REQUEST FOR PROPOSAL

Extended Acute Care (Community Based and/or Hospital Based)

Issued By:
Erie County Mental Health/Community Care Behavioral Health Organization

Issue Date:
March 26, 2014

PROJECT OFFICER
Lana Rees, MH/HC Coordinator
Erie County HealthChoices
154 West 9th St
Erie, PA 16501
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I. **INTRODUCTION**

In 2009, the United States Department of Justice, Civil Rights Division, launched an aggressive effort to enforce the Supreme Court's decision in *Olmstead v. L.C.*, a ruling that requires states to eliminate unnecessary segregation of persons with disabilities and to ensure that persons with disabilities receive services in the most integrated setting appropriate to their needs. As a result Pennsylvania has continued to make efforts to decrease the number of individuals receiving services in Mental Health State Hospitals and increasing the availability of community based supports that will meet the needs of these individuals.

Erie County supports the efforts to serve individuals in an integrated community setting but also recognizes that the severity of symptoms requires a high level of care that is not currently available in Erie County. As a result, Erie County and Community Care Behavioral Health Organization (Community Care) are releasing a Request for Proposal for an Extended Acute Care (EAC)/ Long Term Structured Residential (LTSR) program.

II. **OBJECTIVE**

Erie County and Community Care are interested in receiving proposals that would describe services and supports that would meet the acuity and intensity needs of persons either being discharged from the State Hospital system or who are being diverted from that level of care. The proposed program would include residential services as well as recovery and stabilization services. We anticipate the facility would need to serve approximately 10-14 people. Individuals who are utilizing this program may also come from regional Counties in Northwest Pennsylvania. The program proposal must adhere to PA code 5320- Requirements for Long Term Structured Residence.

As the primary contractor of the Pennsylvania HealthChoices Program, Erie County has the ability to utilize residual capitation revenues to reinvest in programs and services within the county. If approved, funds may be available during the startup period for this program. Reinvestment funds must be spent in accordance with a Department of Public Welfare (DPW) Office of Mental Health and Substance Abuse Services (OMHSAS) approved reinvestment plan.

III. **HEALTHCHOICES PROGRAM MODEL**

For background information on Pennsylvania’s Behavioral HealthChoices Program, please refer to the Commonwealth of Pennsylvania, Department of Public Welfare website at:

http://www.dpw.state.pa.us/publications/healthchoicesbehavioralhealthpublications/S_002757

For specific information regarding this request for proposal, you may access the following:

Community Care:  http://www.ccbh.com
## IV. PROPOSAL TIMEFRAMES

<table>
<thead>
<tr>
<th>ACTION</th>
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<tbody>
<tr>
<td><strong>RFP Released:</strong></td>
<td>March 27, 2014</td>
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<tr>
<td><strong>Applicant Questions Due:</strong></td>
<td>Questions must be received by the close of business on April 5, 2014</td>
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<tr>
<td>Address questions to:</td>
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<td>Lana Rees, Erie County Department of Human Services OR</td>
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<td>Glynn Chase, Community Care Behavioral Health</td>
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<td><strong>RFP Response Due:</strong></td>
<td>April 16th by 5:00 p.m.</td>
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<td>Erie County</td>
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<td><strong>Proposal Review Dates</strong></td>
<td>Week of April 17th, 2014</td>
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<tr>
<td><strong>Tentative Applicant Interview Dates</strong></td>
<td>Week of April 21st, 2014</td>
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<tr>
<td><strong>Applicant Selection Date:</strong></td>
<td>On or before April 30th, 2014</td>
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V. **INSTRUCTIONS**- All responses to the RFP are due on **April 16, 2014 by 5:00 pm Eastern Time**, as follows

1. Applicants must respond to all components of this RFP and work within the page limits where indicated. Failure to comply may result in disqualification. Proposal must address everything outlined in Appendices.

2. Respondents will provide their proposals in two formats:
   b. One email, **of All Electronic documents by Email to:** lrees@eriecountygov.org
   c. The submission must contain the following: and be in three (3) separate documents.
      1. A document entitled **“Technical Proposal”** which will not contain any references to pricing or cost. This will be the detailed response, or description of service being proposed.
      2. A document entitled **“Financial Proposal”** which will contain the detailed business plan of financing the technical proposal, staffing, operations, general and administrative expenses, and all related capital expenses. Included in the financial proposal, respondents will address their plan’s financial sustainability.
      3. A document entitled **“Transmittal Letter”** which shall be signed by an official who has the legal authority to bind the company to the terms of the proposal for the required 180 days.

3. Proposals shall be submitted with the following expressed understanding:
   a. This Request for Proposal is not subject to the competitive bidding process and any contract entered into as a result of any proposal will not be based on the concept of the “lowest responsible applicant.”
   b. The county has the right to reject any and all proposals at the sole discretion of the county.
   c. The county may procure any service by any other means.
   d. The county may modify the selection process or the scope of the project or the required responses.
   e. All costs of developing proposals and any subsequent expenses related to contract negotiations are entirely the responsibility of the applicant.
f. Best and final negotiations may occur.

g. The county may select finalists with which it will begin the interview and selection process prior to contract negotiations.

h. Consideration will be given to those proposals that identify training initiatives and development as part of the technical proposal.

The following links are provided as resources that may be helpful in the preparation of proposal responses

CHAPTER 5320. REQUIREMENTS FOR LONG-TERM STRUCTURED RESIDENCE LICENSURE

http://www.pacode.com/secure/data/055/chapter5320/chap5320toc.html

Department of Public Welfare

http://www.dpw.state.pa.us

Pennsylvania HealthChoices Website

http://www.dpw.state.pa.us/foradults/healthcaremedicalassistance/healthchoicesgeneralinformation/

Appendix T – Medical Necessity Criteria

http://www.ccbh.com/pdfs/Providers/healthchoices/articles/appendixT.pdf

Office of Mental Health & Substance Abuse

http://www.dpw.state.pa.us/foradults/healthcaremedicalassistance/healthchoicesgeneralinformation/

Substance Abuse & Mental Health Services Administration

http://www.samhsa.gov

Community Care

http://www.ccbh.com
VI. ADDITIONAL INFORMATION FOR APPLICANTS

1. ISSUING OFFICE

The Project Officer listed below is the primary point of contact for the RFP. Contact with any other state officials or officials from Erie County concerning this RFP, unless authorized by the Project Officer, is grounds for disqualification. Note that, following the release of this RFP, all questions should be submitted to the Project Officer in writing via email.

Written questions shall be forwarded via email with the subject heading “Extended Acute RFP” to the following:

Lana Rees at lrees@eriecountygov.org

2. CONTRACT

Successful bidders will be expected to enter into a grant agreement with Erie County and Community Care.

3. REJECTION OF PROPOSALS

The county may reject any and all proposals received as a result of this RFP, and may negotiate separately with competing applicants. If all proposals are unacceptable, the county reserves the right to reject the proposals and to issue a new RFP, if indicated. The county reserves the right to reject a proposal at any time during the process.

4. INCURRING COSTS

All costs of developing proposals and any subsequent expenses relating to contract negotiation are entirely the responsibility of the applicant.

5. AMENDMENTS TO RFP

If it becomes necessary to revise any part of this RFP, the county will issue an amendment to all applicants who responded to the original RFP.
VII. INFORMATION REQUIRED FROM APPLICANTS

GENERAL INFORMATION

This section includes instructions for preparing the Technical as well as the Financial Proposal. Applicants should review the instructions carefully. Failure to comply with these instructions in full may result in disqualification. To be considered, the proposals must include responses to all requirements in each respective part of the proposal(s). Any other information thought to be relevant, but not applicable to the enumerated categories, should be provided as appendices to the proposals. If an applicant supplies publications in response to a requirement, there must be a reference to the document number and page number. This will afford a quick reference for the evaluators. Proposals not furnishing this reference will be considered to have no reference material included in the additional documents.

The proposal must consist of:

1. Transmittal letter
2. Technical Proposal
3. Financial Proposal
4. Legal Assessment Report

1. TRANSMITTAL LETTER

The transmittal letter must be on official letterhead and signed by an individual with legal authority to bind the applicant. The transmittal letter must include the name and title of the Chief Executive Officer or other individual authorized to legally bind the applicant. The transmittal letter must also include the identification of a primary contact and that person’s title, address, telephone and fax numbers and email address. The letter must state that the applicant accepts the terms, conditions, criteria, and requirements set forth in the RFP.
2. TECHNICAL PROPOSAL

For each question below, respond by restating the question and providing a description. Each question and its description should be on a separate page. All appendices must be referenced in the body of the description.

1. In one (1) page or less provide a brief history/overview of your organization, including ownership, current officers, the number of years you have been providing services related to your proposal, and your experience with managed behavioral health care.

2. In one (1) page or less, describe why your organization decided to submit this proposal and how you see it complementing the Mental Health Continuum of Care in Erie County.

3. In no more than Twelve (12) pages, provide a program and services description that addresses all of the requirements outlined in the Appendices in the order in which it is outlined.

4. In no more than two (2) pages, describe the following:

   a. Discuss diversity and cultural competency issues as they affect the program and this specific geographic area. Discuss means to identify special skills or abilities to serve priority populations, and related recruitment, training, and retention strategies.

   b. Please describe how consumers were involved in the development of this proposal and how Recovery Principles will be integrated into the EAC Program

   c. For the Non-Hospital based EAC Program, please provide the letters of agreement that describes the formal linkages with medical providers.

5. In no more than (2) pages Describe the following

   a. Describe the standard parameters, monitoring systems and objective measures for auditing for quality of care including a strong component for measuring individual and aggregate outcomes.

   b. Describe methods for monitoring critical incidents and fraud, waste, or abuse.

   c. Describe the process for evaluating and targeting program deficiencies and implementing any needed corrective action plan.
3. Financial Proposal

The financial proposal must describe the provider’s financial capability and sustainability of providing the services described in the technical proposal. The responding provider is required to provide the following:

1. Three year operating budget in MS Excel format, showing all revenues and sources, expenses and uses, and anticipated balances in a format like, but not limited to in detail, the sample below:

<table>
<thead>
<tr>
<th></th>
<th>YR1 FY14-15</th>
<th>YR2 FY15-16</th>
<th>YR3 FY16-17</th>
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<tbody>
<tr>
<td>REVENUES &amp; SOURCES</td>
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<tr>
<td>1. Base MH (Non-MA)</td>
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<td>2. HC Erie</td>
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<td>3. MA FFS</td>
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<td>EXPENSES &amp; USES</td>
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<tr>
<td>1. Capital</td>
<td></td>
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<tr>
<td>2. Personnel</td>
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<tr>
<td>3. Operating</td>
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2. Please provide supporting detail for the Personnel line item. Detailed support must indicate:
   - Individual positions,
   - Annual salaries,
   - Full-time equivalencies, and
   - Total annual cost.

3. Please provide supporting documentation or description of the composition of related Fringe Benefits. If fringe benefits are referenced as an applied percentage of salaries, an explanation of how the applied percentage was derived must be submitted.

4. Please provide supporting detail of all Equipment Expenses and Capital Expenses by item and anticipated cost.

5. Please provide supporting detail or description of Operating (General and Administrative) Expenses. Include reference to all amounts paid to parent companies as related parties to the services proposed.

6. The most recently completed audited financial statements (balance sheet, income statement, cash flows, and corresponding notes).
NOTE: To be meaningful for the review of the provider’s financial position, the county is requesting audited financials for the local site which will be providing the services proposed. If audited financials are not done on the local level, the provider may submit copies of their internal financial statements (balance sheet, income statement, and statement of cash flows) for their most recently completed fiscal year and quarter.

7. The provider will provide a statement which calculates the service(s) in terms of a per-diem, or other unit of service basis.

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<tr>
<td><strong>Requested Rate/Unit of Service</strong></td>
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<tr>
<td><strong>Total Bed Capacity</strong></td>
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<td><strong>Total anticipated Length of Stay</strong></td>
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<td><strong>Total anticipated persons to receive care annually.</strong></td>
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<tr>
<td><strong>Total anticipated billable units of service:</strong></td>
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<tr>
<td>1. HealthChoices Erie</td>
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<td>2. Non MA</td>
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<td>3. Other</td>
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<tr>
<td><strong>Indicate % vacancy factor (the percentage of occupancy upon which the financial plan assumptions were based).</strong></td>
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For Non-Hospital based EAC please provide room and board rates.
4. LEGAL ASSESSMENT REPORT

Please complete this Questionnaire as part of your response to the RFP.

**Question #1: Organization Structure and Legal Standing**

A. Describe your organization’s structure and formation: i.e., is it a corporation, partnership, joint venture, limited liability entity, etc. Be very specific.

B. Are you a for-profit or not-for-profit business? If a not-for-profit entity, under what section of the Internal Revenue Code are you?

C. If a corporation, in what state are you incorporated?

D. If a limited partnership or other limited liability entity, in what state are you registered?

E. In what other states are you registered and qualified to do business?

**Question #2: Outstanding Litigation**

A. List all outstanding litigation in which you are a defendant, and for which the amount of recovery being sought by plaintiff is in excess of $25,000.

B. List all judgments and settlements in excess of $25,000 in the last two (2) years.

**Question #3: Recent Developments and Miscellaneous Information**

A. Please describe your existing compliance plan and program, and provide us with a detailed history of your compliance experience, including any investigations, reviews, audits, notices, claims or communications from any federal or state agency or government, or a third party payer regarding you, your parent, and affiliated and related entities.
Appendix 1

MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES GUIDELINES
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

Subject: Enhanced LTSR
Draft: Guidelines for Non-Hospital based Extended Acute Care Services (EACS)
From: Joan Erney, Deputy Secretary
Office of Mental Health and Substance Abuse Services

A. Scope:

These guidelines are written for facilities licensed as a Long Term Structured Residence (LTSR) that wish to provide enhanced alternative treatment services in a structured residential setting. These guidelines apply to all qualified providers approved to offer non-hospital based Extended Acute Care Services (EACS) to Medical Assistance recipients 18 years and older who meet the criteria for serious mental illness as defined in Bulletin OMH-94-04 and who require extended psychiatric treatment services and support.
Non-hospital EACS must meet the requirement of Long Term Structured Residence (LTSR) regulations (Chapter 5320).
Alternative treatment services, such as EAC, provided in an LTSR setting must meet the specific licensure requirement for the licensed service(s) provided. The service description should specify the services to be provided as well as the staffing pattern.

B. Purpose:

The purpose of this document is to provide guidance to both prospective and existing providers of non-hospital based EACS.
This document outlines the guidelines including:

1. Service Description
2. Licensure Requirements
3. Staffing Requirements
4. Referral Process
5. Consumer Admissions/Discharges

C. Background:

The care and treatment of people who have serious mental illness and co-occurring substance abuse disorders has continued to evolve over the past 25 years. Best practice encourages individuals to partner actively in their own treatment and acquire skills that promote recovery.
Within a therapeutic-rich environment, EACS are a part of the recovery-focused process that seeks to promote individual choices around treatment and provide opportunities that embrace collaboration with the individual, their family and the treatment team. EACS are multi-disciplinary and trauma-sensitive and are designed to improve an individual’s adult functioning while stabilizing psychiatric symptoms that initially precipitated the person’s acute care inpatient admission. The evolution of the EACS is consistent with the Office of Mental Health
and Substance Abuse Services (OMHSAS) mission to promote an array of treatment options for persons with serious and persistent mental illness.

At their very core EACS promote recovery with services that are:

1. Consumer-Centered/Consumer-Empowered
2. Culturally Competent
3. Responsive to Special needs
4. Use community-based supports/natural supports
5. Flexible
6. Coordinated
7. Accountable
8. Strengths-based

Every EAC must have a plan to decrease with the goal of elimination of the use of restraints within the facility.

OMHSAS supports the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Consensus Statement on Mental Health Recovery and its Fundamental Components of Recovery.

EACS provide intensive treatment services in a recovery oriented environment that permit the consumer to return to a less intensive environment while avoiding unnecessary hospitalization in a state psychiatric hospital.

D. Requirements – Provider Responsibilities:

A non-hospital EAC provides intensive psychiatric/behavioral health interventions 24 hours/day, 7 days/week for up to 180 days.

Providers must:

1. Submit a service description to OMHSAS for a LTSR program with enhanced staffing that meets the requirement for a non-hospital for OMHSAS approval prior to implementation.
2. Ensure that the service description reflects the provider’s capacity to deliver all treatment services that effectively evaluate, diagnose and develop comprehensive treatment plans with continuous monitoring of the consumer’s response.
3. Service descriptions must include the following components:

   a. Program philosophy.
   b. Written provider protocols that support the program philosophy.
   c. Methods of determining the consumer’s strengths and needs.
   d. Types of interventions available and expected outcomes.
   e. Service delivery patterns to include frequency and duration of services.
   f. Agency table of organization which includes staffing patterns, ratios.
   g. Consumers to be served including persons with serious mental illness with traumatic brain injury, domestic violence, sexual abuse, verbal/emotional abuse, etc.
   h. Staff training requirements and plan.
   i. Linkages with rehabilitation, treatment, medical and community resources including County Mental Health authority, etc.
j. Description of a social support system that includes family, friends, advocates, peer specialists, recovery specialists, and others who can support the recovery and return of the consumer to their adult role in the community.

k. Days/hours of formal programs including stress management, anger management, self-medication management, substance abuse management and wellness recovery action planning.

l. Physical plant description showing floor plan with square footage.

m. Description of outdoor space and features.

n. Copies of all applicable licenses, certificates including Labor and Industry fire health and safety.

o. Procedures for continuous quality improvement, process to take corrective action, family/consumer satisfaction surveys as well as any other improvement measures as may be required by the Department.

4. Provide 24 hour availability of psychiatric nursing and clinical staff to implement the recovery plan and monitor/assess the consumer’s progress. All personnel must be properly credentialed and support the multi-disciplinary treatment, clinical management and administrative oversight.

5. Ensure the physical well-being of the consumer by having formal relationships in the community with physicians, specialists as needed, and hospitals. A description of these arrangements must be described in the program description and agreements must be attached.

6. Ensure the availability of certified peer specialists who can provide opportunities with consumers to direct their own recovery and advocacy.

7. Following OMHSAS approval of the program/service description, the provider must submit a budget which will be the basis for the Fee For Service (FFS) rate established by OMHSAS for Medical Assistance eligible members covered by FFS. The HealthChoices managed care contractor will set the rate for HealthChoices members. Room and Board and non-treatment supports are not included in the rate.

E. Service Components:

All services and supports are grounded in a focus of well-being, community reintegration and safety. Primary areas include physical and mental health and wellness, emotional and behavioral stability including self-esteem, hope, coping skills, self-confidence and social quality of life. All of these components must be addressed in the program description. The services must be consistent with accepted standards of best practice. The services must be individualized, specific, recovery-oriented and consistent with the individual’s signs, symptoms, history, diagnosis and functional impairment.

1. Physical and Mental Health and Wellness includes the following:

   a. Regular physician involvement to include evaluation, assessment of treatment response, recovery planning and medication management.
   b. Nursing care to monitor overall health and care management.
   c. Health and wellness education including discussions on tobacco use, drugs and/or alcohol and their impact on the individual’s well-being; life styles, symptom
management, use of medication, treatment, daily exercise, nutrition and weight management.

2 Emotional and Behavioral Well-Being includes:

a. Recovery planning with consumer to include with the consumer’s consent, family members/significant others and community resource providers.

b. Individual, group and family counseling that emphasizes personal insight-determination for recovery, self-management, coping skills, understanding external factors in recovery, development of inner strength, and a sense of empowerment.

c. Spiritual support services individualized to meet the consumer’s spirituality needs.

d. Therapeutic recreational activities including walks, exercise, games, arts, crafts and leisure education.

e. Therapeutic leave must be prescribed in a manner consistent with the consumer’s treatment plan. The service limit for therapeutic leave is 2 periods of leave per month not to exceed 12 hours each calendar day. However, these periods may be used consecutively.

f. Use of Peer Supports to facilitate recovery and support.

g. A process to elicit and respond to consumer feedback.

3 Social Quality of Life includes:

a. Psycho-social education, collaboration and reintegration planning to family members and significant others to enhance natural supports.

b. Development of the consumer’s social and life skills.

c. Encouragement of educational, vocational interests, job readiness and potential placement into a job or a volunteer opportunity.

d. Outreach to local advocacy, faith-based and other community organizations that support the consumer’s involvement in community life.

4 Community Reintegration includes:

a. Development of a Community Support Plan (CSP) that coordinates both internal and external resources.

b. Review of community resources to assess each consumer’s home community in terms of housing support, behavioral health treatment, community activities and other supports.

F. Referral Process:

All programs are required to have a referral agreement with the County Mental Health/Mental Retardation administrator. Individuals admitted to the EAC must meet the medical necessity criteria for EAC services as defined by the BH-MCO which is the payer of services.

G. Admission Criteria:

1. Based on a behavioral health history and mental status evaluation completed by:
   a. a psychiatrist;
   b. a behavioral health professional licensed, certified or registered to practice independently and reviewed by a physician prior to initiation of treatment; or
c. staff of a licensed or otherwise approved health care treatment facility and reviewed by a physician prior to the initiation of treatment.

2. The individual is diagnosed as having or there is strong presumptive evidence, that the individual has a diagnosis of a mental disorder or condition according to the most recent version of the “Diagnostic and Statistical Manual of Mental Disorders” that requires, and is likely to respond to professional therapeutic intervention.

3. A concurrent medical and behavioral assessment indicates that a behavioral health condition is likely to be primarily responsible for the symptoms or behaviors necessitating treatment in this setting.

4. A referral has been received from an acute psychiatric inpatient setting that recommends transfer to an EAC, and

5. As a result of the mental disorder or condition:
   
   a. The individual’s level of functioning has deteriorated such that the individual is now a clear and present danger to self, others or unable to provide basic self-care needs resulting in impending, serious self-harm OR
   b. All other least restrictive levels of care have been discussed and/or considered and the EAC is the least restrictive level of care to treat the individual OR
   c. There is an increase in the severity of symptoms such that continuation at a less intense level of care cannot offer an expectation of improvement or the prevention of deterioration, resulting in danger to himself/herself, others or property OR
   d. Skilled behavioral health professionals are needed to observe, treat or provide increased security for the individual on a continuous basis because (a) the individual requires a locked, secure setting due to potentially dangerous behavior to self or others; OR (b) the individual is, or there is a significant probability that the individual will become acutely seriously medically compromised as a consequence of the mental disorder.

6. The services reasonably can be expected to help restore or maintain the individual’s level of functioning or to improve or prevent deterioration in the behavior.

7. The services are not being sought as a way to potentially avoid legal proceedings, incarceration or other legal consequences.

8. The services are not primarily domiciliary or custodial, and include active treatment even if the individual is waiting referral to a different level of service.

9. If the services being proposed have been attempted previously without significant improvement, there is a clinically credible rationale for why those same services could be effective now.

H. Treatment Continuation Criteria:

Each of the following criteria is required throughout the episode of care:

1. The individual continues to meet the treatment initiation criteria each day that services are provided at this level or this is the least restrictive level of care available to safely treat the individual.

2. There is an individualized plan of active treatment and recovery developed with the individual as part of the treatment team that specifies goals and anticipated outcomes.

3. The treatment and recovery goals and time frames are clinically efficient and reasonable.

4. There are regular progress notes that document the treatment and the response.

5. There is involvement of the individual’s social support systems including family where appropriate.
I. Discharge Criteria:

The individual no longer needs the extended acute level of care because:

1. The presenting symptoms, impairments and/or coexisting medical conditions that existed at admission or continued stay have diminished in severity and the individual’s treatment can now be provided at a less intense level of care.
2. The improvement in symptoms, impairments and/or coexisting medical conditions has been achieved and the expectation is that these improvements will not be compromised at a less intense level of care.
3. The person no longer poses a significant risk of harm to self or others, or destruction of property.
4. The individual has benefited from extended acute treatment and has developed sufficient coping skills and effective community supports indicating a high probability of a positive transition to the community, and
5. A viable discharge plan is in place that includes living arrangements, treatment and all other necessary supports.

OR

Extended Acute treatment is discontinued because:

1. The person withdraws from treatment against advice and does not meet criteria for involuntary commitment.

J. Program Outcomes:

The following are critical outcomes that will reduce the likelihood of more intense, restrictive modes of treatment such as hospitalizations or incarceration.

**Outcome 1** – Independent Living Skills Development (During EAC stay) Consumers of EAC services will develop and/or maintain independent living skills within the “fair” to “very good” level of functioning as measured by the ADL Assessment Scale:

a. Personal hygiene
b. Care of clothing and personal possessions
c. Financial management
d. Social interactions
e. Wellness and well-being

**Outcome 2** – Medication Education (During EAC stay) Consumers of EAC Services, who choose to follow a prescribed medication regimen, will demonstrate knowledge of their prescribed medication and regimen as measured by the Medication Education Self-Learning Module:

a. Pre and Post Medication Test for appropriate consumers.
b. Data should be analyzed weekly in collaboration with the consumer.

**Outcome 3** – Consumer Satisfaction (During EAC stay) Consumers of EAC Services will provide feedback regarding their experience in the EAC to include (but not limited to):

a. Consumer inclusion in the treatment planning process.
b. Rights were respected during the treatment process.
c. Quality and efficacy of treatment in meeting needs as defined by consumer.
d. Skill development which will allow the consumer to increase ability to live successfully in the community.

**Outcome 4** (Claims and Utilization Data) - Increase Community Tenure. Consumers receiving EAC services will successfully manage their mental illness in the community with reduced need for more intensive inpatient hospital treatment as evidenced by the following measures:

a. The number of consumers receiving EAC services who are admitted to a psychiatric inpatient unit within 180 of discharge.
b. The length of stay in a psychiatric unit for each admission.

**Outcome 5** – Continuing Treatment After Discharge (Claims and Utilization Data) Consumers of EAC services will participate in the treatment/recovery plan as indicated in the collaborative plan and as evidenced by the following measures:

a. Length of time between discharge and first follow-up appointments.
b. Pharmacy data indicates engagement in medication management plan.

**Outcome 6** – Successful Transition to the Community. (To be developed) Consumers of EAC services will provide feedback regarding symptoms as well as quality of life (relationships, housing, employment, transportation, etc):

a. With the approval of the consumer, data will be collected for up to 6 months following discharge.
b. Data will include whether the consumer has moved to a more restrictive setting (i.e. state hospital, prison, etc.), if their level of care has remained the same or less restrictive, or if the consumer has declined additional services.

**COMMENT AND QUESTIONS REGARDING THIS DOCUMENT SHOULD BE DIRECTED TO:**

Office of Mental Health and Substance Abuse Services, Division of Policy and Program Development, P.O. Box 2675, Harrisburg, PA 17105-2675.
A. Scope:
This bulletin applies to all qualified providers approved to offer Extended Acute Care Services (EACS) to Medical Assistance recipients 18 years and older who meet the criteria for serious mental illness as defined by Bulletin OMH-94-04 and who require extended inpatient psychiatric treatment services. **Qualified providers shall meet the accreditation standards set forth by the Joint Commission.** The provisions of this bulletin apply to inpatient psychiatric care providers enrolled in Fee-for-Service as well as those functioning under the behavioral health managed care delivery system.

B. Purpose:
The purpose of the bulletin is to provide guidance to both prospective and existing providers concerning the development of Extended Acute Care Services (EACS).

**Program Requirements**
- Program Description
- Staffing Requirements
- Referral Process
- Patient Admissions
- Patient Discharges

C. Background:
The care and treatment philosophy for people who have serious mental illness has continued to evolve over the past 25 years. Best practice encourages individuals to partner actively in their own treatment and acquire skills that promote recovery.

Within a therapeutic-rich environment, EACS are a part of the recovery-focused process that seeks to promote individual choices around care and provide opportunities that embrace collaboration with the individuals, families and treatment teams. EACS are multi-disciplinary and trauma-sensitive and are designed to improve an individual’s
adult role functioning while stabilizing psychiatric symptoms that initially precipitated the person’s acute inpatient stay.

The evolution of EACS is consistent with the OMHSAS mission to promote an array of treatment options for persons with serious and persistent mental illness.

EACS are guided by Community Support Program (CSP) and Recovery principles. CSP principles state that services and supports are:

- Consumer-Centered/Consumer-Empowered
- Culturally Competent
- Meet Special Needs
- Community-Based/Natural Supports
- Flexible
- Coordinated
- Accountable
- Strengths-Based

The Office of Mental Health and Substance Abuse Services (OMHSAS) supports the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Consensus Statement on Mental Health Recovery and its Fundamental Components of Recovery.

EACS provide a longer period of inpatient services in a recovery oriented environment that permit an individual to stabilize and return to the community while avoiding unnecessary hospitalizations in a state psychiatric hospital.

**D. Requirements- Provider Responsibilities**

EACS are intensive psychiatric and behavioral health interventions provided 24 hours per day, 7 days per week, for up to 180 days.

Providers shall:

- Submit service descriptions for review and approval by OMHSAS prior to implementation
- Ensure that all service descriptions reflect the program’s capacity to deliver medical and psychiatric services that effectively evaluate, diagnose and develop comprehensive treatment plans with continuous monitoring, of a person’s response to the physical medicine and psychiatric rehabilitative interventions of the EACS. This would include the assessment, stabilization and treatment planning that utilizes integrated approaches to address co-occurring disorders.

The service description must include the following service components:

- Program philosophy.
- Written protocols for EACS which describe agency policies and program guidelines.
- Identification of the strengths and needs of the individuals who have a serious mental illness.
- Types of intervention(s) practiced, or services, and expected outcomes.
- Service delivery patterns including average frequency of service received (days per week, month) intensity (hours) and duration of services (length of stay) provided to individuals.
Agency table of organization which includes staffing patterns, staff to consumer ratios and program capacity, staff qualifications, and cultural diversity reflective of the population.

- Populations served including diagnoses, age and any specialization. This would also include those persons with SMI who experienced trauma, domestic violence, physical abuse, sexual abuse, and verbal/emotional abuse, or who engaged in self-harm.

- Staff training plan.

- Linkages with treatment, rehabilitation, medical and community resources such as MH/MR providers, vocational programs or housing providers.

- Development of a social support system that includes family, friends, advocates and others who can support the recovery and return of the individuals who have a serious mental illness to their adult role in the community.

- Days and hours of program operation.

- Physical plant description including physical space/floor plan utilized by EAC programs and copies of all applicable licenses/certificates including Labor and Industry, fire, health and safety.

- Continuous quality improvement procedures and reports of findings and actions taken to enhance or improve the quality of services, including consumer satisfaction surveys as well as other quality improvement measures as requested by the Department.

- Provide 24-hour availability of psychiatric nursing and professional clinical staff to implement the recovery plan and monitor/assess the person’s condition and response to the rehabilitative interventions of the EACS. This also includes ensuring the proper credentialing of all staff used to support multi-disciplinary treatment, clinical management and administrative oversight, with the availability of emergency medical or behavioral health interventions as needed;

- Develop relationships with physical health providers to ensure the provision of physical health care when needed

- Encourage and facilitate the availability of certified Peer Specialist services to provide opportunities for individuals receiving services to direct their own recovery and advocacy process, as cited in MA Bulletin “Peer Supported Specialists”, effective 11/1/06, number 08-07-09, 11-07-03, 21-07-01.

- Ensure that there is access to adequate outdoor space provided to individuals during the course of their stay

- Provide a variety of programs specifically designed to meet the needs of the consumer such as:
  - Stress Management
  - Anger Management and conflict resolution
  - Family and consumer psycho-education
  - Self-Medication Management
  - Wellness Recovery Action Planning

F. Service Components:

The requirements and EAC are grounded in a focus on well-being, community re-integration and safety. Primary areas include: health and wellness (including physical and behavioral health), emotional and behavioral stability (self-esteem, hope, coping skills and self-confidence) and social quality of life. Providers will ensure the integration
of the following components into their EAC program as documented in their Service Description.

Health and Wellness (Physical and Behavioral)
- Physician rounds daily, consisting of psychiatric evaluation, assessment of treatment response, recovery planning and medication management
- Nursing Care consisting of physical health maintenance and acute care management
- Health and wellness education that includes discussions centered on the use of drugs and/or alcohol, tobacco use and their impact on the individual’s physical and emotional well-being as appropriate; life styles, symptom management, use of medication and treatment as well as instruction relating to daily exercise and the importance of nutrition and weight management.

Emotional and Behavioral Well-being
- Consumer centered treatment/recovery planning and review to include the consumer and with the consumer’s consent, family members/significant others and community resource providers
- Individual, group and family counseling that emphasizes personal insight-determination for recovery, self-management, coping skills, understanding external factors in recovery, development of inner strength, and a sense of empowerment
- Spiritual support services individualized to meet the person’s spirituality needs
- Therapeutic recreational activities consisting of walks, exercises, games, arts and crafts, and leisure education
- Pursuant to service provisions identified both in PA regulation and in the State Plan, Therapeutic Leave (TL) must to be prescribed in a manner consistent with an individual’s treatment plan. The service limit for Therapeutic Leave is limited to two periods of TL per month. Neither of those periods may exceed 12-hours in a calendar day. However, recipients receiving care in an acute care general hospital’s extended acute unit are limited to seven 12-hour periods of therapeutic leave per month which may be used consecutively.
- Peer-to-Peer supports consisting of use of a certified Peer Specialist to support and facilitate
- Establish a process to elicit and respond to EAC consumer satisfaction feedback.

Social Quality of Life
- Offer psycho/social education, collaboration and reintegration planning to family members and significant others to enhance access to natural supports
- Develop the individual’s social, and life skills in order to support their successful re-entry into the community
- Encourage educational and vocational development, which may include opportunities for job readiness and potential placement in compensated or volunteer positions
- Foster outreach to local advocacy, faith-based and other community organizations that further support individual involvement in community life.

Community Reintegration
- Develop a Community Support Plan (CSP) that coordinates both internal and external resources
Community resource review will involve resource assessment of each person’s home community and accompanying available resources (housing support, behavioral health treatment, community activities, and support entities).

Help to facilitate community outreach to each individual’s home community will assess services available, housing environment, and natural supports within the community.

Environmental Safety

An environment of safety will focus on a therapeutic milieu that fosters recovery. The service will also emphasize the role of each person’s responsibility for the functioning and stability of the therapeutic community, while promoting dignity and respect in all interactions.

The training will focus on conflict resolution and identify the causes of aggressive behavior, de-escalation techniques, and the reduction or elimination of the use of restraint and seclusion.

The environment will support the promotion of clean air and living spaces, noise control.

F. Referral Process.

All EAC programs are required to have a referral agreement with the county Mental Health/Mental Retardation (MH/MR) administrator. Individuals admitted to an approved EAC program must meet medical necessity criteria for inpatient services as defined by the BH-MCO functioning within the county.

G. Admission Criteria:

Providers must apply the following admission criteria:

- Primary psychiatric diagnosis that meets criteria for serious mental illness as defined by Bulletin OMH-94-04 for persons 18 years or older, and,
- Referral from an acute psychiatric inpatient setting that recommends transfer to an EAC or have a psychiatric evaluation that specifically recommends admission to an EAC with medical clearance for admission, and,
- Documentation that the person poses a significant risk of harm to self or others, is unable to care for themselves, or,
- Documentation that the person has a medical condition or illnesses that cannot be managed in a less intensive level of care, because the psychiatric and medical conditions so affect each other that there is a significant risk of medical crisis or instability, and,
- Confirmation that the individual’s judgment or functional capacity is so impaired that self-maintenance, occupational, or social functioning is severely threatened, and,
- Verification that the person requires treatment that may be medically unsafe or unable to be provided, if administered at a less intense level of care, and,
- Verification that there is an increase in the severity of symptoms such that continuation at a less intense level of care cannot offer an expectation of improvement or the prevention of deterioration, resulting in danger to himself or herself, others, or property.

H. General Criteria

Each of the following General Criteria is required throughout the episode of care:

- The services must be consistent with accepted standards of medical practice.
- The services must be individualized, specific, recovery-oriented and consistent with the individual’s signs, symptoms, history, diagnosis and, functional impairment.
- The services must be reasonably expected to help restore or maintain the individual’s
level of functioning or to improve or prevent deterioration in the individual’s behavioral disorder or condition.

 The individual adheres to the essential elements of treatment and issues of nonadherence are being addressed in a timely manner and in keeping with all governing body laws and regulations.

 Services are not being sought as a way to potentially avoid legal proceedings, incarceration or other legal consequences.

 The services are not predominately domiciliary or custodial, and include active treatment, even if the member is waiting placement in another level of care.

I. Treatment Initiation Criteria

Based on a behavioral health history and mental status evaluation completed by
1) a psychiatrist;
2) a behavioral health professional licensed, certified, or registered to practice independently and reviewed by a physician prior to initiation of treatment; or
3) staff of a licensed or otherwise approved health care treatment facility and reviewed by a physician prior to initiation of treatment, the individual is diagnosed as having, or there is strong presumptive evidence, that the individual has a diagnosis of, a mental disorder or condition according to the most recent version of the Diagnostic and Statistical Manual of Mental Disorders that requires, and is likely to respond to, professional therapeutic intervention.

 A concurrent medical and behavioral assessment indicates that a behavioral health condition is likely to be primarily responsible for the symptoms or behaviors necessitating treatment in this setting.

 A result of the mental disorder or condition:
  a. The individual’s level of functioning has deteriorated such that the individual is now a clear and present danger to self, a clear and present danger to others, or unable to provide for basic self-care needs resulting in impending, serious self harm. **OR**
  b. All other least restrictive levels of care have been discussed and/or considered and inpatient mental health is the least restrictive level of care available to treat the patient.

 Continuous skilled behavioral health nursing care and the availability of immediate medical care are needed to observe, treat, or provide increased security for the individual because
  a. The individual requires a locked, secure setting due to potentially dangerous behavior to self or others. **OR**
  b. The individual is, or there is a significant probability that the individual will become, acutely seriously medically compromised as a consequence of the mental disorder.

 If the services being proposed have been attempted previously without significant improvement, there is a clinically credible rationale for why those same services could be effective now.

 The place of service is licensed as an acute psychiatric inpatient facility.
J. Treatment Continuation Criteria

- Each of the following Treatment Continuation Criteria is required throughout the episode of care.
  
  a.) The individual continues to meet the treatment initiation criteria each day that services are provided at this level or this is the least restrictive level of care available to safely treat the member.
  b.) There is an individualized plan of active treatment, developed with the individual as a part of the treatment team, that specifies the goals, interventions, time frames, and anticipated outcomes appropriate to:
     
     a. Improve or prevent deterioration of the symptoms of, or impairment in functioning resulting from, the mental disorder or condition that necessitated initiation of treatment.
     
     AND
  
  b. Address a co-morbid substance use disorder or condition, if one exists.
     
     ➢ The treatment goals, interventions, time frames, anticipated outcomes, discharge plan, and criteria for discharge are clinically efficient and reasonable.
     
     ➢ Treatment is being rendered in a timely and appropriately progressive manner.
     
     ➢ There are daily progress notes describing the therapeutic interventions rendered and the individual’s response.
     
     ➢ As appropriate, there is involvement of members of the individual’s social support systems, including family and educational systems when indicated, in the individual’s treatment and discharge planning.

AND

K. Discharge Criteria:

The person no longer needs the extended acute inpatient level of care because:

- The symptoms, functional impairments, and/or coexisting medical conditions that necessitated admission or continued stay have diminished in severity, and the individual’s treatment can now be managed at a less intensive level of care;
- The improvement in symptoms, functional capacity, and/or medical condition has been achieved and the expectation that these improvements will not be compromised with treatment being given at a less intensive level of care;
- The person no longer poses a significant risk of harm to self or others, or destruction of property;
- The individual has benefited from extended acute treatment and has developed sufficient coping skills and effective community supports, indicating a high probability of a positive transition to the community, and the person, with the support of the EACS staff, and community after care providers has developed a viable discharge plan that includes living arrangements and follow-up care that includes such supports as intensive case management, Community Treatment Team (CTT) to support the person’s transition to the community.

OR

Extended acute inpatient treatment is discontinued because:

- A diagnostic evaluation and/or a medical treatment has been completed when one of these constitutes the reason for admission, or
- The person withdraws from treatment against advice and does not meet criteria for involuntary commitment
L. (Quality Management- Outcomes)

In order to adequately assess treatment impacts on the recovery of individuals, it is the goal that the EAC will develop methods to track outcomes relative to care while an individual is receiving treatments as well as upon discharge from the facility. An attachment concerning the types of measures to be captured both during and after an EAC is provided in appendix 3 of this bulletin.

M. EACS Staffing Requirements

Staffing qualifications and ratios, credentialing, and the levels of supervision must adhere to JCAHO accreditation standards.

<p>| COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO: |
| Office of Mental Health and Substance Abuse Services, Division of Policy and Program Development, P.O. Box 2675 Harrisburg PA 17105. General Office Number 717-772-7993 |</p>
<table>
<thead>
<tr>
<th>Domain</th>
<th>Outcome</th>
<th>Measure</th>
<th>Measured During LTSR Stay</th>
<th>Measured Following LTSR Stay</th>
</tr>
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<tbody>
<tr>
<td>Functioning</td>
<td>Improved Daily Living</td>
<td>Consumers who score within the “Fair” to “Very Good” levels on the Independent Living Skills Development Assessment</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Improved Knowledge of Care Models</td>
<td>Consumers who demonstrate knowledge of their medication regimen on the Medication Education Self-Learning Module.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Access to Care</td>
<td>Increase Access to Community Services</td>
<td>The length of time between LTSR discharge and the initial community follow-up service.</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>Perception of Care</td>
<td>Increased Satisfaction with Outcomes of Care</td>
<td>Consumers reporting positively about their outcomes of care</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Increased Satisfaction with Participation in Treatment Planning</td>
<td>Consumers reporting positively about their involvement in treatment planning</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Increased Satisfaction with Quality of Life</td>
<td>Consumers reporting positively about their quality of life.</td>
<td>No</td>
<td>Yes</td>
</tr>
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<td>Stability</td>
<td>Increased Community Integration</td>
<td>Consumers residing in less-restrictive, community-based settings.</td>
<td>No</td>
<td>Yes</td>
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<td></td>
<td>Increased Engagement in Community-Based Care</td>
<td>Consumers engaging in medication management plan.</td>
<td>No</td>
<td>Yes</td>
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<td>Community Tenure</td>
<td>Reduced Utilization of Psychiatric Inpatient Beds</td>
<td>Consumers who are admitted to a State Psychiatric Hospital within 180 days of discharge from LTSR</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The length of stay in a State psychiatric hospital for post LTSR admissions.</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Appendix 4

Pennsylvania Department of Health
Division of Acute and Ambulatory Care
Outline of Process for adding Extended Acute Psychiatric Care Services

October 9, 2009

Extended Acute Care Psychiatric Services shall be considered a new service in an acute care hospital where acute inpatient psychiatric services are currently in place, as well as in hospitals that do not provide acute inpatient psychiatric services.

As a new service, the notification requirements in Title 28 apply:

§ 51.3. Notification.

(a) A health care facility shall notify the Department in writing at least 60 days prior to the intended commencement of a health care service which has not been previously provided at that facility.
(b) A health care facility shall notify the Department in writing at least 60 days prior to the intended date of providing services in new beds it intends to add to its approved complement of beds.
(c) A health care facility shall provide similar notice at least 60 days prior to the effective date it intends to cease providing an existing health care service or reduce its licensed bed complement.

Send written notification of intent to provide extended acute care services to:

Joanne Salsgiver
Director, Division of Acute and Ambulatory Care (DAAC)
Pennsylvania Department of Health
625 Forster Street
Health and Welfare Building, Rm 532
Harrisburg, PA 17120
717-783-8980
Fax 717-705-6663

Review and Approval of Construction and Renovation

If construction or renovation of the facility is needed to accommodate the new service, plans review and approval must precede the initiation of the construction, alteration or renovation activity.

§ 51.3. Notification

(d) A health care facility shall submit to the Department architectural plans and blueprints of proposed new construction, alteration or renovation to the facility. This material shall be submitted at least 60 days before the initiation of construction, alteration or renovation. The Department will review these documents to assure compliance with relevant life safety code and other regulatory requirements. The Department will respond to the facility by either issuing an approval or disapproval or requesting further information within 45 days of receipt of the facility’s submission. The facility may not initiate construction, alteration or renovation until it has received an approval from the Department.
Contact the Division of Safety Inspection (DSI) at 717-787-1911 to schedule plan review

Occupancy Surveys

The Department will conduct occupancy surveys for the new service and new or renovated patient care areas to determine compliance with applicable law and regulations. The surveys will be by DSI for the life safety aspects and DAAC for program review.

§ 51.3. Notification
   (l) A health care facility may not commence the provision of new health care services or provide services in new beds until it has been informed by the Department that it is in compliance with all licensure requirements.

§ 51.5. Building occupancy.
   (a) New construction, alterations or renovations that provide space for patient or resident rooms or services may not be used or occupied until authorization for the occupancy has been received from the Department.
   (b) A health care facility shall request a preoccupancy survey at least 30 days prior to the anticipated occupancy of the facility or an addition or remodeled part thereof. The Department will conduct an onsite survey of the new or remodeled portion of the health care facility prior to granting approval for occupancy. The Department may give the authorization to occupy the new or remodeled portion of the health care facility by an interim written authorization. If interim authorization for occupancy is given, the Department will provide the health care facility with formal authorization within 30 days.

Regulations for Health Care Facilities:
http://www.pacode.com/secure/data/028/partIVtoc.html

Chapter 155 of the Hospital Regulations: Psychiatric Services
http://www.pacode.com/secure/data/028/chapter155/chap155toc.html

The Conditions of Participation for Medicare will also be applied.
   (i) Restraints and seclusion
   Facilities will be expected to eliminate the use of restraints and seclusion.
   (ii) Expedited Review

Due to the need to assure safe and effective treatment resources for persons who require extended acute psychiatric inpatient services, the Department will work with providers to expedite review and approval of related projects if necessary. Where expedited review is request, the primary focus of the Department remains the health and safety of patients in these settings.