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# NOTICE OF COMPETITIVE SOLICITATION

**HCA Solicitation #2022HCA2**

**SOLICITATION TITLE:** Children’s Long-Term Inpatient Program (CLIP)Habilitative Mental Health (HMH) Service Provider

**SOLICITATION BUDGET:** N/A

**SOLICITATION POSTING DATE:** 1/14/2022

**RESPONSE DUE DATE:** 1/31/2022

**Find the full solicitation on** [Washington’s Electronic Business Solution (WEBS)](https://pr-webs-vendor.des.wa.gov/). Vendors not registered in WEBS will not receive updates or amendments to the solicitation, which may put them at a disadvantage.

**Estimated Schedule of Procurement Activities**

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| --- | --- |
| Release RFI | January 14, 2022 |
| Vendor Questions due by 2:00 p.m. | January 19, 2022 |
| Answers to Vendor Questions | January 21, 2022 |
| Vendor Submissions due by 2:00 p.m. | January 31, 2022 |

**Goals and Objectives**

This Request for Information (RFI) will assist the Washington State Health Care Authority (HCA) in seeking agency and/or facility which currently meet or will meet the requirements for a Children’s Long-Term Inpatient Program (CLIP) or Psychiatric Residential Treatment Facility (PRTF) Habilitative Mental Health (HMH) program that offer an innovative treatment program to children and youth in Washington State. The services to be provided are for inpatient habilitative mental health for eligible children and youth with co-occurring psychiatric and intellectual/neuro-developmental impairments who meet medical necessity criteria for this level of care.

**Minimum Qualifications**

1. Regulatory Requirements: Must all be met by no later than June 30, 2022. Confirm and describe how these requirements are currently being met or attest to meeting these requirements by the specified deadline and what actions will be taken to meet the requirements.
	1. The provider shall meet all Codes of Federal Regulations (CFRs) governing PRTF and inpatient psychiatric benefits under the age of 21. PRTF is any non-hospital facility with a provider agreement with a State Medicaid Agency to provide the inpatient services benefit to Medicaid-eligible individuals under the age of 21.
	2. The provider shall comply with all applicable federal, state, and local laws and regulations. The provider shall cooperate at all times, with the licensing and contracting authorities of the State of Washington and including on-site visits by reviewers as designated in Washington Administrative Code WAC 246-337, WAC 246-341-1138, or their successors. Contractual, state, and federal requirements will be monitored by the CLIP Inspection of Care (IOC) team and the Department of Health (DOH).
	3. The provider shall maintain a DOH license set forth in WAC 246-337 or its successors.
	4. The provider shall meet Evaluation and Treatment (E&T) certification standards in WAC 388-865 or its successors.
	5. The provider shall ensure all federal Medicaid standards are met for Inpatient Psychiatric Services for Individuals Under Age 21 in Psychiatric Facilities or Programs as outlined in 42 CFR 441 Subpart D, 42 CFR 483 pertaining to the use of seclusions and restraints, and 42 CFR 456 Subpart G regarding utilization control.
	6. The provider shall operate and maintain accredited status of its program in compliance with standards of Joint Commission (JC) as set forth in 42 CFR 441.151.
2. Provided Services: The daily paid rate per bed is $1,409.54 and shall include the services described below. Confirm and describe how these services will be met.
	1. Twenty-four (24) hour residential treatment including:
		1. Resident supervision;
		2. Milieu treatment;
		3. Individual, family, and group therapy:
			1. Evidence-based treatment services specialized for service population; and
			2. Active treatment by qualified staff acting in their scope of practice.
		4. Recreational therapy;
		5. Social work, case management, care coordination, discharge services; and
		6. Habilitative Services: speech, occupational therapy physical therapy.
	2. Psychiatric service;
	3. Pharmacology oversite;
	4. Nursing services for routine medical care;
	5. Dietary services;
	6. Parent support provided by a family liaison position that qualifies as a certified peer counselor;
	7. Interpreter services for non-English speaking or for hearing-impaired persons;
	8. Family Visitation Services and meeting supports; and
	9. All associated administrative costs.
3. Minimum Bed Commitment**:** The number of beds committed to a CLIP/PRTF HMH program is a minimum capacity of 12 beds with a potential capacity of 16 beds. Confirm and describe how the facility is able to meet the minimum 12 bed capacity. Specify the potential maximum bed capacity the facility is able to provide and describe what measures will be taken to expand the bed capacity.
4. Does the provider have any experience in serving children and youth with complex co-occurring psychiatric conditions and severe behaviors? Describe provider’s experience.

**Solicitation Coordinator**

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| Name | **Lyudmila Kozlova** |
| E-Mail Address | HCAProcurements@hca.wa.gov  |

**WEBS Commodity Codes**:

948-07 Administration Services, Health;

948-32 Dietician Services;

948-47 Health Care Center Services;

958-56 Health Care Management Services (Including Managed Care Services);

948-48 Health Care Services (Not Otherwise Classified);

948-44 Health Physics Services;

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| 953-48  | Health/Hospitalization (Including Dental and Visual Insurance); |
| 948-45  | Home Health Care Services; |
| 948-46  | Hospital Services, Inpatient and Outpatient; |
| 918-67  | Human Services Consulting (To Include Mental Health Consulting Services); |
| 952-62  | Mental Health Services: Vocational, Residential, Etc.; |
| 958-67  | Mental Health/Retardation Management Services (Incl. Operations, Facilities Maintenance, Nursing, Food Service, etc. 24/7; |
| 948-74  | Professional Medical Services (Including Physicians, Pharmacists, and All Specialties); and  |
| 948-86  | Therapy and Rehabilitation Services. |

Submit any questions or concerns regarding this solicitation to the Solicitation Coordinator shown above.