



REQUEST FOR PROPOSAL (RFP)

Dialectical Behavior Therapy

RFP #0318-001

ISSUE DATE: March 14, 2018

SUBMISSION DEADLINE DATE: April 18, 2018

Partners reserves the right to modify this RFP to correct any errors or to clarify requirements. Any changes will be posted on our website at www.partnersbhm.org. Notification of any changes will be listed in a Provider Alert and/or Provider Communication Bulletin.

Corporate Office:
901 South New Hope Rd.,
Gastonia, NC 28054
704-884-2501

Northern Regional Office:
200 Elkin Business Park Dr.
Elkin, NC 28621
336-835-1000

Central Regional Office:
1985 Tate Blvd SE, Suite 529
Hickory, NC 28602
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Introduction

Effective February 1, 2013, Partners Behavioral Health Management (Partners) began operation as a Managed Care Organization (MCO) under the Medicaid 1915(b)/(c) Waivers. Partners has a service area that reaches from the Virginia border in Surry County to the South Carolina border in Gaston and Cleveland counties. Partners BHM is responsible for managing county, state and Medicaid-funded mental health, intellectual/developmental disability and substance abuse services. As a single point of accountability for all public funding for behavioral health care, Partners authorizes the utilization and payment of services for citizens in the eight-county catchment area. Managed Care Organizations in North Carolina, including Partners, are charged with improving access and the quality of services, empowering consumers and improving outcomes of individuals served.

Partners is nationally accredited by URAC, an accreditation body that certifies health care and health plan-related organizations, to provide utilization management, a health call center and as a health network. With representatives from each of its participating counties, a board of directors governs the organization.

Partners is initiating this Request for Proposals (RFP) to solicit responses from appropriately qualified organizations to provide services, as outlined in this RFP, to program enrollees eligible due to a mental health, intellectual or development disability or substance use disorder.

This RFP is specifically to identify organizations interested in and qualified to become enrolled as approved network providers through Partners BHM credentialing process. This RFP will also be used to identify current Partners' Network Providers interested in and qualified to provide services as outlined in this RFP. The number of providers selected will depend on the assessed need across the catchment area.

The Provider must adhere to all relevant NC Division of Medical Assistance Clinical Coverage Policies, NC Department of Health and Human Services Service Definitions, Partners requirements and any other related laws and regulations.

Purpose of the RFP

The purpose of this RFP is to identify providers able to strengthen and increase the availability of behavioral health services in Partner's service area. The agency providing services must have the capability and capacity to provide the needed services as well as demonstrate use of evidenced based practices and a strong system for outcomes measurement. Through this RFP, Partners will increase the network availability of Dialectical Behavioral Therapy by agencies with practitioners certified or in the process of certification through the Linehan Institute. Dialectical Behavioral Therapy (DBT) is a structured outpatient treatment, as defined by Marsha Linehan, PhD, which combines strategies from behavioral, cognitive, and other supportive psychotherapies. DBT services encompass individual therapy, DBT skills group, therapeutic consultation with the beneficiary on the telephone, and the therapists' internal consultation meeting(s). Through an integrated treatment team approach to services, DBT seeks to enhance the quality of the beneficiary's life through group skills training and individual therapy with a dialectical approach of support and confrontation. More information on the Linehan Institute and the certification process can be found at [The Linehan Institute](#).

Responses to this RFP must clearly show the organization's history and expertise in the area of services. It is important to explain how the needs of consumers will be assessed and needs met, as well as how services will be promoted for visibility and ease of access. It is important to follow and adhere to the RFP instructions for format, completeness, and timeliness to be considered in this RFP process.

Issuance of an RFI or RFP does not guarantee a financial award nor does it indicate a commitment on the part of the issuer to pursue further contractual relationship.

Timelines for RFP Process

RFP #0318-001 Dialectical Behavior Therapy

Issue Date: March 14, 2018

Deadline Date for Submission: Wednesday, April 18, 2018 by 5:00 pm

Submission Process:

Electronically Submit Narrative Forms, Attestation, Budget Forms and attachments to

vanderson@partnersbhm.org

or

**fax to Vanessa Anderson at (828)325-8178
Partners Behavioral Health Management**

Questions: Email Vanessa Anderson at vanderson@partnersbhm.org

Review Process: Within 30 calendar days of submission deadline, all proposals will be screened for completeness and accuracy. Proposals will be scored based on adherence to criteria, requirements and standards as listed in this RFP. A multi-member committee, comprised of Partners staff experienced in monitoring and/or knowledgeable on the RFP topic will complete the screening and scoring. Any proposal meeting satisfactory or more will be advanced to the RFP Review Committee for final decisions. The RFP Review Committee is comprised of cross departmental Partners staff and/or a combination of provider, consumer, or other stakeholder representation. All members of the RFP Review Committee are selected for their experience and/or knowledge of the RFP topic area. The RFP Review Committee will complete review and final decisions within 30 calendar days from the receipt of the screened and scored proposal packages.

Announcement of Awards: All applicants will receive written notice regarding the outcome of the RFP process within 30 calendar days from the final determination date.

Dialectical Behavior Therapy (DBT) Description

DBT is a comprehensive cognitive-behavioral treatment for difficult to treat mental health disorders. Although originally developed for chronically suicidal individuals, DBT has evolved into a treatment for multi-disordered individuals with borderline personality disorder. DBT is a recognized and highly respected Evidence-Based Practice for adults. It is considered by the American Psychological Association and the American Psychiatric Association to be a “best practice” and a “first-line” treatment option for individuals who suffer from Borderline Personality Disorder (BPD).

DBT is an appropriate treatment modality for adults who are experiencing chronic instability with episodes of serious affective dysregulation and dangerous impulsivity, which results in self-injury and high utilization of both health and mental health resources. Persons suffering from BPD react abnormally to emotions; they often refuse to cooperate in the therapeutic setting, experience intense rage and impulsively self-injure.

DBT treatment is comprised of both individual and group therapy per the DBT model. In addition DBT trained staff are available for phone coaching if needed for crisis between sessions to gradually lessen parasuicidal behavior and crisis episodes. Staff receive specialized training on the Linehan Institute’s DBT model but are also expected to continually participate in a DBT Consultation Group. This ongoing support helps mitigate burnout with high intensity consumers and offers oversight for providers to assure adherence to the DBT model. Individual therapy usually occurs weekly and DBT Skills Group occurs one to two times weekly. The focus of the group therapy is to teach skills that are needed to enhance the consumer’s life; Individual therapy is aimed at identifying issues that the consumer confronted during the past week and developing a treatment strategy to address those issues by applying DBT skills learned. For DBT to be effective, individuals participating in DBT must agree to do homework which includes daily “diary cards” that track more than 40 emotions, urges, behaviors, such as lying, self-injury, or self-respect. The diary cards are used to identify the individual’s skill needs and current use of skills.

The DBT program ensures there is a designated DBT primary therapist for each beneficiary.

The DBT Team follows the Linehan model in the provision of DBT services which consists of:

1. Individual therapy with a DBT-trained therapist:
 - a combination of individualized rehabilitative and psychotherapeutic interventions to treat suicidal and other dysfunctional coping behaviors and to reinforce the use of adaptive skillful behaviors.
2. DBT skills training group:
 - a combination of individualized psychotherapeutic and psychiatric rehabilitative interventions conducted in a group format to reduce suicidal and other dysfunctional coping behaviors and restore function.
 - Group sessions last two hours and include a co-facilitator.
3. Telephonic, therapeutic consultation/support/coaching (**24-hour availability**) with the beneficiary.

The DBT program uses weekly internal consultation with individual and group therapists to review treatment and to facilitate DBT skill development.

Standard and Comprehensive DBT consists of the following:

- an initial treatment readiness evaluation;
- weekly two-hour group skills training provided by a skills group leader;
- a minimum of a one-hour individual therapy session every week provided by the primary individual therapist;
- twenty-four-hour telephone coaching by a DBT team provider is designed to provide practice in changing maladaptive behaviors and assistance in the application of DBT behavioral skills outside of therapy sessions; and
- there is also a weekly treatment team consultation group for DBT team providers.

The DBT team consists of a minimum of two full time staff positions who are Linehan DBT Certified clinicians, as well as additional team members as necessary. Additional team members are not required to be DBT certified but must meet the following criteria:

- Graduate Degree in a mental health-related field from a regionally accredited institution of higher education;
- Must possess an active, unrestricted license as a LPC; LCAS; LMFT; LCSW; LPA or Licensed Psychologist;
- Demonstrates appropriate competencies and knowledge of DBT principles and practices;
- Possesses knowledge of and the ability to apply the principles and practices of DBT consistent with evidence based practices;
- Participates in DBT consultation team meetings for the recommended duration of 90 minutes per week; and
- Receives ongoing clinical supervision from the Team Lead.

Please refer to the attached DBT Service Definition for all treatment elements, core concepts, criteria and requirements that are to be met.

Frequently Asked Questions (FAQs): Please send questions about the RFP and/or service definition to Vanderson@partnersbhm.org no later than **March 28, 2018**. Questions and answers will be posted to the Partners' website no later than 15 calendar days from the deadline date for questions.

General Provider/Vendor Standards and Requirements

The following outlines additional information related to the submission of proposals:

1. For consideration as an applicant, the provider/vendor must understand and be prepared to comply with the terms of Partners Procurement Contract.
2. Partners reserves the right to enter into a procurement contract with respondents to this RFP, if the information contained in the proposal sufficiently meets the requirements of this RFP and the standards of the applicable service definition, outcomes are well defined and success has been previously achieved.
3. **Any and all costs** incurred by an individual or provider/vendor in preparing or submitting a proposal are the bidder's sole responsibility. Partners will not reimburse bidders for any pre-award costs incurred.
4. Titles and headings in this RFP and any subsequent RFP or RFP are for convenience only and shall have no binding force or effect.

5. All proposals are subject to the terms and conditions outlined herein. All responses will be controlled by such terms and conditions. The attachment of other terms and conditions by any individual and provider/vendor may be grounds for rejection of that individual or provider's/vendor's proposal.
6. In submitting its proposal, applicants agree not to use the results therefrom or as part of any news release or commercial advertising without prior written approval of Partners.
7. All responses, inquiries, or correspondences relating to or in reference to the RFP, and all other reports, charts, displays, schedules, exhibits, and other documentation submitted by the individual or provider/vendor will become the property of Partners when received.
8. Pursuant to the provision of G.S. 143-54, and under penalty of perjury, the signer of any proposal submitted in response to this RFP thereby certifies that this proposal has not been arrived at collusively or otherwise in violation of either Federal or North Carolina antitrust laws.
9. The individual or provider/vendor shall submit with its proposal the name, mailing address, email address and fax and telephone number of the person(s) with authority to bind the party and answer questions or provide clarification concerning the proposal.
10. Individuals or provider/vendor may propose to subcontract portions of work provided that their proposals clearly indicate the scope of the work to be subcontracted, and to whom. All information required about the prime grantee is also required for each proposed subcontractor.
11. Trade secrets or similar proprietary data which the individual or provider/vendor does not wish disclosed to other than personnel involved in the evaluation will be kept confidential to the extent permitted by
12. NCAC TO1: 05B.1501 and G.S. 132-1.3 if identified as follows: Each page shall be identified in boldface at the top and bottom as "CONFIDENTIAL." Any section of the proposal that is to remain confidential shall also be so marked in boldface on the title page of that section.

Specific RFP Provider/Vendor Standards and Requirements

An organization must meet the following as appropriate to this specific RFP:

1. Medicaid qualifications for participation as established by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS);
2. the requirements under 10A NCAC 27G;
3. key components of the DMA Clinical Policy and Service Definition(s) defined by the State of North Carolina; or
4. key components required for an implementation of a new Services Definition under the 1915 B or C waivers;
5. as an agency, have **at minimum 3 years of experience** providing behavioral health services;
6. be credentialed by Partners BHM;
7. within one year of enrollment as a provider of this service with DMA, the organization must achieve national accreditation with at least one of the designated accrediting agencies approved by DHHS;
8. the organization shall be established as a legally constituted entity capable of meeting all of the requirements of Provider Credentialing, The Medicaid Enrollment Agreement, Medicaid Bulletins, and service implementation standards;
9. meet mandatory provider/vendor qualifications and staff competencies for service;
10. participate in trainings, meetings or collaboratives, related to DBT, as required by Partners;
11. provide modalities/evidence based practices approved for use with this service and requirements for verification as designated:

- a. Dialectical Behavior Therapy meets the requirements for evidenced based practices. To meet the standards for this RFP, practitioners providing this service must be certified by the Linehan Institute or in the process of being certified by the Linehan Institute. At minimum, a NC licensed MH Practitioner must have already completed the 40 didactic training hours specific to DBT as well as 3 hours of Suicidal Assessment and Prevention, which are all eligible to be accepted for Linehan certification; and be actively working to complete Linehan DBT certification within 2 years from the date of initial billing of the service.
- b. Linehan DBT Certification requirements include, but are not limited to the following:
 - Graduate degree in MH from a regionally accredited institution of higher education
 - Licensed independent MH practitioner with an unrestricted license
 - Education/training-40 didactic training hours specific to DBT
 - DBT Team Experience-12 months participation in one or more DBT consultation teams and current participation on a DBT Team
 - DBT Clinical Experience-individual therapist for three cases for whom Stage I treatment was completed while they were enrolled in DBT skills group. Therapists responsibilities would have included orientation to treatment (structure, theory, goals/targets and commitments); provided regularly scheduled individual DBT therapy; made available phone coaching; had diary card and treatment targets that met DBT Stage I hierarchy as well as having participated with a DBT Consultation team along with the skills trainer on a regular basis.
 - DBT Skills/Knowledge/Experience-Read the Linehan Skills Training Manual for Treating Borderline Personality Disorder by Marsha Linehan; completed the homework assignments in the manual; and taught or participated as a student in all modules of skills training **or** taught all DBT Skills within individual therapy and coached clients in application of the skills.
 - Passed the exam
 - Submitted a letter of recommendation
 - Submit a Case Conceptualization for a client-includes 3 videotapes of live therapy sessions
 - Mindfulness Experience-formal training which can be demonstrated as well as a description of current, regular, ongoing mindfulness practice.

Please check [The Linehan Board of Certification](#) web page for more information on certification requirements.

12. required reporting and documentation for service;
13. required outcomes as designated; and
14. in partnership with Partners BHM, the provider organization shall collaborate with relevant community stakeholders for access to services, care coordination, and continuity of care.

Exclusionary Criteria

Applicant proposals will be excluded from scoring, review and potential award if the following occur:

1. Provider/vendor does not submit proposal by the submission deadline;
2. Provider/vendor does not submit proposal through mechanisms as directed in this RFP;
3. Provider/vendor does not submit proposal in format and/or using forms as directed in this RFP; and
4. Provider/vendor does not sign and date the forms as indicated.

Format of Proposal submission

The Proposal must be submitted in the following order to be considered for award. Each section must be clearly titled and include page numbers. Each section must fully answer the questions but stay within the allowed page limit as designated. The final RFP *narrative* response must be one document which includes the Title Page, Provider Experience, Provider Qualifications for Service, Provider Implementation Model, and Expected Provider Outcomes, not to exceed a total of **17 pages**, as noted for each section. Attachment A contains forms for the narrative. Page 7 of Attachment A is the attestation statement which must be completed and submitted as part of the narrative document. Attachment B contains the budget projection form which must be used.

Responses must be submitted **electronically** using 8 ½ x 11 inch document size, moderate margins, portrait orientation, 11 or 12 point font and at least 1.15 line spacing.

Responses must be scanned and emailed to vanderson@partnersbhm.org or faxed to Vanessa Anderson at (828)325-8178. There should be no more than **3** documents submitted: the **narrative** (Attachment A) including attestation, the **budget projection** form (Attachment B) and the **provider attachments** (all provider attachments should be submitted as one document).

Please ensure all documents are faxed or emailed in the required format and no pages are missing as this could disqualify your response from review.

NARRATIVE

1. Title Page (counts as 1 page)

2. Provider Experience

Please describe the organization's history of experience as a Mental Health/Intellectual Developmental Disability/Substance Use Disorder provider. **(Limited to 5 pages or less)** Include the following:

- a. organization's qualifications for providing the services as listed in this RFP;
- b. evidenced based practices used in the organization;
- c. number of years operating as a behavioral health provider;
- d. how cultural competence is managed;
- e. experience working with special populations;
- f. capacity for expansion of services;
- g. organizational and supervisory structure;
- h. methods for crisis management; and
- i. how consumer safety is ensured.

3. Provider Qualifications for Service

Please list all staff, title, credentials, special certifications and length of experience for those participating in the delivery of this service. **(Limited to 1 page)**

4. Provider Implementation Model (step by step)

Please describe your plan for implementation/expansion for this service. **(Limited to 4 pages or less)** Include the following components in your response:

- a. program design/structure for staffing and supervisory experience available, if you do not currently provide DBT please include plans for how you will develop and train the required staff;
- b. modalities or evidenced based practices to be used;
- c. plan for how service will be implemented;
- d. plan and timeline for how the services will be promoted and accessed by consumers;
- e. plan for how crisis will be managed.

5. Expected Provider Outcomes and how they will be measured

Describe expected consumer outcomes and the plan for how they will be measured, tracked and evaluated for adjustments. Outcomes should be specific, measurable, attainable, realistic and time limited. In provider attachments, include examples of data from the past 12 months of services including lengths of stay, recidivism-rate of return to services or higher level of services and consumer satisfaction with services. Attach any tools (not included in page count) used to measure outcomes.

DBT measures outcomes through the DBT Client Outcome Log, Team Summary Log and Difficulty in Emotion Regulation Scale (DERS):

- Reduced use of crisis services, including emergency room visits, inpatient psychiatric days, and days in SA detoxification treatment
- Decreased in suicidal ideation and gestures
- Improved interpersonal relationships
- Improved emotional regulation
- Improved emotional self-care skills

Please include how you will comply with implementing and tracking outcomes for DBT. Describe how you will report aggregate data, from the DBT outcomes tools listed above, on a quarterly basis to Partners. *If you have a quarterly reporting format you will use, please label as such and include in your provider attachments. (Excluding provider attachments, limited to 5 pages)*

6. Attestation (counts as 1 page)

The form must be signed and dated for acceptance into review status.

BUDGET

7. Provider Budget Projection-Attachment B

All in lieu of services must be budget neutral. The budget goal is for the service to be less than the cost of higher levels of service. Higher levels of services would include inpatient stays. There is also the expectation that **Dialectical Behavior Therapy** would reduce utilization of emergency departments.

The rate for DBT is 236.32 per 1 week unit. This is a bundled service. It is anticipated there will be 26-39 units of service per person. The targeted length of service is 6-9 months.

Please project a budget for the number of consumers you expect to serve in a 12-month period on **Attachment B**. This will include the following:

- a. Number of consumers to be served
- b. Estimated length of stay in service per consumer
- c. Anticipated cost for the 12-month period

Data will be analyzed and reviewed at 6 months from the initial service start date to determine if the service is budget neutral.

PROVIDER ATTACHMENTS

8. Attachments

Attachments may include the following, but are limited to 15 additional pages:

- o Organizational Chart
- o Verification of certifications to provide service specific evidenced based practices
- o Verification of certifications to provide services to specific specialty populations
- o Tools used to measure outcomes/Outcome data
- o Quarterly Outcomes Reporting Form
- o Cultural competency plan

Each attachment must be clearly labeled.

Final submission package should include the following in up to 3 documents:

- Attachment A-Narrative up to 17 pages including attestation form
- Attachment B-Budget Projections-one page
- Provider Attachments up to 15 pages

Rates

The bundled rate for DBT is \$236.32 per week.

Service	Procedure Code	Unit Definition	Units of Service	Cost of Service
DBT	H2019	1 bundled unit	1 unit/week	\$236.32

Proposal Scoring

All proposals will be scored on the following points and elements:

Prescreen-Determines Eligibility to proceed to review status. Satisfactory (at least 50) needed to proceed.

Maximum 100 points:

- Format followed (16)
- Answered all questions (20)
- Answers relevant (40)
- Adherent to length of pages (12)
- Submitted on time (12)

Review-Determines eligibility to be considered for an award. Review covers all items as listed under the Narrative and Budget sections of the RFP. Review panel decisions may include consideration of other factors for an award such as, but not limited to funding availability, geographical locations served, good standing status as a provider, sanctions history, current investigations, etc. *Issuance of an RFP and/or proceeding through the review process*

does not guarantee a financial award nor does it indicate a commitment on the part of the issuer to pursue further contractual relationship.

The scoring part of the review consists of 3 areas:

- I. Functional Requirements- maximum 28 points, includes review of provider experience, EBPs used by provider, provider qualifications and evidence of cultural competency;
- II. Program Design-maximum 48 points, includes review of provider current service and organizational structure, service implementation plan, budget projections and timelines; and
- III. Program Evaluation (Outcomes)-maximum 24 points-includes provider experiences with evaluating outcomes and plan for outcomes tracking, evaluation and reporting.

Disposition of Proposals

After award and/or amendments of contracts, one copy of each successful proposal is retained by Partners. All other copies will be destroyed.

Freedom of Information

The North Carolina Public Records Law under Chapter 132 of the North Carolina General Statutes guarantees that the public has access to the public records of governmental bodies in North Carolina. The public records and public information compiled by the agencies of North Carolina government or its subdivisions are the property of the people. Therefore, it is the policy of the State that the people may obtain copies of their public records and public information free or at minimal cost unless otherwise specifically provided by law.

RFP Submission

Email or fax complete Narrative with Attestation, Budget forms and any provider attachments in no more than 3 documents to:

vanderson@partnersbhm.org

or

Vanessa Anderson at (828)325-8178
Partners Behavioral Health Management
1985 Tate Blvd. SE, Suite 529
Hickory, NC 28602

The Narrative Attestation, Budget and other providers attachments need to be submitted by Wednesday, 4/18/2018 by 5:00 pm to be eligible for consideration in this process.

Resources

Linehan Institute

[The Linehan Institute](#)

[The Linehan Board of Certification](#)

Medicaid and Health Choice Clinical Coverage Policies

<http://dma.ncdhhs.gov/providers/clinical-coverage-policies>

NCDHHS APSM 45-2 Records Management and Documentation Manual:

<https://www.ncdhhs.gov/document/apsm-45-2-records-management-and-documentation-manuals>

NCDHHS NC Division of Health Service Regulation Mental Health Licensure and Certification

<https://www2.ncdhhs.gov/dhsr/mhlcs/mhpage.html>

Special Provisions-EPSTD

<http://dma.ncdhhs.gov/providers/programs-services/medical/Health-Check-Early-and-Periodic-Screening-Diagnosis-and-Treatment>

NC Medical Assistance Health and Human Services Fee Schedules:

<http://dma.ncdhhs.gov/providers/fee-schedules>