



## REGION **V** SYSTEMS

*Promoting Comprehensive Partnerships in Behavioral Health*  
1645 N Street, Lincoln, Nebraska 68508  
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<https://region5systems.net/>

# Request for Proposal

# Coordinated Specialty Care

# September 18, 2024



**Region V Systems  
Request for Proposal  
Coordinated Specialty Care**

**Release Date:** Wednesday, September 18, 2024  
**Submittal Deadline:** Friday, October 18, 2024  
**No later than 4:00 p.m.**

**Contact:** Amanda Tyerman-Harper  
Director of Network Services  
Region V Systems  
[networkmanagement@region5systems.net](mailto:networkmanagement@region5systems.net)

**Submit To:** Region V Systems  
1645 'N' Street  
Lincoln, NE 68508

Submission by fax, telephone, or e-mail is not permitted

Region V Systems (RVS) is pleased to announce the release of a Request for Proposal (RFP) for entities interested in providing Coordinated Specialty Care. The “Request for Proposal” can be found at [www.region5systems.net](http://www.region5systems.net). The application must contain all required information. Applicants should submit the RFP in the following formats by Friday, October 18, 2024, no later than 4:00 p.m.:

- Electronically to Amanda Tyerman-Harper at [networkmanagement@region5systems.net](mailto:networkmanagement@region5systems.net)
- One (1) original and
- Five (5) copies of the proposal to Region V Systems

RVS reserves the right to request clarification or additional information from any Applicant. This solicitation does not obligate RVS to award a contract to any Applicant. RVS, at its option, reserves the right to waive as informality any irregularities in and/or reject any or all applications.

All questions regarding this RFP shall be made in writing using the “*Request for Information*” form available on the RVS website. Completed forms shall be emailed to Amanda Tyerman-Harper at [networkmanagement@region5systems.net](mailto:networkmanagement@region5systems.net). Written responses to questions will be made by RVS personnel via email to the inquiring party and all parties that submitted a Letter of Intent within one (1) business day.

All notices, decisions, documents, and other matters relating to the RFP process will be electronically posted on the RVS website. RVS reserves the right to amend, modify, supplement, or clarify this RFP at any time at its sole discretion.

Under the parameters of the RFP process coordinated by RVS, with the exception of clarifying questions, prospective Applicants are prohibited from contacting personnel of RVS, the Department of Health and Human Services, members of RVS’ Behavioral Health Advisory Committee (BHAC) or Regional Governing Board (RGB) regarding this solicitation during the period following the release of this RFP, during the proposal submission and evaluation period, and until a determination is made and announced. Violation of these provisions may be grounds for rejecting a reply to this RFP.

Note: No Applicant shall be excluded from participation in, denied the benefit of, subject to discrimination under, or denied employment in the administration of or in connection with this RFP because of race, color, creed, marital status, familial status, religion, sex, sexual orientation, national origin, Vietnam era or disabled veteran’s status, age, or disability. The Applicant shall comply with all applicable federal, state, and local nondiscrimination laws, regulations, and policies.

## **SECTION I – INTRODUCTION**

### **Region V Systems**

Region V Systems, a political subdivision of the state of Nebraska, has the statutory responsibility for organizing and supervising comprehensive behavioral health services in the Region V Systems area which includes 16 counties in southeast Nebraska. The service area for Region V Systems includes Butler, Fillmore, Gage, Jefferson, Johnson, Lancaster, Nemaha, Otoe, Pawnee, Polk, Richardson, Saline, Saunders, Seward, Thayer, and York counties in southeast Nebraska.

Region V Systems, one of six regional behavioral health authorities in Nebraska, along with the state's three Regional Centers, make up the state's public behavioral health system, also known as the Nebraska Behavioral Health System (NBHS). Region V Systems is governed by a board of county commissioners, who are elected officials from each of the 16 counties represented in the service area. The Regional Governing Board (RGB) is under contract with the Nebraska Department of Health and Human Services System, the designated authority for administration of behavioral health programs for the state.

Each RGB appoints a regional administrator (RA) to be the chief executive officer responsible to the RGB. The RGB also appoints an advisory committee for the purpose of advising the Board regarding the provision of coordinated and comprehensive behavioral health services within the Region to best meet the needs of the general public. In Region V systems, the Behavioral Health Advisory Committee (BHAC) is comprised of 15-20 members including consumers, concerned citizens, and representatives from other community systems in the Region.

Region V Systems' purpose is to provide coordination, program planning, financial and contractual management, and evaluation of all mental health and substance services funded through a network of behavioral health providers. Currently, Region V Systems has 13 providers in its network who have met the minimum standards required to be a member of the network; each provider has a contract with Region V Systems to deliver a variety of behavioral health services. Region V Systems, as payor of last resort, primarily serves financially eligible adults and youth with or at risk of serious mental illness, substance use disorder, and/or substance dependence.

## **SECTION II – STATEMENT OF PURPOSE**

Region V Systems recognizes the importance of providing evidence-based interventions to address early-stage first episode of psychosis in our 16-county service area. Point in time data obtained from the Nebraska Department of Health and Human Services, Division of Behavioral Health Centralized Data System (CDS) identified 130 unique individuals who met the admission guidelines of age and behavioral health diagnosis for Coordinated Specialty Care and were in service with a network provider. However, the number of individuals who could benefit from Coordinated Specialty Care is likely to be larger, as the total of 130 does not include individuals who receive behavioral health services through another funding source and does not include individuals who do not receive any behavioral health services. The National Center for Biotechnology Information estimates that around 1.5 to 3.5 percent of individuals will meet the diagnostic criteria for a psychotic disorder during their lifetime. Using population data from 2022 provides a conservative estimate of between 1,900 and 4,000 individuals within the Region V Service area who could benefit from Coordinated Specialty Care.

The Substance Abuse and Mental Health Services Administration (SAMHSA) has prioritized implementation of evidence-based early interventions to address the early stages of serious mental illness, including first episodes of psychotic disorders. Setting this priority follows recognition that, historically, mental health intervention and treatment services have focused on the later stages of illness. Concentrating societal resources on late-stage illness has meant that interventions have often occurred only after things reached a crisis. While acute care is necessary, it is also costly in terms of increased financial burdens for public mental health systems, lost economic productivity for patients and their families, and the heavy toll on health and quality of life for patients and their family members. The guidance from SAMHSA has also been informed by growing concerns among patients and family members that mental health systems need to do more when people first experience serious mental illness.

Research published in the Journal of American Medical Association indicated that schizophrenia is among the ten most debilitating disorders in the United States, being associated with high disability and enormous personal and societal cost. It was noted that individuals with schizophrenia die on average 15-20 years prematurely, with an increasing mortality gap. Outcomes for individuals with schizophrenia spectrum disorders have remained suboptimal. However, because people with

early-phase schizophrenia spectrum disorders have not endured many years of illness and functional decline and generally respond better to treatment, there has been an increasing focus on early identification and optimized treatment.

Several research programs for individuals with early-phase schizophrenia spectrum disorders yielded promising results for early intervention services that are specifically designed to meet the needs of individuals with early-phase psychosis. Early intervention services require a multidisciplinary team of behavioral health professionals who provide multimodal treatment, including different psychosocial and psychopharmacological interventions that are tailored to the needs of each individual. These interventions are provided in a coordinated and integrated fashion instead of referring individuals to multiple separate providers for each service.

The results of meta-analyses that compared the effectiveness of early intervention services with treatment as usual indicated that early intervention services were associated with superior outcomes across a wide range of clinically relevant outcomes. The point in time data from CDS indicated that of the 130 unique individuals who met the admission guidelines of age and behavioral health diagnosis for Coordinated Specialty Care, approximately 127 could be considered to be receiving treatment as usual. In addition, research supported by the National Institute of Mental Health indicated that individuals who received treatment provided using the NAVIGATE model remained in treatment longer, had more improvement in overall symptoms, depression, and quality of life, were more likely to receive prescriptions that conformed to best practices, and experienced less side effects when compared with individuals who received treatment as usual.

The service definition for Coordinated Specialty Care is included in this document and can be found in the Nebraska Department of Health and Human Services, Division of Behavioral Health Continuum of Care Manual. This service definition indicates that Coordinated Specialty Care teams will be trained in the NAVIGATE model. The following description of NAVIGATE was obtained from the NAVIGATE website ([www.navigateconsultants.org](http://www.navigateconsultants.org)). NAVIGATE is a comprehensive program designed to provide early and effective treatment to individuals who have experienced a first episode of psychosis. It was developed with support from the National Institute of Mental Health and has been implemented at over 60 sites throughout the U.S. as well as in China, Canada, and Israel. NAVIGATE teams have served urban, suburban, and rural populations, and have provided treatment to people from diverse ethnic and cultural backgrounds.

The goal of NAVIGATE is recovery and resiliency. The concept of recovery and resiliency offers perspectives that do not focus on the severity or persistence of psychiatric symptoms, but rather on the consumer's ability to experience a rewarding and meaningful life. This perspective is consistent with models of positive health, which say that behavioral health is associated with leading a life of purpose and having quality connections with others.

NAVIGATE embraces this perspective of recovery and resiliency and defines recovery and resiliency in the following terms:

- Social/leisure functioning (e.g., quality of social relationships, involvement in leisure activities, independent and self-care living skills).
- Role functioning (e.g., school, work, parenting). and
- Well-being (e.g., self-esteem, hope, sense of purpose, enjoyment of life).

Each person who has had an episode of psychosis has to discover his or her own road to recovery and resiliency. NAVIGATE is designed to provide tools to help individuals find their own pathways, and to navigate the challenges of psychosis by choosing from among a broad range of treatments and strategies for helping them achieve their goals. NAVIGATE provides a forum for behavioral health professionals to work together with consumers and families, with each individual adding their own expertise and experience. Learning in the NAVIGATE program is reciprocal, with behavioral health professionals learning from consumers and families, and vice versa.

## SECTION III – TARGETED SERVICE AREA / POPULATION

### Service Area

Coordinated Specialty Care will be accessible and available to persons from the 16 counties that comprise the service area for Region V Systems (Butler, Fillmore, Gage, Jefferson, Johnson, Lancaster, Nemaha, Otoe, Pawnee, Polk, Richardson, Saline, Saunders, Seward, Thayer, and York).

### Utilization Guidelines

All of the following guidelines are necessary for admission into Coordinated Specialty Care:

1. Individuals ages 14 through 35 with a primary diagnosis of psychosis listed below, including individuals with co-occurring disorders:
  - a. F20.0 Paranoid schizophrenia
  - b. F20.1 Disorganized schizophrenia
  - c. F20.2 Catatonic schizophrenia
  - d. F20.3 Undifferentiated schizophrenia
  - e. F20.5 Residual schizophrenia
  - f. F20.81 Schizophreniform disorder
  - g. F20.89 Other schizophrenia
  - h. F20.9 Schizophrenia, unspecified
  - i. F21 Schizotypal disorder
  - j. F22 Delusional disorders
  - k. F23 Brief psychotic disorder
  - l. F24 Shared psychotic disorder
  - m. F25.0 Schizoaffective disorder, bipolar type
  - n. F25.1 Schizoaffective disorder, depressive type
  - o. F25.8 Other schizoaffective disorders
  - p. F25.9 Schizoaffective disorder, unspecified
  - q. F28 Other psych disorder not due to a sub or known physical cond.
  - r. F29 Unspecified psychosis not due to a substance or known physical condition
2. Symptoms of a psychotic disorder for a period lasting more than one week and no more than two years.
3. Presence of functional deficits in two of three functional areas: Vocational/Education, Social Skills, and Activities of Daily Living.
  - a. Vocational/Education: inability to be employed or an ability to be employed only with extensive supports; or deterioration or decompensation resulting in inability to establish or pursue educational goals within normal time frame or without extensive supports; or inability to consistently and independently carry out home management tasks.
  - b. Social Skills: repeated inappropriate or inadequate social behavior or ability to behave appropriately only with extensive supports; or consistent participation in adult activities only with extensive supports or when involvement is mostly limited to special activities established for persons with mental illness; or history of dangerousness to self/others.
  - c. Activities of Daily Living: Inability to consistently perform the range of practical daily living tasks required for basic adult functioning.
4. Individual can reasonably be expected to benefit from the Coordinated Specialty Care model.

All of the following guidelines are necessary to continue receiving Coordinated Specialty Care:

1. Individual's condition continues to meet Admission Guidelines at this level of care.
2. Individual's treatment does not require a more intensive level of care, and no less intensive level of care would be appropriate.

3. There is a reasonable likelihood of substantial benefits as demonstrated by objective behavioral measurements of improvement in functional areas.
4. Individual demonstrates progress in relation to specific symptoms or impairments, but goals of treatment/rehabilitation/recovery plan have not yet been achieved.

## **SECTION IV – ELIGIBILITY CRITERIA**

The applicant:

- Will make Coordinated Specialty Care accessible and available to persons from the 16 counties that comprise the Region V Systems service area (Butler, Fillmore, Gage, Jefferson, Johnson, Lancaster, Nemaha, Otoe, Pawnee, Polk, Richardson, Saline, Saunders, Seward, Thayer, and York).
- May be a state, county, or community-based public, private not-for-profit, private for-profit agency, or faith-based organization.
- Must be a legal entity already established and functioning with paid personnel and demonstrable experience in working with the identified target population.
- Is currently a member in Region V System’s Provider Network or, for new applicant, demonstrate how it meets all the requirements outlined in the Minimum Standards for Enrollment in Region V System’s Behavioral Health Provider Network (see Section XII-Appendix G) to be included as a member of Region V System’s Provider Network.
- Must have the capacity to register services through the State of Nebraska Centralized Data System (CDS) and Electronic Billing System (EBS). The use of an Electronic Health Record platform is preferred.
- Must agree to collect and report data, such as outcomes, to Region V Systems.
- Has been in operation and in good standing (based on a current independent audit) for at least 12 months.
- Is enrolled with Nebraska Medicaid and is contracted with all Medicaid Managed Care Organizations (MCOs) or is willing/able to enroll with Nebraska Medicaid and contract with all Medicaid MCOs for all NAVIGATE interventions that can be reimbursed by Nebraska Medicaid.
- Will demonstrate the capacity to bill third party insurance, including private insurance and Medicaid for all NAVIGATE interventions that can be reimbursed by third party insurance.
- Must hold accreditation by a nationally recognized accreditation organization (i.e., CARF, COA, TJC) or have an accreditation development plan that outlines the agency’s timeline (maximum two years) of applying for national accreditation.
- Limited capacity development funding is available to the selected applicant.

## **SECTION V - SCOPE OF SERVICE**

The provision of NAVIGATE services is divided into two phases: the Engagement and Stabilization Phase and the Recovery/Resiliency Phase.

The Engagement and Stabilization Phase is expected to last one to two months, depending on the clinical status of the consumer (i.e., whether the consumer is experiencing acute symptoms of psychosis or the symptoms are remitted). The goals of this phase are to:

- Engage the consumer and family into treatment, including meeting members of the NAVIGATE team and having short (20 minute) meetings with each if possible.
- Initiate assessment, goal setting, and treatment planning.
- Initiate and adjust medication to treat symptoms.
- Address urgent basic needs (such as housing, medical problems, and legal issues).

The length of the Recovery/Resiliency Phase varies depending upon the needs and progress toward the personal goals of each consumer. Most consumers remain active in NAVIGATE treatment for at least two years. Collaborative treatment planning meetings, including the consumer, family, and/or other significant persons, and NAVIGATE team members are held at the beginning of treatment, and collaborative treatment review meetings (again including the consumer, family, and/or other significant persons) occur at least every six months

The Recovery/Resiliency Phase includes providing the interventions of NAVIGATE, each tailored to the individual consumer and family (or other natural supports): 1) Individualized Medication Management, 2) Family Education, 3) Supported Employment and Education, 4) Individual Resiliency Training, 5) Case Management, and 6) Peer Support.

NAVIGATE encourages the teams to offer all the interventions to consumers and families but does not require them to participate in everything. However, without being offered the interventions and educated about what benefit the interventions might have, it is difficult for consumers and families to make informed decisions about participating. Therefore, it is critical to review the benefits and risks of all aspects of NAVIGATE with consumers and families and give them the opportunity to meet face to face with the team members who will be providing those interventions.

Supported Employment and Education, and Individualized Medication Management. NAVIGATE embraces a shared decision-making approach with a focus on strengths and resiliency, and collaboration with consumers and family members in treatment planning and reviews.

The Nebraska Department of Health and Human Services, Division of Behavioral Health service definition for Coordinated Specialty Care indicates that the staffing requirements for Coordinated Specialty Care include the following:

- Program Director: A bachelor’s degree or higher in psychology or sociology for a related human service field is required. Demonstrated experience, skills, and competencies in behavioral health management. A master’s degree in a human service field preferred.
- MD, PA, or APRN who serves as the team prescriber.
- Licensed Mental Health Practitioners (LIMHP, LMHP, PLMHP, Psychologist, Provisional Psychologist) in role of Individual Resiliency Trainer.
- Licensed Mental Health Practitioners (LIMHP, LMHP, PLMHP, Psychologist, Provisional Psychologist) in role of Family Education Clinician. The Program director may also take the role of the Family Clinician on the team but must be a licensed mental health practitioner (LIMHP, Psychologist, Provisional Psychologist).
- Direct Care Staff shall have demonstrated skills and competencies in treatment with individuals with a behavioral health diagnosis, demonstrated by at least one of the following: two years lived experience; two years direct care experience in a human service field; two years of training in a human service field; or a bachelor’s degree or higher in psychology, sociology, or related human service field, which is preferred.
- Team may also include a Certified Peer Support Specialist (optional).

All team members must participate in training provided by NAVIGATE (cost to be included in the Capacity Development budget). The selected applicant will be responsible for contacting NAVIGATE to schedule this training.

The following information is from the Nebraska Continuum of Care Manual for Mental Health and Substance Use Disorders from the Nebraska Department of Health and Human Services, Division of Behavioral Health:

Service Name	COORDINATED SPECIALTY CARE
<b>Funding Source</b>	Behavioral Health
<b>Setting</b>	Community-based setting, including individual’s home
<b>Facility or Professional License</b>	As required by DHHS Division of Public Health
<b>Basic Definition</b>	Coordinated Specialty Care is a comprehensive, recovery-oriented team-based approach to treating early psychosis that promotes easy access to care, shared decision-making, strengths and resiliency, motivational enhancement skills, psychoeducational teaching skills, and collaboration with natural support. It targets individuals aged 14 to 35 and their families for early intervention, restoration of age-appropriate activities, resiliency, and recovery.

Service Name	COORDINATED SPECIALTY CARE
<b>Service Expectations</b>	<ul style="list-style-type: none"> <li>• Complete a mental health assessment if one has not been completed within the 12 months prior to admission to Coordinated Specialty care to ensure the individual meets the DSM (current edition) criteria for having a diagnosis of psychosis consistent with the admission guidelines. The mental health assessment is to identify the need for Coordinated Specialty Care and outline the needed services and resources for the individual. The mental health assessment shall serve as the initial treatment plan until the comprehensive plan of care is developed. <ul style="list-style-type: none"> <li>○ If the mental health assessment was completed within 12 months prior to admission, a licensed professional should review and update as necessary via an addendum to ensure the information is reflective of the individual’s current status and functioning. The review and update should be completed within 30 days of admission.</li> </ul> </li> <li>• Additional assessments will be provided by the Coordinated Specialty Care team, to aid in treatment planning needs. These include: recovery and resiliency, mental health (including symptoms and functioning, if this has not already been done), illness management, physical health, family and other supports, and basic living needs.</li> <li>• Development of a treatment/recovery team including formal and informal supports as chosen by the individual in addition to the Coordinated Specialty Care team members.</li> <li>• An initial treatment, recovery, and rehabilitation plan must be developed within 24 hours to guide the first 30 days of treatment.</li> <li>• An individualized treatment plan is developed by the team within 30 days of admission that integrates individual strengths and needs, formal and informal supports, measurable goals, and a documented discharge and relapse prevention plan/safety plan.</li> <li>• Review the individualized treatment plan and discharge plan with the individual’s team, including the individual, every 90 days, or as clinically indicated. Each review should be signed by members of the team and the individual served.</li> <li>• The Coordinated Specialty Care team is expected to provide psychotherapy, family support and education, supported education, medication management, care coordination, and peer support (if the team has access to a certified peer).</li> <li>• The Coordinated Specialty Care team is expected to meet regularly to discuss referral, review consumer progress towards treatment goals and discuss care coordination needs.</li> <li>• Care coordination activities include: coordination or assistance in accessing medical, psychiatric, psychopharmacological, psychological, social, education, housing, employment, transportation or other appropriate treatment/support services as well as linkage to other community services identified.</li> <li>• Provision of active rehabilitation and support interventions with focus on vocational/education, social skills, and/or activities of daily living, and other independent living skills that enable the individual to reside in the community.</li> <li>• The Coordinated Specialty Care team meets on a weekly basis, are led by the Program Director, and reviews all current active cases.</li> <li>• Outreach, primarily by team lead, to community for education, referrals, and resources.</li> <li>• Referrals to crisis assistance must be available 24 hours a day, 7 days a week.</li> <li>• Service must be trauma-informed and culturally sensitive.</li> <li>• Supervision of service as required by the practitioner’s license.</li> <li>• All providers are expected to provide services within their scope of practice.</li> </ul>
<b>Length of Services</b>	Length of services is individualized and based on clinical criteria for admission and continuing stay.
<b>Staffing</b>	<ul style="list-style-type: none"> <li>• Program Director: A bachelor’s degree or higher in psychology, sociology for a related human service field is required. Demonstrated experience, skills, and competencies in behavioral health management. A master’s degree in a human service field preferred.</li> <li>• The coordinated specialty care team includes the following: <ul style="list-style-type: none"> <li>○ MD, PA, or APRN who serves as the team prescriber</li> <li>○ Licensed Mental Health Practitioners (LIMHP, LMHP, PLMHP, Psychologist, Provisional Psychologist) in role of Individual Resiliency Trainer</li> <li>○ Licensed Mental Health Practitioners (LIMHP, LMHP, PLMHP, Psychologist, Provisional Psychologist) in role of Family Education Clinician. The Program director may also take the role of the Family Clinician on the team but must be a licensed mental health practitioner (LIMHP, Psychologist, Provisional Psychologist).</li> <li>○ Direct Care Staff shall have demonstrated skills and competencies in treatment with individuals with a behavioral health diagnosis, demonstrated by at least one of the following: two years lived experience; two years direct care experience in a human service field; two years of training in a human service field; or a bachelor’s degree or higher in psychology, sociology, or related human</li> </ul> </li> </ul>



<b>Service Name</b>	<b>COORDINATED SPECIALTY CARE</b>
	<p>service field, which is preferred.</p> <ul style="list-style-type: none"> <li>• Team may also include a Certified Peer Support Specialist (optional)</li> <li>• The Coordinated Specialty Care team will be trained in the NAVIGATE model.</li> </ul>
<b>Staffing Ratio</b>	Up to 25 individuals per team
<b>Hours of Operation</b>	Typical business hours with evening and weekend hours available by appointment, with 24/7 access to a crisis intervention services
<b>Individual Desired Outcome</b>	<ul style="list-style-type: none"> <li>• Successful transition to a less intensive level of care</li> <li>• Individualized goals and objectives substantially met</li> <li>• Crisis/safety/relapse prevention plan is in place</li> <li>• Active and ongoing engagement in educational or volunteer activities or is competitively employed and maintaining job of choice</li> <li>• Formal and informal support system in place</li> <li>• Stable in the community environment of choice.</li> </ul>

## **SECTION VI - FINANCIAL SPECIFICATIONS**

### **Total Region V Systems Funds Available**

The annual allocation available for a twelve-month period/Region fiscal year (July 1-June 30) is specified below:

<b>Service</b>	<b>RVS Available Funds</b>
Coordinated Specialty Care	\$118,654.00

### **Funding Sources**

Funding for this RFP may include the following sources:

**STATE GENERAL FUNDING:** The contract amount includes funds contracted to Region V Systems by the Nebraska Department of Health and Human Services, Division of Behavioral Health. Funds are passed through to the Regional Behavioral Health Authority and subsequently passed through from the Regional Behavioral Health Authority to the Network Provider(s).

**FEDERAL BLOCK GRANT FUNDING:** The contract amount includes funds that are contracted to the Nebraska Department of Health and Human Services, Division of Behavioral Health, by the Department of Health and Human Services, Substance Abuse and Mental Health Administration (SAMHSA). Funds are passed through to the Regional Behavioral Health Authority and subsequently passed through from the Regional Behavioral Health Authority to the Network Provider(s).

### **Reimbursement Methods**

Services are reimbursed as follows:

**FEE FOR SERVICE (FFS):** Services will be reimbursed on a monthly case rate of \$1,429.25. If the selected applicant wishes to collaborate with another agency to provide one or more of the NAVIGATE interventions, the monthly case rate will be paid as noted below:

Individualized Medication Management	\$326.58
Individual Resiliency Training & Family Education	\$497.71
Supported Employment and Education	\$241.02
Case Management, Peer Support, Flex Funds	\$363.94
Total per month	\$1,429.25

The selected applicant shall bill third party insurance, including private insurance and Medicaid for all NAVIGATE interventions that can be reimbursed by third party insurance. The amount received from third party insurance shall be deducted from the monthly case rate.

**Non-Transfer of Funding Award**

Any contract awarded to a successful Applicant may not be transferred or assigned by the Applicant/contractor to any other organization or individual.

**Use of Subcontractors**

The successful Applicant may be permitted to subcontract for the performance of certain required administrative or programmatic functions. Anticipated use of subcontractors must be clearly explained in the RFP identifying the proposed subcontractors and their proposed role. Use of treatment subcontractors and the terms and conditions of the subcontract must be approved by RVS in advance of execution of any subcontract.

The successful Applicant is fully responsible for all work performed by subcontractors. No subcontract into which the successful Applicant enters with respect to performance under the contract will, in any way, relieve the successful Applicant of any responsibility for performance of its duties.

**SECTION VII – RFP PROCESS**

The RFP is designed to solicit proposals from qualified applicants who will be responsible for providing Coordinated Specialty Care for all consumers who reside in the Region V Systems service area who also meet the financial eligibility requirements, the clinical eligibility requirements, and the requirements to be lawfully present in the United States. Only those applicants who submit a *Letter of Intent* are eligible to respond to this Request for Proposal (RFP).

All events related to the RFP process will follow the timeline outlined below:

**Schedule of Events and Deadlines**

Notice of Bidders Conference/RFP Released	September 18, 2024
Bidders Conference (in person) Location:     Region V Systems 1645 N Street Lincoln, NE 68508	September 25, 2024 (9:30-11:00am)
Letter of Intent Due to Region V Systems	September 27, 2024 (by 4:00 pm)
Request for Proposal Application Deadline	October 18, 2024 (by 4:00 pm)
Review Committee Reviews Applications	October 18 – 25, 2024
Region Submits Applicant Budget to DBH	October 25, 2024
Behavioral Health Advisory Committee Meeting (Review Committee Recommendations)	November 6, 2024
Regional Governing Board (Motion to Approve Funding)	November 18, 2024
Award Announcement Disseminated and Contract Negotiations Begin	November 18, 2024

**Bidders Conference**

All interested parties are required to attend the Bidders Conference at the Region V Systems office located at 1645 N Street, Lincoln, Nebraska 68508. The Bidders Conference is scheduled to begin at 9:30 am. The purpose of the Bidders Conference is to disseminate and review the contents of the RFP. Interested parties will have the opportunity to ask oral questions regarding the RFP. However oral responses from representatives of Region V Systems to questions asked at the Bidders

Conference shall not be considered binding. Attendance at the Bidders Conference is a prerequisite for acceptance of proposals.

### **Letter of Intent**

Region V Systems must receive a Letter of Intent (applicant must use Region V Systems' "*Letter of Intent*" form, (Appendix A) by 4:00 p.m., September 27, 2024. from applicants interested in completing a proposal. Applicants must submit a Letter of Intent to be eligible for funding; however, submitting a Letter of Intent does not bind the organization to submit an application. If there are changes or important interpretations to be communicated to prospective applicants prior to the proposal due date, those will be communicated to only those organizations which have submitted a Letter of Intent.

### **Contact Person**

The contact person for all communication regarding this RFP is:

Amanda Tyerman-Harper  
Director of Network Services  
Region V Systems  
1645 N Street  
Lincoln, NE 68508  
(402) 441-4343  
[networkmanagement@region5systems.net](mailto:networkmanagement@region5systems.net)

### **Limits on Communications**

Questions to the identified contact person regarding this RFP may be made by email using Appendix B, "*Request for Information*" form, available electronically at [www.region5systems.net](http://www.region5systems.net). Written responses to questions will be made by RVS personnel via email to the inquiring party and other applicants who submitted a Letter of Intent within one business day.

With the exception of clarifying questions, Applicants are prohibited from contacting personnel of Region V Systems, the Nebraska Department of Health and Human Services, and members of Region V System's Behavioral Health Advisory Committee (BHAC) and Regional Governing Board (RGB) regarding this RFP solicitation during the period following the release of this RFP, during the proposal evaluation period, and until a determination is made and announced. Violation of these provisions may be grounds for rejecting a reply to this RFP.

## **SECTION VIII – RFP SUBMISSION INSTRUCTIONS**

All applicants must adhere to the following guidelines for submission of proposals:

1. The closing date for receipt of proposals is October 18, 2024. All proposals must be received in the Region V Systems office by 4:00 p.m. The Applicant may choose and is responsible for the method of delivery to Region V Systems, except that submission by facsimile will not be accepted at any time. Electronic transmission is required but does not replace the need to submit hard copies of the proposal.

### **Proposals must be sent or delivered in person to:**

Region V Systems  
1645 N Street  
Lincoln, NE 68508

- Information provided must be sufficient for review.
- Applicants shall not be allowed to alter or amend their proposals.
- FAX copies will not be accepted.
- Two-sided copying is NOT allowed.
- No requests for extensions of the due date will be approved.
- The RGB accepts no responsibility for mislabeled/mis-sent mail.
- Proposals received late will not be accepted and will be returned to the sender unopened.

2. Replies not received by the Contact Person at the specified place and by the specified date and time will be rejected as non-responsive and returned unopened to the Applicant. Region V Systems will retain one (1) original proposal for use in the event of a dispute.
3. All proposals received by the date and time specified become the property of Region V Systems and Region V Systems shall have the right to use all ideas, or adaptation of ideas, contained in any response to this RFP. Selection or rejection of the proposal shall not affect this right.
4. Applicants must submit one (1) original and five (5) copies of each proposal. In addition, an electronic submission of the RFP should be made to [networkmanagement@region5systems.net](mailto:networkmanagement@region5systems.net).
5. Proposals must be typed in 12-point font or less, submitted on standard white 8.5" by 11" paper, numbered consecutively on the bottom right-hand corner of each page, starting with the "Cover Page" through the last page of the document, including required appendices and attachments (NOTE: The "Minimum Standards" section should be stapled and numbered separately. Only one copy of the "Minimum Standards" is required).
6. Use black ink.
7. Staple or clip the original and each copy of the proposal at the upper left-hand corner. Do not use covers or add unsolicited attachments to your proposal.
8. All information must be provided using the actual Region V Systems' forms (the appendices provided in this RFP). All required forms are posted on the Region V System website: [www.region5systems.net](http://www.region5systems.net).
9. All instructions, conditions, and requirements included in this document are considered mandatory unless otherwise stated. RFP responses that do not conform to the items provided in this document will not be considered.
10. Any costs incurred in the submission of proposals are the responsibility of the Applicant.
11. The applicant may withdraw its proposal, with written notification, at any time in the process.

## SECTION IX – PROPOSAL FORMAT

Proposals must be organized in the following sections in the following order:

1. **Cover Page**: Complete the entire "*Cover Page*" (Appendix C) and obtain the signature of the chief executive officer, board chairperson, or other individual with the authority to commit the applicant to a contract for the proposed program/service.
2. **Executive Summary**: Complete the entire "*Executive Summary*" (Appendix D). The "*Executive Summary*" should summarize the program narrative and budget justification narrative.
3. **Capacity Development Plan Guidelines**:  
A Capacity Development Plan for Behavioral Health Services must be submitted and approved before state and/or federal funds can be used to develop a new service. The format specified in the Guidelines for Capacity Development must be used to apply for approval to fund a new service. The Capacity Development Plan must include the following:
  - A. Program Narrative
  - B. Development and Implementation Plan
  - C. Detailed Budget

## PROGRAM NARRATIVE

The **Program Narrative** is a written plan that describes, in detail, how the applicant will provide the service (Coordinated Specialty Care) being proposed. The following information must be provided in as thorough and complete detail as possible:

- A. Name and address of the **provider agency** with an explanation of why the provider can provide this program. Identify the specific amount of time (up to a maximum of 12 months) needed to develop the service and the dates of the service development period requested.
- B. Describe the **purpose** of the program. Explain the reason for developing the program in terms of the result expected to meet the needs of consumers.
- C. Thoroughly describe the **need** for the program using current, valid data to justify why this program should be developed at the agency applying, in this geographic area, and for the purpose detailed above. Report the source and period for the data. Include an explanation of why this need would logically lead to the development of the program being proposed.
- D. Describe the **target population** to be served and provide specific details about gender, ages, ethnicity, geographic location, school grades (if appropriate), mental illness(es) and/or substance use disorder needs, medical needs, and other relevant information about the persons to be served in this program.
- E. Provide a general overview of **how the program will be organized**. Include information about how the provider's resources (facility space, personnel-current/new, equipment, other) and administrative structure are coordinated and directed to meet the needs of the consumers through the proposed program. Does the proposal show a plan for coordination of services with other Region V Systems programs/services?
- F. List and explain the **goals of the program** which describe specific, measurable desired outcomes **from a consumer's point of view**. Explain what a consumer will want to gain from this program. The goals should have a direct relation to the program purpose and should deal specifically with issues related to the services to be delivered in the program. The goals should address expected short- and long-term benefits for the target population. Program goals do not include organization management or program development goals. These goals are **different than those identified on the BH-5**.
- G. Thoroughly describe **admission criteria** and procedures for consumers to access the program or how the Behavioral Health clinical criteria will be used in this program.
- H. Describe the **assessment process** and procedures which will be used in the program. Include an explanation of what information will be gathered for each consumer and how consumers in this program will be screened for other problems.
- I. List and include complete explanations of the **specific services** to be provided directly to the consumer:
  - 1) How individual treatment or rehabilitation planning will be done with the consumer and what is included in this individual plan.
  - 2) What is involved in the services to be provided within this program.
  - 3) How the services will be coordinated with other programs.
  - 4) The provisions for periodic reassessment and individual plan revision.
  - 5) Discharge planning procedures, criteria, and follow-up.
  - 6) The projected average length of stay in the program for the consumer to successfully reach the desired results as specified in the goals (see F above).
  - 7) How the program activities are designed for and appropriate to the developmental stage of the consumers to be served.
- J. Describe the procedures for direct consumer involvement in the program. Include an explanation of:
  - 1) How potential consumers will be informed about the program and consumer rights.
  - 2) How meaningful participation of consumers will be incorporated into the development, evaluation, and ongoing modification of the program.

- K. Discuss the **capacity** anticipated for the program. Program capacity means the total number of individual consumers considered "active" in the program at any given time. Daily census means the number of individual consumers who can be served on a single business day. Estimate the total number of consumers who can be served during the capacity development period, and, in a normal 12-month period (if the capacity development period is less than one year).
- L. Discuss the **program staffing** proposed. Include an explanation of the qualifications and supervision of the positions which will provide any services (direct and indirect) in the program. Please attach copies of any relevant job descriptions.
- M. Describe the **quality assurance plan** which will be used for this program and directed at desired outcomes for the consumer. Explain how information and data will be gathered to evaluate the program, what quality indicators will be used, how they will be used, who will be involved in making this happen, and the time frame for progress reports. Include the details of the quality improvement functions the agency plans to use in this program.
- N. Identify the specific **facility needs** of the program and explain how this program will meet those needs. How will the provider secure adequate square footage? Include an explanation of the relationship of this program within the operation of the provider agency.

## DEVELOPMENT and IMPLEMENTATION PLAN

The **Development and Implementation Plan** will be developed on **Form BH-5 (Appendix E)**. Several copies of the BH-5 form may be required to identify the goals and objectives necessary to develop and implement the service capacity. Complete a separate BH-5 for each service goal. Goals should address the following:

- A. Development process/implementation schedule: Explain in detail a clear step-by-step plan of how the program/service will be developed over a given period of time. List reasonable and necessary goals and objectives needed to develop and implement the service capacity. The activities stated should be comprehensive, can be accomplished, and have clearly identified time frames, staff responsibility assigned, and outcome indicators.
- B. How the applicant will complete a formal evaluation of the service, including steps in the process, and services provided.
- C. For service development/start-up, capacity access development goals should include, at minimum, how the applicant will do the following:
  1. Develop administrative structures and personnel for service.
  2. Develop a program, program operating policies and procedures, operation plan, registration/referral system for service.
  3. Develop reporting, financing, and quality improvement systems.
  4. Develop an infectious disease policy and disaster plan/policy, as both are required in state regulation.
  5. Indicate when the program/service will be operational. How long will it take to develop the program/service.

### Instructions for completing Form BH-5 (Appendix E)

Identify specific **goals** to address development issues (different from program goals for consumers as stated above).

- Column A. Each goal should include several time-limited, measurable **objectives** (including specific measurement indicators) which will all work together to successfully attain the goal.
- Column B. Each objective will need to have specific **activities** that have to be accomplished to fulfill the objective.
- Column C. Each activity must include the name of the **staff** person or the title of the position that will be

- primarily responsible for completing that activity.
- Column D. Each activity must have a specific **beginning and ending time** identified. This period must be within the proposed program/service development time period. Please be as specific as possible.
- Column E. Each activity must identify the **expected outcome** that demonstrates that development activity has been accomplished. This will measure if the program/service is progressing toward full administrative, financial, and programmatic development through successful completion of each activity.

## **BUDGET**

Each applicant must submit two complete budgets on Form BH-20 (Appendix F), one detailing annual ongoing costs and one detailing start-up costs related to the program/service. Actual or projected revenue by sources for ongoing program/service revenue must be included.

### **A. Itemized Annual Operating Budget**

Use the Summary page and BH-20c-h pages to develop the detailed annual budget for the program/ service. Also included is a list of specific items that would be in that budget section. List each expense separately, do not “lump” expenses together. All expenses must directly correlate to the program/service being proposed. Explain how costs were determined.

1. BH-20 Summary page details the Revenue and Expenses Summary
  - Revenue Category – Indicate the revenue expected for the program/service from all revenue sources that apply.
  - Expenses Category – Indicate the amounts expected for each of the expense categories.
2. BH-20c1 – Personnel Services Expenses page ensures that all staff positions to provide the specific program/service are reported on the form. Each position must be listed separately.
3. BH-20c2 – Fringe Benefits page identifies benefits for each staff listed on the BH-20c1 page.
4. BH-20d – Supplies/Operating Expenses page
5. BH-20e – Travel Expenses page lists each expense separately to include mileage and rate.
6. BH-20f – Contracts/Consultants page
7. BH-20g – Equipment page lists each equipment, including property capitalized separately.
8. BH-20h – Indirect page provides a copy of the preapproved federal rate (if applicable).

### **B. Start-up Budget/Capacity Access Development**

Use the Summary page and BH-20c-h pages to develop the one-time start-up budget for the program/service. These forms have a list (see below) that includes specific items for that budget section. List each expense separately, do not “lump” expenses together. All expenses must directly correlate to the program/service being proposed. Explain how costs were determined.

1. BH-20 Summary page details the Revenue and Expenses Summary
  - Revenue Category – Indicate the revenue expected for the program/service from all revenue sources that apply.
  - Expenses Category – Indicate the amounts expected for each of the expense categories.
2. BH-20c1 – Personnel Services Expenses page ensures that all staff positions to provide the specific program/service are reported on the form. Each position must be listed separately.
3. BH-20c2 – Fringe Benefits page identifies benefits for each staff listed on the BH-20c1 page.
4. BH-20d – Supplies/Operating Expenses page
5. BH-20e – Travel Expenses page lists each expense separately to include mileage and rate.
6. BH-20f – Contracts/Consultants page
7. BH-20g – Equipment page lists each equipment, including property capitalized separately.
8. BH-20h – Indirect page provides a copy of the preapproved federal rate (if applicable).

Note: All funds must be identified in the proposal. Additional funds will not be made available after the award.

- C. Budget Justification Narratives: A separate narrative should accompany each of the two budgets described above and should detail why the costs listed on the budget itemization forms are necessary and how those costs were calculated. Please address the following items separately in the narrative:
1. Identify amounts and sources of any other revenues to be used or received with this program/service.
  2. Explain needs by position, number of full-time equivalents (FTEs) and their respective salary and fringe costs separately
  3. Explain how ongoing operational, travel, equipment, personnel, professional fees, consultant needs and costs were determined.
  4. Identify amounts and sources of any other revenue to be used or received with this program/service.
  5. Explain how long it will take to develop the program/service and why.
- D. Expense Categories for BH-20: The listing of expenses included under each category is not intended to be all inclusive nor exclusive. It is intended to provide common examples of the type of expenditures to include in each category. Please read the list thoroughly before completing the BH-20.
1. Personnel Services (BH-20c1)  
Personnel expenses that can be directly associated with the program/service being purchased (via time coding or time study).
    - Permanent salaries/wages, including Administrative (time study required)
    - Temporary salaries/wages
    - Overtime pay
    - Compensatory time pay
    - Vacation leave expense
    - Sick leave expense
    - Holiday leave expense
    - Military leave expense
    - Funeral leave expense
    - Civil leave expense
    - Injury leave expense
  2. Fringe Benefits (BH-20c2)  
Other personnel expenses directly associated with the program/service being purchased.
    - Retirement plans expense
    - Social Security benefits expense
    - Life/accident insurance
    - Health insurance
    - Unemployment compensation insurance
    - Employee assistance program
    - Health Saving Plan/Flexible Spending Plan
  3. Supplies/Operating (BH-20d)  
Operational costs that can be directly associated with the program/service being purchased with established methodology and consistent application.
    - Postage
    - Communication (i.e., phone/voice mail/email)
    - Data processing/computer hardware/software
    - Internet services
    - Publications/newsletter/printing
    - Training materials (booklets, pamphlets, curriculum, videos, etc.)
    - Copying
    - Professional dues/subscriptions
    - Registration fees
    - Insurance (i.e., liability, building, auto)



- Program/service marketing/advertising (necessary for program/service or recruitment)
  - Conference/professional development
  - Job applicant (i.e., recruitment expenses)
  - Utilities (i.e., electricity/water/gas)
  - Rental expenses (i.e., building/equipment/vehicle)
  - Repair/maintenance (i.e., building/equipment/vehicle – under capitalization threshold)
  - Office supplies
  - Office equipment (under capitalization threshold)
  - Workshops/retreats/trainings/classes
  - Equipment supplies
  - Education supplies
4. Travel (BH-20e)  
Expenses for travel incurred while providing the program/service being purchased per agency travel policy and applicable state or federal requirements.
- Board and lodging (includes meals for longer than one day stay)
  - Meals – one day travel
  - Commercial transportation
  - Agency owned transportation
  - Mileage – personal vehicle
5. Consultants/Contracts (BH-20f)  
Other expenses directly associated with the program/service being purchased.
- Consultants
  - Contracts for other services (i.e., non-employee physicians, nurses, etc.)
6. Equipment (BH-20g)  
Expenses for tangible personal property (including information technology systems) that has a useful life of more than one year and a per unit acquisition cost based on the organization’s capitalization definition or \$5,000.00 whichever is less.
7. Indirect (BH-20h)  
Preapproved federal rate or preapproved DHHS indirect rate (copy of approval must be attached)

### **Capacity Development Progress Reports**

Monthly Capacity Development reports will be required for any program/service approved for capacity development. The Capacity Development report must communicate details of the progress made toward completion of goals, the progress in developing and providing the service, and the progress made to move the payment method from capacity development funding to Fee for Service (FFS) funding.

- Format for Monthly Progress Report – a BH-5 should be used to report progress and should include details and data on progress toward meeting each goal, objective, and activity identified on the BH-5.
- The Monthly Progress Reports should be emailed to Amanda Tyerman-Harper, Director of Network Services, at [networkmanagement@region5systems.net](mailto:networkmanagement@region5systems.net) by the 7<sup>th</sup> of the month for the preceding month.

## **SECTION X – MINIMUM STANDARDS FOR ENROLLMENT IN REGION V SYSTEMS’ BEHAVIORAL HEALTH PROVIDER NETWORK**

Any applicant, not a current member of Region V Systems’ Behavioral Health Provider Network, shall meet the requirements for the Minimum Standards for Enrollment in Region V Systems’ Behavioral Health Provider Network (See Appendix G - Minimum Standards for Enrollment in Region V Systems’ Behavioral Health Provider Network.) The *Network Provider Enrollment Form*, and supporting documentation, is a separate document which must be submitted at the same time as the proposal. Only **one** copy of the Enrollment Plan is required with submission of the proposal.

## **SECTION XI – REVIEW AND EVALUATION PROCESS**

### **Mandatory Requirements**

Prior to the evaluation of the proposals by the Review Committee, a specific review of each proposal will be completed by Region V Systems staff to determine if the submission includes the required components. If the requirements are not met, the proposal can be rejected and will not be forwarded to the Review Committee. The following are required items necessary for a proposal to be forwarded to the Review Committee:

1. Attendance at Bidders Conference
2. Letter of Intent
3. Executive Summary
4. Capacity Development Plan
  - A. Program Narrative
  - B. Development and Implementation Plan
  - C. Budget

### **Review Committee**

All proposals that include all required components will then be evaluated by members of the Review Committee. This committee may include, but is not limited to, consumers, members of the community, representatives from the Behavioral Health Advisory Committee (BHAC), the Regional Governing Board (RGB), the Division of Behavioral Health (DBH), and/or Region V Systems. The Review Committee will conduct a fair, impartial, and comprehensive evaluation of all proposals.

Recommendations from the Review Committee will be forwarded to the RGB for final determination and award. Working documents of the Review Committee, including applicants' proposal scores, will not become public information nor will they be released to individual applicants. Proposals, however, are open to public inspection upon request.

The RGB will conduct a fair and comprehensive evaluation of all proposals in accordance with the criteria set forth in this document.

### **Evaluation and Scoring**

A contract award will be made based on the highest quality of service that meets the RGB's requirements. The RGB shall consider the following in its evaluation of the proposal submitted:

1. Cover Page (required, not scored).
2. Executive Summary (required, not scored)
3. Project Narrative (60 points)
4. Development and Implementation Plan (15 points)
5. Budget (25 points)

### **Oral Interviews and/or Presentations**

The Review Committee may conclude, after the completion of the evaluation process, that oral interviews and/or presentations are required in order to make final determinations. Applicants may be invited to appear before the RGB and/or Review Committee to respond to questions regarding their proposal(s).

### **Presentations**

The presentation process will allow the applicant the opportunity to demonstrate, at a minimum, its understanding of the requirements of the proposal, its authority and reporting relationships within its organization, and its management style and philosophy.

### **Interviews**

The RGB/Review Committee may request that the applicant participate in a structured interview to provide clarifying information.

NOTE: Only representatives of the RGB, Review Committee, as designated by the RGB, Region V Systems personnel, and the presenting contractor will be permitted to attend the oral interviews and/or presentations.

Once the oral interviews and/or presentations have been completed, the RGB reserves the right to make a final determination without any further discussion with the applicant regarding the proposal received. Any cost incidental to the oral interviews and/or presentations shall be borne entirely by the applicant and will not be compensated by the RGB.

### **Selection and Award**

- A. The final decision regarding the award of the contract will be made by RVS' Regional Governing Board and is subject to approval by DHHS. All decisions regarding funding allocations will be made on November 18, 2024 by the Regional Governing Board. Notification of the final funding decisions will be mailed to applicants upon approval.
- B. The RGB retains the right to seek additional proposals, approve a portion of a proposal, not allocate funding for a particular service, or provide the service directly.

Region V Systems may deliver services only after:

- 1. A competitive bidding process has been completed and a determination has been made that bids received do not adequately address the requirements of the RFP,
  - 2. A determination by the RGB that such services can be more reasonably and beneficially provided by RVS, and/or
  - 3. Approval by the DHHS, Division of Behavioral Health Services.
- C. The RGB reserves the right to void its intent to select and negotiate with an Applicant if the Applicant's proposal is not approved by DHHS.
  - D. Notification of contractor selection or non-selection will be made in writing by RVS.
  - E. Issuance of this RFP in no way constitutes a commitment by RVS to award a contract, to pay costs incurred in the preparation of a response to this request, or to pay costs incurred in procuring or contracting for services, supplies, physical space, personnel, or any other costs incurred by the Applicant.
  - F. RVS reserves the right to reject any and all proposals or to make multiple awards.
  - G. RVS reserves the right to withdraw the RFP at any time, including after an award is made and by doing so assumes no liability to any Applicant.

### **Appeal Process**

An appeal of the RGB decision must be submitted in writing within five days of the award announcement to the identified contact person. The appeal will be reviewed within three business days and a response will be provided in writing within five business days.

## **SECTION XII – APPENDICES**

- Appendix A: Letter of Intent
- Appendix B: Request for Information
- Appendix C: Cover Page
- Appendix D: Executive Summary
- Appendix E: BH-5
- Appendix F: BH-20
- Appendix G: Minimum Standards for Enrollment