, the PSC will be responsible for providing all mental health needs of the youth/young adult and family (if appropriate), as well providing and/or coordinating all other services/supports identified in the ISP either in-house or through service contracts with other community-based providers. The wraparound provider is also responsible for the cost of all services and supports EXCEPT for medical care. It is difficult, if not impossible, to identify the broad spectrum of unique needs of this population and their families, therefore, flexible use of the service payments for wraparound and case management is allowed and encouraged. It is anticipated, however, that there will be certain services/supports included in most all ISPs, including crisis intervention, psychiatric services, therapy, community respite, family education and support services, day treatment, educational support services, and social skill development.

The list below, while not exhaustive, are the wraparound services expected to be provided to participants by wraparound providers as well as the level of skill DOM requires for the service delivered. CMS requires that states define whether services will be provided by an individual or an organization; whether the services are skilled or unskilled; and the qualifications of the providers. The services are defined in that manner in the list below.

2.3.3.1 Mental Health Services

1. Intensive, In-home therapy is a skilled service provided by an individual with a Master's degree.
2. Day Treatment is a skilled service provided by an organization that provides a leader with a Master's degree and an unskilled aid for every nine (9) youth.
3. Crisis Outreach is a skilled service provided by an organization that provides for staff with a Bachelor's degree.
4. Individual Therapy is a skilled service provided by an individual with a Master's degree and appropriate training.
5. Group Therapy is a skilled service provided by an individual with a Master's degree for up to 8 youth per session.
6. Family Therapy is a skilled service provided by an individual with a Master's degree and appropriate training.
7. Substance Abuse Treatment is a skilled service provided by an organization that provides that services are the responsibility of a staff with a Master's degree.
8. Community-Based Respite is an unskilled service provided by an organization that provides individuals with a high-school diploma or equivalent to directly provide the services.
9. Psychiatric Services are skilled services provided by an individual who is a psychiatrist (MD) or psychiatric mental health nurse practitioner (NP).

**MYPAC Transitional Age Youth
Demonstration Waiver
RFP # 20090717**
Office of the Governor – Division of Medicaid

10. Aide services are unskilled services provided by an organization that provides an individual with a high school diploma or equivalent and one year experience.

2.3.3.2 Social Services

1. Basic Needs are skilled services provided by an individual with a Bachelor's degree.
2. Family Support is an unskilled service provided by an organization. The individual providing the service must have the appropriate level of training and experience.
3. Personal Skills Development could be skilled or unskilled services provided by an individual with a high school diploma, a Bachelor's or Master's Degree and relevant training and experience.
4. Mentoring is an unskilled service provided by an individual with relevant training.

2.3.3.3 Educational Services

1. Tutoring is an unskilled service provided by an individual with proficiency at the tutorial level and in the appropriate subject matter.
2. IDEA: IEP Development is an unskilled service provided by an organization. The individual providing the service must have the appropriate level of training and experience.
3. In-school Support is an unskilled service provided by an organization. The individual providing the service must have the appropriate level of training and experience.

2.3.3.4 Vocational Services

1. Prevocational Services is an unskilled service administered by an organization. The individual providing the service must hold a Bachelor's degree and have the appropriate training.
2. Supported Employment is a skilled service administered by an organization. The individual providing the service must hold a Bachelor's degree and have the appropriate training.

2.3.3.5 Recreational Services

1. Physical Fitness is an unskilled service administered by an organization. The individual providing the service must have the appropriate level of experience and proficiency.
2. Art and Music Therapy is a skilled service provided by an individual or organization with the appropriate level of experience, proficiency and certification (if applicable).

2.3.3.6 Other Services

1. Transportation is an unskilled service administered by an organization. The individual providing the service must have a valid driver's license and a safe vehicle.
2. Transitional Living is a skilled service administered by an organization. The individual providing the service must hold a Bachelor's degree and have the appropriate training.

**MYPAC Transitional Age Youth
 Demonstration Waiver
 RFP # 20090717**
 Office of the Governor – Division of Medicaid

2.3.3.7 Quick Reference Tables

The tables below provide a quick reference to the service requirements.

Mental Health Services	Provider Type	Skilled/ Unskilled	Qualifications
Intensive In-Home Therapy	Individual	Skilled	Masters
Day Treatment	Organization	Skilled	Masters level in MH with an aid for every 9 youth
Crisis Outreach	Organization	Skilled	Bachelor's/Training
Individual Therapy	Individual	Skilled	Master's/Training
Group Therapy	Individual	Skilled	Master's/Up to 8 youth
Family Therapy	Individual	Skilled	Master's/Training
Substance Abuse Treatment	Organization	Skilled	Master's/Training
Community-based Respite	Organization	Unskilled	H.S. Diploma/training
Psychiatric Services	Individual	Skilled	M.D./Nurse Practitioner
Aide Services	Organization	Unskilled	High School Diploma/One year Experience

Social Services	Provider Type	Skilled/ Unskilled	Qualifications
Basic Needs	Individual	Skilled	Bachelor's
Family Support	Organization	Unskilled	Training/Experience
Personal Skills Development	Individual	Skilled/unskilled	Bachelor's/Master's/Diploma Training/Experience
Mentoring	Individual	Unskilled	Training

Educational Services	Provider Type	Skilled/ Unskilled	Qualifications
Tutoring	Individual	Unskilled	Proficiency at tutorial level and subject matter
IDEA: IEP Development	Organization	Unskilled	Training/Experience
In-School Support	Organization	Unskilled	Training/Experience

Vocational Services	Provider Type	Skilled/ Unskilled	Qualifications
Prevocational Services	Organization	Unskilled	Bachelor's/Training
Supported Employment	Organization	Skilled	Bachelor's/Training

**MYPAC Transitional Age Youth
 Demonstration Waiver
 RFP # 20090717
 Office of the Governor – Division of Medicaid**

Recreational Services	Provider Type	Skilled/ Unskilled	Qualifications
Physical Fitness	Organization	Unskilled	Experience/Proficiency
Art & Music Therapy	Individuals/ Organization	Skilled	Experience/Proficiency/ Certification

Other Services	Provider Type	Skilled/ Unskilled	Qualifications
Transportation	Organization	Unskilled	Valid Driver's license/Safe Vehicle
Transitional Living	Organization	Skilled	Bachelor's/Training

2.3.4 Out-Of-Home Respite

The demonstration waiver will offer temporary PRTF/Acute Psychiatric Unit respite for participating transitional-age individuals. The provider will refer the youth for placement in a PRTF/Acute Psychiatric Unit for a short stay for medication adjustments or intensive therapeutic treatment. The symptoms must be severe enough to require supervision/intervention on a 24 hour basis. The goal of this treatment is to assist the youth/young adult in reaching a level of independent functioning to return back to the community. During participation in the demonstration waiver the youth can not require more than 29 consecutive days of PRTF/Acute Psychiatric Unit respite services, or more than 45 days total PRTF/Acute Psychiatric Unit respite in one fiscal year.

2.4 PRTF/ACUTE PSYCHIATRIC UNIT EXPENSE

To encourage very limited use (number of admissions and length of stay) of PRTFs/Acute Psychiatric Units and yet to be economically fair to the Primary Service Coordinators when PRTF/Acute Psychiatric Unit respite is necessary and appropriate, DOM will share in the cost of such PRTF/Acute Psychiatric Unit stays.

For PRTFs, the provider of wraparound services will pay for the first nine (9) days, DOM will pay up to the next ten (10) days, and the provider of wraparound services will pay for the next ten (10) days for a total of 29 days.

For Acute Psychiatric Units, the provider of wraparound services will pay for the first three (3) days, DOM will pay up to the next eleven (11) days, and the provider of wraparound services will pay for the next fifteen (15) days for a total of 29 days.

According to CMS program guidelines, if a youth is placed in a PRTF/Acute Psychiatric Unit for more than 29 consecutive days or for more than a total of 45 days in one fiscal year, the youth shall be discharged from the waiver.

2.5 EVALUATION

The evaluation design for this demonstration waiver is a quasi-experimental design, using a control group and an intervention group, who will be followed from a base line until the project ends. The Division will seek Intervention-control Comparisons, such as out-of-home placements, use of high-end care, average length of stay at a PRTF, and cost for treatment. The Division will also seek Intervention Group Longitudinal Comparisons, such as functional improvement and caregiver strain. Fidelity to the intervention will be measured by reviewing and evaluating a random sample of individualized service plans to assess the use of wraparound principles

**MYPAC Transitional Age Youth
Demonstration Waiver
RFP # 20090717**

Office of the Governor – Division of Medicaid

described in the National Wraparound Initiative and by using the Wraparound Fidelity Index 2.1. The evaluation instruments to be used in this demonstration waiver include the Child and Adolescent Needs and Strengths (CANS-MH), the Caregiver Strain Questionnaire (CGSQ), the Education Questionnaire Revised (EQ-R), the Family Resource Scale (FRS), Youth Services Survey (YSS), and the Youth Services Survey for Families (YSS-F) Together they assess and measure outcome variables such as community living, school functioning, juvenile justice outcomes, family functioning, alcohol and drug use, mental health, social support, and environmental variables. The successful applicant(s) will be required to participate in the evaluation process and facilitate the collection of data and other information according to the timeline established.

2.6 TRAINING

The successful applicant(s) will be required to attend and fully participate in all training and technical assistance offered through the Division, including but not limited to evaluation, wraparound, cultural competency, family involvement, respite, Waiver Implementation, and SOC practice reviews.

Remainder of Page Intentionally Left Blank

**MYPAC Transitional Age Youth
Demonstration Waiver
RFP # 20090717**
Office of the Governor – Division of Medicaid

3.0 PROPOSAL SUBMISSION REQUIREMENTS

3.1 FORMAT

All proposals must be typewritten on standard 8 ½ x 11 paper with tabs delineating each section, double-spaced in 12 point font size. Submit an original and five (5) paper copies, and one (1) copy on CD. The preferred format is Adobe Acrobat (PDF), however Microsoft Word is also acceptable.

3.2 REQUIRED SECTIONS

The Proposal must include the following sections:

1. Transmittal letter
2. Project Abstract
3. Project Description
4. Organizational Profile
5. Financial Information
6. Assurance Statement
7. DOM Provider Application
8. Supporting Documents

Any proposal that does not adhere to these requirements may be deemed non-responsive and rejected on that basis.

3.3 TRANSMITTAL LETTER

The Transmittal Letter shall be in the form of a standard business letter on letterhead of the proposing organization and shall be signed by an individual authorized to legally bind the Applicant. The transmittal letter should include the following:

1. A statement indicating that the Offeror is a corporation or other legal entity.
2. A statement that the Offeror is registered to do business in Mississippi.
3. Identification of the Offeror's tax identification number.
4. A statement that no attempt has been made or will be made by the Offeror to induce any other person or organization to submit or not to submit a proposal.
5. A statement of Affirmative Action, that the Offeror does not discriminate in its employment practices with regard to race, color, religion, age (except as provided by law), sex, marital status, political affiliation, national origin, or disability;
6. A statement that the Offeror has read, understands and agrees to all provisions of this RFP without reservation.
7. A statement that the person signing the transmittal letter has the authority to obligate and bind the organization to terms, conditions, and provisions of the proposal.
8. A statement that the Offeror has no conflict of interest with the implementing the demonstration waiver and providing the necessary services/supports.

**MYPAC Transitional Age Youth
Demonstration Waiver
RFP # 20090717**
Office of the Governor – Division of Medicaid

3.4 PROJECT ABSTRACT

The Project Abstract shall condense and highlight the contents of the proposal in such a way as to provide a broad understanding of the entire proposal. The abstract shall include the following:

1. Applicant name and contact information
2. Summary description of the proposed project, including need, objectives, desired outcomes, approach, and work plan.
3. Proposed number of participants requested and geographic area of service (i.e. statewide, specific counties served).
4. Organizational experience and capacity.

The Abstract should be no more than two (2) double-spaced typed pages in length.

3.5 WAIVER DESCRIPTION

3.5.1 Statement of Understanding

Identify the service delivery, economic, social, psychological, institutional, geographical, and other problems that this demonstration waiver is designed to address. Include any relevant data on the target population and the potential benefit of community-based alternative services.

3.5.2 Approach

Outline a plan of action that describes the scope and detail of how the proposed work will be accomplished. Describe any unusual features of the proposed project that relate to design, service coordination, community involvement, or youth/family participation. Include at a minimum the following:

1. Number of participants to serve (up to 97).
2. Evidenced-based practice(s) to be incorporated.
3. Describe/discuss existing continuum of care provided by your organization.
4. Discuss/describe the proposed array of services to be provided, who will provide them, how will they be accessed, and progression (or regression) from one service to another.
5. Intensive Case Management - Describe the proposed use and role of the service/support coordinator facilitating the implementation of the ISP.
6. Wraparound Services – Discuss/describe how your organization will use “wraparound” to provide all inclusive care and ensure that the services/supports identified in the ISP will be appropriate, available and accessible.
7. Provide an estimated timeline of activities necessary to accomplish the objectives of the project.
8. Provide a logic model for the proposed project, including inputs, activities, outputs, and outcomes.
9. Describe existing programmatic internal quality controls and how those will be applied to this project.
10. Identify all key organizational staff and contracted personnel to be working on the project, to include the title of the position, role, relevant experience, education/professional qualifications, time commitment, etc.

**MYPAC Transitional Age Youth
Demonstration Waiver
RFP # 20090717**
Office of the Governor – Division of Medicaid

3.5.3 Evaluation

Provide an evaluation plan narrative for how the results of the project will be evaluated, including what outcomes are expected, how will they be measured, how often, criteria to be used, methodology to be used, etc.

3.6 ORGANIZATIONAL PROFILE

Provide information on the applicant organization, including mission, programs/services provided, relevant experience, # of staff, organizational chart, governance structure, financial statements (current budget, audit), licenses and accreditations, and other information that would be helpful in assessing organizational capacity to implement this demonstration waiver. Identify and briefly describe any coordinating or partnering organizations and their role/function with the proposed project.

3.7 FINANCIAL INFORMATION

Claims for payments based on established rates for services delivered shall be electronically submitted to DOM on a monthly basis.

3.8 ASSURANCES

One Statement of Assurance incorporating each of the following and identifying the applicant's acknowledgement, understanding, and agreements to each shall be submitted with the application and signed by the Chief Executive Officer of the applicant organization.

1. Coordination of ALL care.
2. Payment for all care, EXCEPT medical care.
3. Shared financial responsibility for stay in PRTF/Acute Psychiatric Unit. (Include 9/10/10 cost sharing formula identified in section 2.4).
4. Participation in all training and technical assistance in accordance with the established timeline.
5. Cooperation and participation in statistical and data collection for evaluation purposes.
6. Promotion of the health and welfare of all youth enrolled in the project.
7. All service planning and delivery incorporates "family driven" approach.

3.9 PROVIDER APPLICATION

All Offerors must submit a completed DOM Provider enrollment application and provide all required supporting documents. This requirement must be met even if the Offeror is a current Medicaid Provider.

**MYPAC Transitional Age Youth
Demonstration Waiver
RFP # 20090717**
Office of the Governor – Division of Medicaid

3.10 SUPPORTING DOCUMENTS

Locate and index all supporting documents in this section, including evidence-based practice information, organizational chart, licenses/certifications, evidence of any accreditations (COA, JCAHO, DMH), audit, job descriptions, resumes, third-party agreements, and other related, supporting information.

Remainder of Page Intentionally Left Blank

**MYPAC Transitional Age Youth
Demonstration Waiver
RFP # 20090717**
Office of the Governor – Division of Medicaid

4.0 PROPOSAL EVALUATION CRITERIA

4.1 STATEMENT OF UNDERSTANDING - 25 points

1. Extent to which the application describes the issues and needs of the target population youth to be served and their families.
2. Extent to which the applicant describes the service delivery, economic, social, psychological, institutional, geographical, and other problems that this demonstration waiver is designed to address.

4.2 APPROACH - 50 points

1. Extent to which the application describes the number of youth to be served.
2. Extent to which the application describes the evidence-based practice(s) to be used.
3. Extent to which the application describes the organization's existing continuum of care or the continuum to be developed for this project.
4. Extent to which the application describes the comprehensive array of services to be provided.
5. Extent to which the application describes the case management to be provided.
6. Extent to which the application describes the wraparound services to be provided.
7. Extent to which the application describes the objectives, strategies, activities to accomplish the work plan.
8. Extent to which the application presents a Logic Model that illustrates the inputs, outputs, and the desired results of the project.
9. Extent to which the application describes what outcomes are expected, how they will be measured, how often, criteria to be used, and methodology of evaluating the project.
10. Extent to which the applicant has access to and describes the use of PRTF/Acute Psychiatric Unit respite.

4.3 ORGANIZATIONAL PROFILE – 25 points

1. Extent to which the application describes the mission, services, # of staff, governance structure, etc. of the applying organization.
2. Extent to which the application demonstrates the organization's capacity and relevant experience necessary to successfully implement the project.
3. Extent to which the application describes the qualifications and experience of key staff members who will working on the project.
4. Extent to which the application identifies and explains the role of any consultants and/or partnering organizations.