

MENTAL HEALTH FUNDING OPPORTUNITY

REQUEST FOR APPLICATIONS

For

Evidence Based Practice (EBP) Capacity and Sustainability Funds

For Louisiana Medicaid Providers of

EBP Behavioral Health Services for Children and Youth

Issued by

LSUHSC Center for Evidence to Practice

In partnership with

Louisiana Department of Health – Office of Behavioral Health



Release Date: Oct 28, 2021

Applications accepted on a rolling basis until: Jan 15, 2022

All applicants will be notified no later than: Feb 1, 2022

Please direct questions to: EvidencetoPractice@lsuhsc.edu

NOTE: This Request for Application (“RFA”) DOES NOT constitute a commitment by the State of Louisiana to enter into an award with an applicant.

MENTAL HEALTH FUNDING OPPORTUNITY ANNOUNCEMENT

Are you a trained mental health provider of CPP, PPT, TF-CBT, EMDR, PCIT, YPT and/or Triple P evidence based programs for children and youth?

The Louisiana Office of Behavioral Health (OBH) earmarked federal block grant dollars to support mental health providers' implementation of outpatient evidence based programs (EBP) for children and youth. The purpose of this one-time funding opportunity is to offset some of the costs to providers achieving EBP qualification, retaining EBP qualified clinicians, integrating EBP data tracking within their billing procedures and expanding the delivery of EBP services.

Medicaid practitioners and agencies meeting the EBP benchmarks detailed in the RFA may receive awards between \$3,500 to \$40,000. The Center for Evidence to Practice will provide applicants with technical assistance to achieve the requirements needed to qualify for the funding opportunity. The Center will schedule conference calls and virtual meetings to answer questions and distribute written guidelines for meeting the qualifications.

"We know from recent studies that this additional funding is essential for sustaining behavioral health providers' investments of time, training and certification in EBP programs for children and youth," Stephen Phillippi, LCSW, Ph.D.

The Office of Behavioral Health and Center for Evidence to Practice will use existing Medicaid credentialing and claims data to calculate payments based on the number of qualified EBP staff providing EBP services and their volume of Medicaid claims.

Applications for funding will be accepted through January 15, 2022 and will be notified of no later than February 1, 2022 of acceptance. Approved applicants will contract with LSUHSC Center for Evidence to Practice to provide evidence of EBP qualification(s) and volume of services provided with appropriate claim tracking codes by August 1, 2022. Funds distribution will end by September 30, 2022. **It is highly recommended that applicants provide submissions early to avoid delays at the end of the funding period.**

Request for Application (RFA)

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Project Overview, Purpose and Background

The Center for Evidence to Practice is issuing this Request for Applications (RFA) for a new funding opportunity from the Louisiana Office of Behavioral Health (OBH) for behavioral health providers delivering evidence based programs (EBPs) for children and youth within the Medicaid Provider Network. The funding will be distributed through the Center for Evidence to Practice (the Center) and is available to behavioral health providers that achieve key implementation benchmarks of EBP capacity and sustainability.

Research shows that successful EBP implementation requires time and resources to fully integrate EBP services throughout the clinical and operational processes of an organization¹. In addition, data tracking of EBP services is critical to understanding their impact for children and families receiving Medicaid funded services in Louisiana. These activities incur costs to providers that are not currently compensated by the standard Medicaid rate for therapy. The current funding opportunity is intended to offset some of the costs to providers achieving EBP qualification, retaining EBP qualified clinicians, integrating EBP data tracking within their billing procedures and expanding the delivery of EBP services.

Project Background

The Center for Evidence to Practice is a partnership between the Louisiana Department of Health – Office of Behavioral Health and the Louisiana Health Sciences Center – School of Public Health, tasked with improving access to evidence-based behavioral health practices for Louisiana children and families insured by Medicaid. The Center’s mission is to support the state and its agencies, organizations, communities, and providers in the selection and implementation of evidence-based interventions to promote youth and family well-being, improve behavioral health outcomes, and to address challenges related to sustaining quality practice. For more information on the Center E2P, please visit our [website](#) and subscribe to the newsletter for updates.

In 2017, the Louisiana Behavioral Health Provider Survey of Youth Related Services identified that few providers were adequately trained in and delivering EBPs². In 2018, Louisiana committed to increasing access to EBPs in the Medicaid system through a partnership with the Center for Evidence to Practice.³ Over the past three years, the Center for Evidence to Practice coordinated expert EBP training and clinical consultation across the state at no direct cost to behavioral health providers. While these investments in specialized training are essential for initial implementation of evidence-based programs, implementation research has shown that it is not adequate to ensure widespread EBP uptake and sustainability.⁴

Behavioral health systems and providers often need to make organizational, financial, and policy changes to support these services.⁵ These types of changes have both direct costs such as materials, training, and qualification fees, as well as indirect costs, such as additional administrator and supervisor time and lost revenue for clinician time spent on non-billable activities.^{6,7} Many of these expenses continue throughout the delivery and sustainment of an EBP.

In the fall of 2020, the Center for Evidence to Practice sought to understand how financial aspects of implementing and sustaining EBPs were impacting Louisiana Medicaid-funded behavioral health providers.⁸ Through focus groups and interviews, providers reported that reimbursement rates do not cover the actual costs of providing EBPs for children when

compared to standard therapy and are not competitive with reimbursement from commercial insurance or private pay clients. Furthermore, providers reported that with these rates, retention of EBP trained and qualified clinicians and supervisors in outpatient services is a notable challenge to sustaining an EBP. While providers reported a commitment to the clinical value of these services, these financial challenges were threatening the long-term sustainability of the EBPs. Full Study Brief available at: [Study Brief: Financial and Policy Challenges to Evidence Based Practice \(EBP\) Implementation: Insights from Louisiana Providers.](#)

In addition, data tracking of EBP services is critical to understanding their availability and impact for children and families receiving Medicaid funded services in Louisiana. The Louisiana Department of Health (LDH) designated a series of EBP Tracking Codes to be used with Medicaid billing for identifying EBP sessions within the Medicaid Claims data.⁹ To date, there has been little use of these EBP tracking codes. See [Study Brief: Provider Survey of Use of EBP Billing Codes vs. Utilization](#), for more information¹⁰. To be able to use these tracking codes, EBP practitioners must achieve EBP Qualification, be credentialed for the EBP with the Medicaid Managed Care Organizations (MCOs) and integrate the tracking codes within their electronic health records and billing procedures. These activities incur additional direct and indirect costs to providers.

The current funding opportunity is intended to offset some of the costs to providers achieving EBP qualification, retaining EBP qualified clinicians, integrating EBP data tracking within their billing procedures and expanding the delivery of EBP services.

Timeline note: in order to meet these deliverable requirements within the contract period, practitioners must already be fully trained in the EBP and either currently qualified or working toward EBP Qualification.

EBP Funding Description

Goals and Deliverables for Funding

To support providers' capacity to deliver and sustain EBP services for Medicaid eligible youth, funding will be allocated based on providers' achievement of the following deliverables:

- National **EBP qualification**
- Integration of EBPs into organizational procedures and workflow, including adapting agency electronic health records and claims submissions, and coordinating with MCOs to use **EBP tracking codes**
- Retaining EBP qualified clinicians and engaging children and youth in EBP services, as demonstrated by **service delivery volume in claims-based data**

Eligibility Criteria for Funding and Data Requirements for Deliverables

- The funding will be available to providers contracted with Medicaid Managed Care Organizations (MCO) and delivering the following evidence-based models for children and youth as an Outpatient Therapy by Licensed Mental Health Practitioner Service:
 - Child Parent Psychotherapy (CPP)
 - Eye Movement Desensitization and Reprocessing (EMDR) for adolescents
 - Parent Child Interaction Therapy (PCIT)
 - Preschool PTSD Treatment (PPT)
 - Trauma-focused Cognitive Behavior Therapy (TF-CBT)
 - Triple P - Level 4
 - Youth PTSD Treatment (YPT)
- Eligible practitioners must be qualified in the EBP as outlined in the [LDH Behavioral Health Services Provider Manual](#) and [Center for Evidence to Practice EBP Qualification and Billing Guide](#) and Credentialed with MCO to use the EBP Tracking Codes
- Achievement of service deliverables will be based on use of EBP Tracking Codes in Medicaid Claims data as outlined in the [LDH Behavioral Health Services Provider Manual](#) and the [Center for Evidence to Practice EBP Qualification and Billing Guide](#).

Capacity and Sustainability Funding amounts

This current RFA provides up to \$10,000 in funding per Outpatient Therapy Service Location, including sole practitioners. Agencies with multiple Outpatient Therapy Service locations may submit information for multiple practitioners and up to 4 locations, not to exceed a \$40,000 maximum per agency.

- Funding amounts are based on the number of EBP qualified practitioners using the EBP claim tracking codes, as demonstrated by at least one EBP tracking code for that practitioner in Medicaid Claims data during this contract period. Additional funding is available for delivery of multiple sessions of the EBP to multiple clients, as demonstrated by 3 or more unduplicated clients with 3 or more EBP sessions each in Medicaid Claims data during this contract period.
- These funding amounts are available for each EBP that the practitioner is qualified in and delivering, not to exceed the \$10,000 per Service Location / \$40,000 per Agency maximum.
- EBP Tracking Codes in Medicaid Claims data will be used to determine if providers have met requirements for this funding.
- Practitioners who provide services at multiple agencies may only be included in one agency application.
- This funding strategy takes into account that providers may currently be at different stages in the process of 1) EBP qualification, 2) credentialing with the MCOs and implementing the EBP tracking codes in their billing procedures and 3) increasing their volume of EBPs services and 4) implementing more than one EBP.

Qualifications	Funding amount
1 EBP qualified practitioner	\$3500
2-3 EBP qualified practitioners	\$4000
4 or more EBP qualified practitioners	\$4500
Volume of claims –3 or more unduplicated clients with 3 or more EBP sessions each	Additional \$3000

Below are some examples of how providers may achieve the available funding, up to the \$10,000 per location maximum:

- Solo practitioner qualified in TF-CBT (\$3500) + volume of TF-CBT claims (\$3000) = \$6500
- Agency with 2 practitioners qualified in CPP (\$4000) + 2 practitioners qualified in EMDR (\$4000) = \$8000
- Agency with 3 practitioners qualified in YPT (\$4000) + 2 practitioners qualified in PCIT (\$4000) + volume of claims in YPT (\$3000) = \$11,000; will receive the \$10,000 funding maximum
- Agency with 4 therapists qualified in YPT (\$4500) + 4 therapists qualified in TF-CBT (\$4500) = \$9000
- Agency with multiple locations:
 - Location A with 2 practitioners qualified in PCIT (\$4000) + 1 practitioner qualified in EMDR (\$3500) + volume of claims in PCIT (\$3000) = \$10,500; will receive the \$10,000 per location funding maximum
 - Location B with 4 practitioners qualified in PPT (\$4500) = \$4500
 - Location C with 1 practitioner qualified in CPP (\$3500) + volume of CPP claims (\$3000) = \$6500

Application and Funding timeline

It is highly recommended that applicants provide submissions early to avoid delays at the end of the funding period. Funds will be distributed based on documentation of achieving benchmark deliverables within the contract period:

- Applications Open: October 28, 2021
- Applications accepted on a rolling basis through January 15, 2022
- Accepted applicants notified approximately 3 weeks after receipt of applications and no later than February 1, 2022
- Accepted applicants contract with LSU by March 1, 2022
- Contract deliverables completed and invoiced no later than August 1, 2022
- Distribution of funds by September 30, 2022

To meet these deadlines, applicants must have practitioners that are already EBP Qualified or are working toward EBP qualification and will be able to meet qualification requirements and use the EBP tracking code during the contract period (by Aug. 1, 2022)

Expectations of Accepted Applicants

- Applicants to this RFA are committing to building capacity and sustainability of EBPs at their organization. They will make efforts to support EBP practitioners working toward qualification and to retain clinicians once they have achieved qualification. Agencies are strongly encouraged to direct funds to the EBP trained clinicians and supervisors.
 - The current funding is intended to offset some of the costs for those efforts, but additional investments of time and resources may be required from agencies.
- Applicants to this RFA are committing to using the EBP tracking codes for all EBP services delivered, including for clinicians that receive qualification outside of this funding opportunity and services delivered after this contract period has ended.
- Accepted applicants will contract with the Center for Evidence to Practice, LSU. This contract will allow the Center for Evidence to Practice, LSU to disburse the funds upon receipt of the required deliverables.
- Accepted applicants agree to share and to give MCOs permission to share the de-identified data necessary to document achievement of project deliverables, (e.g. EBP claims reports) with the Center for Evidence to Practice.
- Accepted applicants are expected to provide information about their EBP services (e.g. complete surveys), as requested by the Center for Evidence to Practice, and participate in educational and technical assistance opportunities about EBP Implementation provided by the Center for Evidence to Practice.

Application and Selection Process

- To apply for this funding opportunity, please complete the online application [form](#).
 - All applications must be complete to be processed.
 - The application is not complete until you select SUBMIT at the end of this application.
 - If you leave the form before submitting it, you may return by clicking the same link and it will take you to the place where it was left.
 - An online informational Webinar will be held on November 4, 2021 at 11 AM. To register for the Zoom meeting click [here](#). Please read the RFA entirely prior to the Q

& A discussion and send questions to EvidenceToPractice@lsuhsc.edu. A FAQ webpage will be available after the informational Webinar.

- Applications will be accepted on a rolling basis until January 15, 2022
- Applications will be reviewed by Center for Evidence to Practice staff. Applicants will be notified within three weeks of submission.
- Accepted applicants will contract with the Center for Evidence to Practice, LSUHSC to be able to receive funds upon submission and review of contract deliverables.

Direct questions to evidencetopractice@lsuhsc.edu

¹ Aarons, G. A., Hurlburt, M., & Horwitz, S. M. C. (2010). Advancing a conceptual model of evidence-based practice implementation in public service sectors. *Administration and Policy in Mental Health and Mental Health Services Research*, 38(1), 4–23. <https://doi.org/10.1007/s10488-010-0327-7>

² Phillippi, S., Beiter, K., Thomas, C., & Vos, S. (2020). Identifying gaps and using evidence-based practices to serve the behavioral health needs of Medicaid-insured children. *Children and Youth Services Review*. 115

³ Center for Evidence to Practice (2020). Center for Evidence to Practice 2020 Annual Report.

<https://my.visme.co/view/8rexq7ne-center-for-e2p-2020-annual-report>

⁴ Beidas, R. S., & Kendall, P. C. (2010). Training therapists in evidence-based practice: a critical review of studies from a systems-contextual perspective. *Clinical Psychology: Science and Practice*, 17(1), 1-30

⁵ Dopp, A. R., Narcisse, M.-R., Munday, P., Silovsky, J. F., Smith, A. B., Mandell, D., Funderburk, B. W., Powell, B. J., Schmidt, S., Edwards, D., Luke, D., & Mendel, P. (2020). A scoping review of strategies for financing the implementation of evidence-based practices in behavioral health systems: State of the literature and future directions. *Implementation Research and Practice*, 1. <https://doi.org/10.1177/2633489520939980>.

⁶ Hagele, D., Potter, D., Seifert, H. T. (2020). Clinical Servicer Delivery Time Model (Case-level time estimates). *North Carolina Child Treatment Program*. <https://www.ncchildtreatmentprogram.org/implementation-support/>

⁷ Lang, J. M., & Connell, C. M. (2016). Measuring costs to community-based agencies for implementation of an evidence-based practice. *The Journal of Behavioral Health Services & Research*, 44(1), 122–134. <https://doi.org/10.1007/s11414-016-9541-8>.

⁸ Rubin, R., Phillippi, S., & Whiting, W. (2021) Study brief: Financial and policy challenges to evidence-based practice (EBP) implementation: Insights from Louisiana providers. <https://laevidencetopractice.com/wp-content/uploads/2021/04/Study-Brief-Provider-Perpectives-EBP-Sustainability-April-2021.pdf>

⁹ Louisiana Department of Health, Behavioral Health Services Provider Manual <https://www.lamedicaid.com/provweb1/Providermanuals/manuals/BHS/BHS.pdf>

¹⁰ Beiter, K. & Phillippi, S. (2021). Study brief: Provider survey of use of EBP billing codes vs. utilization. <https://laevidencetopractice.com/wp-content/uploads/2021/04/Brief-EBP-Utilization-Survey-Findings-Apr-2021.pdf>