# Department of Human Services Complex Case Placement Request for Information



Date: 8/29/19

# **Table of Contents**

PART 1. GENERAL INFORMATION	3
1.1 Purpose of this Request for Information	. 3
1.2 Request for Information Timeline	
1.3 Disclaimers	
PART 2. Background	
2.1 Background Information	. 4
PART 3. REQUEST FOR INFORMATION SUBMISSION FORMAT	.6
3.1 Response Submission	
3.2 Cover Letter	
3.3 Concentual Solutions and Strategies Response	6

#### **PART 1. General Information**

### 1.1 Purpose of this Request for Information

The Pennsylvania Department of Human Services ("DHS" or "Department") Office of Administration, Bureau of Procurement & Contract Management issues this Request for Information ("RFI") to gather input and information concerning models of care for individuals who need support with activities of daily living, are nursing facility clinically eligible, have an intellectual disability ("ID") or autism, require level of care of an intermediate care facility (ICF) for intellectual disability or other related conditions (ORC), or any combination of these, but whose clinical or behavioral conditions, or personal history create challenges in securing housing and services.

Specifically, this RFI seeks information to assist DHS in identifying the best possible care model for this population. Through this RFI, DHS hopes to become aware of and knowledgeable about the specialized trauma-informed facility and community-based service options available for individuals whose clinical or behavioral conditions, or personal history create challenges in securing housing and services. DHS is specifically interested in responses from individuals knowledgeable about specialized trauma-informed long-term care facility approaches, community-based approaches, or group home approaches to address service needs for these individuals. A respondent may respond to all or any of the specific questions, topics or models contained in this RFI.

## 1.2 Request for Information Timeline

Event	Date
Release RFI	8/29/19
Vendor RFI Responses Due	9/28/19

The Department is requesting that all responses to this RFI be submitted by 12:00 p.m. on the due date. Responses must be submitted electronically to the following email account with "Complex Case Placement RFI" in the email subject line: <a href="mailto:RA-PWRFICOMMENTS@PA.GOV">RA-PWRFICOMMENTS@PA.GOV</a>.

While the Department does not intend to respond to questions or clarifications during the RFI response period, respondents may submit administrative questions related to this RFI electronically to: <a href="mailto:RA-PWRFICOMMENTS@PA.GOV">RA-PWRFICOMMENTS@PA.GOV</a> using "Complex Case Placement RFI Question" in the email subject line. The Department may or may not respond based on the nature of the question. The Department will post all answers provided online at: <a href="http://www.emarketplace.state.pa.us">http://www.emarketplace.state.pa.us</a>.

#### 1.3 Disclaimers

The Department is not liable for any costs or expenses incurred by respondents in the preparation of responses related to this RFI.

This RFI is issued for information and planning purposes only and does not constitute a solicitation for future business, an offer for procurement, or any other type of current or future procurement action, and is only intended to gather information and input. The Department will not award an agreement on the basis of this RFI or otherwise pay for any of the information received.

The Department may use the information gathered through this process in the development of future procurement documents; however, the Department does not guarantee that this will occur. The Department will not return responses to this RFI. Respondents will not be notified of the result of the review, nor will they be provided copies of it. If the Department issues a procurement document, no respondent will be selected, pre-qualified, or exempted based on its participation in this RFI process.

Respondents should be aware that the responses to this RFI will be public information and that the Department will not honor any claims of confidentiality, including designations of material as confidential, proprietary or trade secret protected. All responses are subject to a request for public records made under the Pennsylvania Right-to-Know-Law, 65 P.S. § 67.101, et seq., and are subject to disclosure thereunder. The Department is not requesting, and does not require, confidential, proprietary information, or other competitively sensitive information to be included as part of the RFI submission. Ownership of all data, material and documentation originated, prepared, and provided to the Department during this RFI process will belong exclusively to the Department.

# PART 2. Background

# 2.1 Background Information

Individuals whose clinical or behavioral conditions, or personal history create challenges in securing housing and services are a diverse group with a variety of needs. The most common example of individuals who fall within the target population are those transitioning from corrections facilities and who need long-term care support, may have a history of violence or sex offenses, or may exhibit severe behavioral health conditions. Common characteristics of this population include:

- Behavioral health characteristics that may limit opportunities for placement;
- Sex or violent offender status:
- Felony convictions;
- Barriers to certain types of public housing;
- One-to-one or two-to-one staffing requirements;

- Medical Assistance long-term care eligibility;
- Physical disabilities; or
- Limited to no independence relating to activities of daily living.

#### Individuals in this population may:

- Be nursing facility clinically eligible; or have ID or autism and require ICF/ID or ICF/ORC level of care;
- Prefer to return to an area in Pennsylvania where they may have lived prior to incarceration;
- Have no personal connections, family, or friends willing to become involved in their care needs;
- Have cognitive impairments including dementia or traumatic brain injury;
- Have psychiatric illness, ID, or autism;
- Have behavioral health conditions leading to aggressive behavior towards themselves or others;
- Be under correctional supervision (i.e., parole);
- Have never been incarcerated but demonstrate characteristics that make it difficult to secure housing and services for them; or
- Have drug or alcohol treatment needs.

Without access to appropriate supportive services including long-term care services, individuals with complex cases face the following risks:

- Severe health risks including risks of physical injury and even death;
- Homelessness;
- Isolation; and
- Potential correctional recidivism.

Multiple Commonwealth Departments have had to patch together services to address the needs of this population and expend significant resources often in crisis situations to avoid the above-mentioned risks. To avoid these crisis situations, DHS is seeking to better serve individuals who meet these criteria throughout the Commonwealth and would like to identify available effective service options. Categories of service options for these individuals may include but are not limited to:

- Long-term care facility placement including skilling nursing facilities, personal care homes, and assisted living facilities;
- Community placement with intensive integrated clinical supports including life sharing
  or shared living, community living, group home, or independent living arrangements
  that may include community-based long-term care supports such as residential
  habilitation, personal assistance services, or adult day services;
- Integrated service delivery options including those offered through the Living
   Independently For the Elderly ("LIFE") program that integrates Medicare-covered

- services with Medical Assistance covered physical health, behavioral health, and long-term services and supports; and
- A setting that has a no-reject, no-eject policy, available crisis and intensive clinical supports, and the use of increased supports to enable individuals to maintain their place at the facility regardless of the behavior, barring justice system involvement.

Through the responses to this RFI, the Commonwealth hopes to gain information so that the planning efforts of the various Commonwealth Departments include best practices in all aspects of person-centered service planning, trauma informed care, positive approaches, access to community resources, and case management and service coordination to effectively address the needs of this population.

## PART 3. Request for Information Submission Format

Through this RFI, the Department is soliciting information and comments to obtain awareness of existing models that are in place and have shown positive outcomes, obtain information on programs with multidisciplinary approaches and best practices, realistic timeframes for implementation, and cost considerations. All interested respondents are asked to respond in writing to this RFI, and may respond to all or some of the specific questions, topics or models contained in this RFI.

## 3.1 Response Submission

Please prepare responses simply, providing straightforward and concise language and descriptions. All responses should be produced in Arial 12-point font. Please limit your response to no more than 20 single-spaced pages, not including the cover letter or attachments. Please refrain from sending marketing materials to the Department.

#### 3.2 Cover Letter

Please include a cover letter with the following information:

- 1. An introduction to the respondent's organization, relevant background, and interest in supporting this population.
- General information about the respondent and respondent's organization, including: name, address, point of contact for this RFI with a telephone number and an e-mail address.

## 3.3 Conceptual Solutions and Strategies Response

The following provides a suggested structure for a response to this RFI. This structure is intended to minimize the effort required to develop and analyze submitted responses. Please address the following:

- 3.3.1 Target Population Provide background information regarding your organization's experience serving or working with the target population, including providing supports for individuals who:
  - Be nursing facility clinically eligible; or have ID or autism and require ICF/ID or ICF/ORC level of care;
  - Have a preference to return to an area in Pennsylvania where they may have lived prior to incarceration;
  - Have no personal connections, family, or friends willing to become involved in their care needs;
  - Have cognitive impairments including dementia or traumatic brain injury;
  - Have psychiatric illness, ID or autism;
  - May be under correctional supervision (i.e., parole);
  - May have never been incarcerated but demonstrate characteristics that make it difficult to secure housing or services for them; or
  - May have drug or alcohol treatment needs.
- 3.3.2 **Applicable Models** Provide information your organization's experience with the following models:
  - Long-term care facility placement including skilled nursing facilities, personal care homes, and assisted living facilities;
  - Community placement with intensive integrated clinical supports including life sharing
    or shared living, community living, group home, or independent living arrangements
    that may include community-based long-term care supports such as residential
    habilitation, personal assistance services, or adult day services;
  - Integrated service delivery options including those offered through the LIFE program;
  - A setting that has a no-reject, no-eject policy, available crisis and intensive clinical supports, and the use of increased supports to enable individuals to maintain their place at the facility regardless of the behavior, barring justice system involvement; or
  - Other models of care.
- 3.3.3 **Model Applicability** Of the models listed at 3.3.2, provide feedback on your ability to serve the RFI's target population within the model(s); addressing the following:
  - Explain how the array of services available in the model(s) setting provide care for an individual.
  - Describe environmental advantages and/or disadvantages of supporting an individual in the model(s) setting.
  - Describe the characteristics that would make an individual a suitable resident for the model(s) setting.
  - Describe how the model may work with individuals who may have multiple medical diagnosis and co-occurring behavioral issues such as aggression and self-harm.

- Describe how the model may work under a no-reject, no-eject policy, including a
  description of the crisis and clinical resources and supports needed to enable
  individuals to maintain their placement regardless of behavior.
- 3.3.4 Model Interdisciplinary Components Provide information detailing components your organization believes would be necessary to support this population and why. This may include but is not limited to assessments, community resources, evidenced-based clinical practices, person-centered planning tools or other components that can be used to improve access to services and resources for this population.
  - Describe a potential admission, transfer, and discharge process and any proposed assessment tool(s) and how the tool(s) will be designed to determine the needs of the individual.
  - Describe potential enhanced programming to support the individuals and how such enhanced programming could improve the quality of life for such individuals.
  - Describe the level of clinical and behavioral services that your organization believes should be available to the individuals.
  - Describe the level of medical services that your organization believes should be available to the individuals and with what frequency.
  - Describe how familial or community engagement can be made available to the target population while considering the risk to the community.
  - Describe any other component which could be used to help support the resident population.

#### 3.3.5 **Selected Model Staffing Requirements**

- Describe what staffing roles and responsibilities your organization believes would be necessary to successfully serve the target population.
- Describe how staff would be trained to competently support individuals that have multiple needs.
- Describe the level of staff qualifications and credentials needed to successfully serve the individuals.
- Describe what level of staffing and ratios needed to successfully serve the individuals.

#### 3.3.6 Risk Mitigation

- Should the Department implement a no-reject, no-eject policy for the service setting in
  which this population is placed? If so, Describe considerations the department should
  have in managing a no-reject, no-eject policy while enabling individuals to maintain
  their place at the facility.
- Describe any location limitations, such as being located near a school or child care facility, that prohibit an organization from admitting previously incarcerated sex offenders.

- Describe steps that should be considered to maintain the health and well-being of all setting residents if there is a no-reject, no-eject policy.
- Describe what steps may be taken to mitigate the harmful action of a resident.
- Describe how the model would be organized for and respond to behavioral health crisis situations to avoid the need for emergency rooms and inpatient treatment.

#### 3.3.7 Selected Model Data and Technology Requirements

- Describe what and how data should be collected, managed, and reported.
- Describe what and how data should be used to measure success for each individual and for the program as a whole.
- Describe any technology that should be utilized to improve the quality of life of an individual.
- 3.3.8 **Selected Model Implementation Timeline** Describe the length of time it would take to establish a model setting.
- 3.3.9 **Commonwealth Involvement** These individuals have overlapping needs across multiple Commonwealth Departments and units of government.
  - What level of involvement by these departments and units is needed for a placement to be successful?
  - What existing licensing and regulatory requirements should be required for each model?
- 3.3.10 **Budget** Discuss potential payment methods for the services required by each model, including the following:
  - Should compensation rates be based on a standardized per-member, per-month basis?
  - Should compensation rates be based on a risk-based proposal in which a higher rate would be established for specified conditions, behaviors, or offences?
  - Other suggestions or approaches.