

Request for Information (RFI)

Dear Interested Parties:

INTRODUCTION

As part of the responsibilities of the Division of Mental Health (DMH) in its role as the Mental Health Authority for Illinois, we are seeking information from any and all parties interested in contracting with DMH for the provision of acute care services for persons with severe mental illnesses. At present, these services are predominately provided through inpatient psychiatric hospitals, either public or private. We are soliciting proposals which:

- A) Continue this level of care in inpatient hospital programs or;
- B) Expand the use of non-traditional (or alternative) services which have been proven to prevent, reduce or eliminate the need for traditional inpatient acute care as in examples of: freestanding 16-bed acute Evaluation and Treatment centers, 'Hospital within a hospital' programs, others or;
- C) Provide acute care services in ambulatory models of care which have been proven to prevent, reduce or eliminate the need for inpatient care and are exclusive of inpatient hospital services as in examples of: expansions of ACT, expansion of Crisis Residential or Crisis Respite services, others or;
- D) Combinations of any of the above (or with others models), which responds to the vast predominance of the acute care needs in a distinct geographic area.

We are soliciting proposals for all areas of the state, which includes Region 1-South, Region 1-Central, Region 1-North, Region 2NorthEast, Region 2NorthWest, Region 3, Region 4 and Region 5 MetroEast and Region 5 Southern. (See attached map of Regions).

Some parties responding to a previous RFI released by DMH on October 5, 2009 for Region 1 South need not re-submit those same specific proposals.

DHS/DMH is requesting information on your facility's / company's interest to provide services for all or portions of our projected anticipated acute services capacity needs. In addition, we are requesting information that would identify where and how the services would be provided by your organization and any structural modifications your organization might need to initiate or provide these services and those anticipated costs.

Respondents to this RFI that contemplate new construction or major renovation in order to accommodate the needs of your proposal should not assume that the state will provide a physical site or direct capital financing for this activity. The extent to which the State will participate in this type of activity and or assist with direct capital financing will be solely at the discretion of the State, consistent with budgetary priorities and would be governed by State law.

DHS/DMH is utilizing the RFI process to assess the level of interest in this project and to solicit questions and/or comments from prospective providers. DHS/DMH

will likely contact respondents subsequent to reviewing the submitted information received through this RFI. The purpose of these contacts would be to clarify and amplify the information contained in the response and to provide an opportunity for respondents to ask questions regarding the service needs of DHS/DMH. Responses to this RFI are due to DHS/DMH no later than **5 PM CDT, Friday January 29, 2010 (See Below)**.

Questions or clarifications regarding this RFI should be directed to: Michael Pelletier at 847/894-9877, or by email at MICHAEL.PELLETIER@illinois.gov . Statewide conference calls will be scheduled likely during the first week in January 2010 and complete information will be published during the week of December 28, 2009.

Information Requested by DHS/DMH

DHS/DMH is requesting information on your facility's/ company's interest in providing service to all or part of adult acute care services capacity needs within Regions 1, 2, 3, 4, 5. This includes all future referrals from DHS/DMH. DHS/DMH is seeking adult 'bed' capacity, which you can provide in your existing programs (units, services) or by adding onto your current certified or licensed capacity, enhancing your current staffed capacity or adding new service capacity and/or additional ambulatory programming. If your facility could provide services to this population please provide the following information. DHS/DMH is seeking a long-term approach that would address the needs of DHS/DMH as early as June 30, 2010.

Please provide the following information:

For Inpatient Acute care delivery:

- 1) Number of adult psychiatric, acute, inpatient beds (AMI) currently available (i.e. staffed) and number of AMI beds under your current license.
- 2) Are the beds proposed for this project integrated into existing AMI units or will the beds be segregated into a separate unit (wing) or stand-alone facility?
Describe the purpose of this separation, if planned.
- 3) Would the services be provided in an existing facility or would you need to renovate or complete new construction before accepting this projected population?
- 4) Would the services be provided in an existing facility under current licensed capacity and/or explain in detail and identify any assistance you would request from the State of Illinois including Certificate of Need, if applicable.
- 5) Does your facility currently accept and receive Medicaid /Medicare reimbursements for inpatient psychiatric acute care services at present?
- 6) What types of certifications and accreditations are currently held by your organization for these services?
- 7) Would your organization need to hire additional staff to serve the new population? How many? What classification (types of employees)? Projected additional personal service cost, including your average fringe rate or % for these positions?
- 8) What is the earliest date you estimate that your facility could begin to accept persons?
- 9) What reimbursement structures would you require?

- 10) Please indicate the specific DHS Region (and sub-region e.g. Region 1 North; Region 5 South, if appropriate) for which you are providing your response(s). If you are proposing actions covering multiple Regions please be sure to clearly indicate the above information for each specific proposed Region.
- 11) Would you entertain a model in which DMH provides for Medical (Psychiatrist) coverage for the admitting/attending professional component? (and /or with associated other clinical professionals – S.W. especially).

NOTE: The current array of acute inpatient services needed for this project would include the following:

- Admissions, with initial evaluations
- Multi-disciplinary assessment and treatment planning
- Medical Services
- Recovery-oriented Individual, group, and family psychotherapy
- Psychopharmacological therapy
- Nursing & milieu therapy
- Psychological/neuropsychological testing
- Formalized educational services for those who qualify
- Patient and family education
- Occupational, rehabilitation, or activity therapies
- Pharmacy services
- Hearing and speech services
- Library services
- Nutritional assessment and services
- Pastoral and spirituality services
- Mental Health Court Services (Involuntary commitment issues must be responded to in this consideration)
- Inpatient and outpatient medical/surgical services (off site, subcontracted)
- Dental and Eye services (direct and subcontracted off-site)
- Discharge planning & linkage to aftercare

For non-traditional residential or alternative acute care services outside of an inpatient hospital program provide a description of these proposed services and:

- 1) The number of acute adult psychiatric, residential or non-traditional service capacity ('beds') currently available and the number of 'beds' proposed for development or expansion. For expansions, if service is currently provided, provided the number and job classification of current AND proposed new program needs separately. For new programs provide the projected staffing numbers and levels by job classification as projected.
- 2) Are the 'beds' proposed for this project integrated into existing units or programs? Will the 'beds' be segregated into a separate unit (wing) or stand-alone facility? How will this program (service) be integrated with existing medical facilities (hospitals, FQHCs, RHC, others) to insure integrated comprehensive medical service delivery. Describe the purpose of this separation if planned.

- 2) Would the services be provided in an existing facility or would you need to renovate or complete new construction before accepting this projected population? Provide estimated cost for such actions.
- 3) Would the services be provided in an existing facility under current DHS certification and identify any assistance you would request from the State of Illinois, DMH if applicable.
- 4) Does your facility currently accept and receive Medicaid /Medicare reimbursements for psychiatric acute care services at present? Describe your projected revenue support for this service.
- 5) What types of certifications and accreditations are currently held by your organization?
- 6) What is the earliest date you estimate that your facility could begin to accept persons?
- 7) What direct and indirect reimbursement structures or other financial assistance would you be proposing?
- 8) Please indicate the specific DHS Region (and sub-region e.g. Region 1 North; Region 5 South, as appropriate) for which you are providing your responses. If you are proposing actions covering multiple Regions please be sure to clearly indicate the above information for each specific proposed Region.

As appropriate:

- 1) Describe the other types of ambulatory services within Rule 132 to be provided under this proposal with projected estimates for persons served, costs, revenues, etc as available.

General Considerations:

- 1) All respondents are encouraged to include as partners and solicit local input from other related mental health and healthcare providers, funders, etc in order to provide for the broadest array of services for the fullest integration of care. The pre-dominate population under consideration is for persons with serious mental illnesses requiring acute care services.
- 2) DMH will accept proposals incorporating traditional financing measures (FFS, per-diem etc) or responses that propose new financing options, as examples, like 'full' or 'partial' risk, global funding or capitation funded. All proposals should be prepared to provide for the vast predominance of acute care needs for a distinct and identified geographical area, county or multiple smaller counties. Full or partial risk proposals should include details on the proposed use/inclusion or exclusion of current state operated hospital (SOH) resources and a likely expectation that SOH resources and / or access to SOHs would be managed or controlled under the proposals and with a FFS reimbursement or cost sharing for SOH usage.
- 3) All proposed services should be projected to be delivered using the most current understanding of person-centered, consumer-driven, peer-supported recovery principles, as outlined in the Report of the President's New Freedom Commission

on Mental Health and supporting care provided in the least-restrictive, trauma free environment. All proposals should outline how consumer/family leadership and participation will inform and shape the planning, care delivery, management and oversight/evaluation of your proposed actions, citing your anticipated operational structures and policies for ongoing consumer/family leadership and involvement.

- 4) Since actual needs and specifics details would vary greatly across the state and may not be fully available at this time for your recommendations, your response should be considered as a “conceptual framework”, terms under which you would be willing to provide all or part of adult acute care services capacity needs in your distinct geographical area, allowing for future discussions on actual volume needs, program development and planning, and cost projections.

RESPONSES

Individuals interested in this project should submit their response by email or regular mail on or before Close of Business (5 pm. Central Standard Time) Friday January 29, 2010 Please respond to Illinois Department of Human Services/Division of Mental Health, 319 E. Madison Suite 3B, Springfield, Illinois 62701. **Attn:** David Hanbury at david.hanbury@illinois.gov .

In addition to the information requested in the previous section of this RFI your response should include the following:

- 1) Your organization’s contact information, i.e. name address, contact person, phone number and email. (**Note:** The information provided in your response to this RFI will be used by DHS/DMH for any future contacts, likely to occur beginning February 1, 2009 or as arranged) to individually discuss and review your submission to insure our complete understanding.
- 2) Additional specific questions or concerns regarding the RFI you would like to discuss by phone or in person with a DHS/DMH representative.
- 3) Details on your organization’s approach to the project. If construction or renovation is involved this should be explained in detail.

You should respond in as much detail as possible to the request. Please note that DHS/DMH cannot reimburse you for any expenses associated with this response.

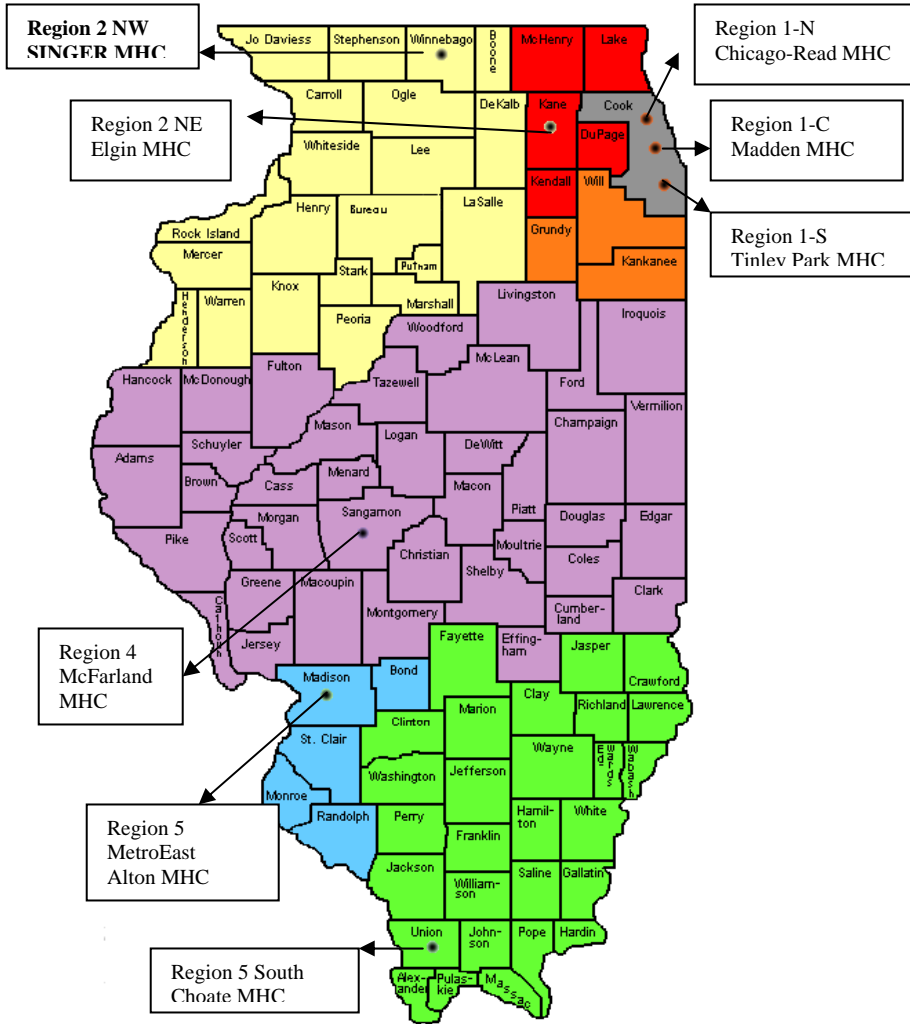
No contract or award will result from this specific RFI.

All information included in the RFI will be kept confidential by the State to the extent permitted by law.

Respondents should specifically identify proprietary information (data), which the state will hold confidential to the extent permitted within law.

We intend to use this information to help us decide how DMH will proceed with planning for acute care delivery. Again, the RFI is for information and planning purposes only.

Illinois State Operated Hospitals: Catchment Areas



State operated Mental Health Hospitals:

- BLUE:** Region 5 Metro East at Alton MHC
- ORANGE:** Region 1-S Tinley Park MHC, includes South Cook, Will, Grundy & Kankakee counties
- GRAY:** Region 1-C at Madden MHC
Region 1-N at Chicago-Read MHC
- GREEN:** Region 5 South at Choate MHC
- PURPLE:** Region 4 at McFarland MHC
- RED:** Region 2 NE at Elgin MHC
- YELLOW:** Region 2 NW at Singer MHC

For specific details especially for Region 1-N & 1-C - City of Chicago see: <http://intranet.dhs.onenet/page.aspx?item=10805>