



State of Vermont
Department of Mental Health
280 State Drive; NOB 2 North
Waterbury, VT 05671

Agency of Human Service

phone 802-241-0090
fax 802-241-0100

**STATE OF VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF MENTAL HEALTH**

REQUEST FOR PROPOSALS (RFP#: 87)

**FOR
INPATIENT PSYCHIATRIC UNIT(S) FOR CHILDREN AND ADOLESCENTS**

ISSUE DATE: 6/22/2022

QUESTIONS DUE: 7/18/2022, 4:30pm EDT

RFP RESPONSES DUE BY: 8/1/2022, 4:30pm EDT

I. OVERVIEW

The Department of Mental Health (the State) is soliciting competitive sealed, fixed proposals (Proposals) for Inpatient Psychiatric Unit(s) for Children and Adolescents from qualified offerors. If a suitable offer is made in response to this Request for Proposal (RFP), the State may enter into a contract (the Contract) to have the selected offer (the Contractor) perform all or part of the work.

II. RFP OBJECTIVE

The purpose of the RFP is to solicit proposals from qualified health care organizations connected or affiliated with a general medical facility to provide inpatient psychiatric services for children under the age of 18 years. The State is seeking to stabilize and improve current availability of services for this population of Vermonters to ensure children and youth with mental health needs and possible comorbid medical or developmental disability concerns can access inpatient psychiatric care.

III. BRIEF DESCRIPTION OF THE ORGANIZATION

The Vermont Agency of Human Services (AHS) strives to improve the health and well-being of Vermonters today and tomorrow and to protect those among us who are unable to protect themselves. The scope of AHS is profound. Through its six departments, twelve district offices, and a network of community partners and providers, it is responsible for the implementation and delivery of all human service programs within the state. Each department has a distinct area of focus and responsibility and contributes to the creation and sustenance of an entire system of human service supports. The Department of Mental Health (DMH) resides under the Agency of Human Services and has the same critical mission in mind: to improve the conditions and well-being of Vermonters and protect those who cannot protect themselves. DMH continues to focus on its vision for self-determination, empowerment, recovery, and resiliency. This means being responsive to the needs of Vermonters and their families, as well as continuing to challenge ourselves to try to change society's culture, philosophy, and values, while working to fully embrace the concepts of recovery and resiliency. By improving our effectiveness and



coordination of programs and services around the State, we will help Vermonters meet their needs.

IV. SCOPE OF SERVICES REQUESTED

Vermont's System of Care is designed to serve a variety of emotional, behavioral, and mental health needs of children and adolescents by expanding the State's capacity to provide early and effective home- and community-based services to reduce reliance on residential and inpatient services, unless clinically required. While the goal may be to avoid inpatient treatment through early intervention, at times this level of care is needed and will result in the best possible outcomes for those youth and their families. Inpatient treatment for youth in Vermont is limited and only provided in one location in the state. This level of care for young Vermonters needs to be diversified to ensure that children and youth can access inpatient care at the right time and have their emergent needs fully addressed.

This RFP specifically addresses the unique needs of the population for the most intensive level of care provided through inpatient services. Psychiatric hospitalization provides intensive inpatient care designed to help stabilize the youth, provide for immediate treatment needs, and quickly return the youth to their prior care setting (often a lower level of residential or home-based care) in order to continue their course of treatment.

A. Population overview and additional information

1. General target population for services

- a) Children and youth up to age 18, male, female, and transgendered youth. Youth with high mental health acuity, including:
 - (1) Acute mental health symptoms
 - (2) Self-harming behaviors, suicidal attempts, and significant suicidal ideation
 - (3) Homicidal ideation
 - (4) Significant aggressive and violent behaviors
 - (5) Substance use
 - (6) Trauma and exposure to violence
 - (7) Possible co-morbid medical or developmental disability needs
- b) Youth on voluntary and involuntary status
- c) Children and youth with Medicaid, commercial coverage, and private pay.

2. Bed needs for the target population

- a) Up to 12 beds, could involve age-specific units.

B. Scope of Services

1. Key Components

- a) Psychiatric evaluation, service, medication management and consultation
- b) Daily therapeutic care and intervention following best practices for acute stabilization
- c) Use of Six Core Strategies for reduction of seclusion and restraint



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- d) Trauma-responsive setting and treatment approaches
- e) Family involved in treatment as clinically indicated
- f) Discharge planning in collaboration with family, relevant community and State partners
- g) Provide admission and discharge capacity 24 hours a day, 7 days a week

2. Overview of Level of Care

- a) Inpatient psychiatric care for voluntary and involuntary children and youth.
- b) Maintain compliance with all state and federal laws and regulations for licensed facilities.
- c) Maintain compliance with state regulations for designated psychiatric hospitals.

V. PROPOSAL EVALUATION

A. Process Overview

Proposals submitted to DMH for this solicitation will be reviewed by a scoring committee selected by the Department. The individuals selected to serve on the scoring committee will be selected based on their programmatic expertise and experience with the target population so that they can provide substantive input on the submitted proposals.

Vendors who do not meet the following criteria will be excluded from consideration:

- Facility is currently licensed as a health facility OR Vendor affirms their intention and plan to be licensed as a health facility when the contract is signed (or pending purchase/lease of new property).
- Facility is currently accredited OR Vendor affirms their intention and plan to become accredited by an agency approved by the Department of Mental Health.
- Facility is located within Vermont OR Vendor proposes to locate in Vermont pending purchase/lease of new property.

B. Evaluation Scoring

The State will use a scoring scale of 100 total points, with a maximum of 90 points awarded based on the Technical Proposal and a maximum of 10 points awarded based on the Cost Proposal. Points are divided into categories set forth below.

Technical Proposal	
Program design	40
Agency organizational capacity	30
Proposed timeline	20
Cost Proposal	
Budgets	10
Total Points	100



VI. FINANCE

A. Financial Standards

The Department anticipates using Federal funds for the resulting contract(s). The Department may choose to modify the source of funding contingent upon the availability of funds at the time of award. Any selected Vendor will be subject to the requirements in the Catalog of Federal Domestic Assistance (CFDA) # 93.778, U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.

At this time inpatient services will be funded by billing for services through Medicaid, commercial coverage, and private payment.

B. Description of Payment Structure

The following provides an overview of the payment structure provided by DMH for the resulting contract(s), including start-up funding and per diem rate for children served through this contract.

1. Start-up funding

The purpose of start-up funding is to support your agency to launch the inpatient psychiatric unit(s) for youth. Start-up costs are considered as one-time costs you anticipate that will not be incurred on an ongoing basis. DMH anticipates that such initial start-up periods will require funding to make key early investments such as: planning and feasibility studies, hiring program managers and clinicians, purchasing the rights to deliver selected Evidence-Based Practices (EBPs), train workers on the EBPs, and lease physical space (if applicable). Additionally, start-up costs may be required to bridge funding until your agency begins to serve clients and receive associated per diem rate payments.

2. Per Diem Rate

This portion of the budget establishes a per diem rate for the corresponding scope of work. This amount will be paid on a daily basis per child per day they receive the service, starting on the date of admission, which will be submitted to the Department in a manner specified by the Department. This rate will be initially calculated using your cost proposal for operational costs.

VII. REQUIREMENTS FOR SUBMISSION

A. Proposal Format

Use standard 8.5" X 11" page size. Documents must be single-spaced and use not less than a twelve-point font. Pages must be numbered. The proposal should be comprehensive, yet concise. The proposal must follow the sequence of information requested in the "Bid Requirements" section below. State your organization's name on each page of your program proposal/bid and on any other information you are submitting.



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1. A brief description of the organization which includes its history, organization structure and size, and qualifications to provide the required services.
2. A statement and discussion of the Proposer's analysis of the RFP requirements. This should include:
 - a) How the staff and services needed will be provided
 - b) Statement and discussion of anticipated major difficulties and problem areas (if any), together with potential or recommended approaches to their solution.
3. Acknowledgement of agreement with customary State and Agency terms and conditions contained in Attachments C-F.

B. Cover Letter

Please provide an introduction to your company and proposal via a cover letter. All bids submitted to the State are considered public records. Please note in your cover letter if any information in your proposal is considered proprietary and confidential.

1. **Confidentiality:** To the extent your bid contains information you consider to be proprietary and confidential, you must comply with the following requirements concerning the contents of your cover letter and the submission of a redacted copy of your bid (or affected portions thereof).
2. The successful response will become part of the contract file and will be a matter of public record, as will all other responses received. If the response includes material that is considered by the bidder to be proprietary and confidential under the State's Public Records Act, 1 V.S.A. § 315 et seq., the bidder shall submit a cover letter that clearly identifies each page or section of the response that it believes is proprietary and confidential. The bidder shall also provide in their cover letter a written explanation *for each marked section* explaining why such material should be considered exempt from public disclosure in the event of a public records request, pursuant to 1 V.S.A. § 317(c), including the prospective harm to the competitive position of the bidder if the identified material were to be released. Additionally, the bidder must include a redacted copy of its response for portions that are considered proprietary and confidential. Redactions must be limited so that the reviewer may understand the nature of the information being withheld. It is typically inappropriate to redact entire pages, or to redact the titles/captions of tables and figures. Under no circumstances can the entire response be marked confidential, and the State reserves the right to disqualify responses so marked.

VIII. QUESTION AND ANSWER PERIOD

Any vendor requiring clarification of any section of this RFP or wishing to comment or take exception to any requirements of the RFP must submit specific questions in writing no later than the deadline for questions indicated on the first page of this RFP. Questions may be emailed to: Jennifer.Rowell@vermont.gov, the point of contact. Any comments, questions, or exceptions not raised in writing on or before the last day of the question period are waived.



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IX. DELIVERY OF PROPOSALS

Please provide an electronic copy of the proposal no later than at 4:30 pm EDT on August 1, 2022, to: Jennifer.Rowell@vermont.gov

Please use Microsoft Office and standard PDF files.

X. ADDITIONAL INFORMATION

DMH reserves the right to accept or reject any or all bids. If a contractor is selected, representatives will be invited to negotiate a contract.

DMH will not pay any bidder costs associated with preparing or presenting any proposal in response to this RFP.

The contractor will agree to the State of Vermont usual contract and payment provisions. These specifications are posted with this RFP and include:

- Attachment C: Customary Provisions for Contracts and Grants
- Attachment E: Business Associate Agreement
- Attachment F: AHS Customary Contract Provision