

REQUEST FOR APPLICATIONS

for

Adult Mental Health Crisis Response System Workforce Training

Issued by

LSUHSC Center for Evidence to Practice



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This is an OPEN application.

Applications are accepted on a ROLLING BASIS for the regions and services needed. This list is updated as service needs are identified. Applications submitted for regions or services not identified will not be considered.

Please direct questions to the Center for Evidence to Practice at EvidencetoPractice@lsuhsc.edu

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NOTE: This Request for Application (“RFA”) DOES NOT constitute a commitment to enter into an award with an applicant. Only information that is in the nature of legitimate trade secrets or non-published financial data may be deemed proprietary or confidential by a proposer. Any material within a response to this RFA identified as such must be clearly marked and will be handled in accordance with the Louisiana Public Records Law. R.S. 44:1 et seq. and all applicable rules, regulations, and policies. Any response marked as confidential or proprietary in its entirety may be rejected without further consideration or recourse.

NOTE: Please note that using AI-assist to generate responses to the application may not reflect your agency’s position in the community accurately. We ask that you review your responses and include information relevant to your agency’s work.

1. INTRODUCTION TO THE REQUEST FOR APPLICATION (RFA)

Responding to this Request for Application (RFA) indicates intent of the responding entity to attend training by the Center of Evidence to Practice; seek LA Medicaid credentialing; and, execute the services as described below; operate within the parameters of the Louisiana Crisis Hub; agreeing to accept the rate on file for reimbursement of crisis services. A successful applicant will undergo training that will establish them as a potential crisis provider able to seek credentialing with Louisiana’s Medicaid managed care organizations (MCO) to deliver services within the Louisiana Crisis Response System. The successful applicant will work with the LSU Center for Evidence to Practice, LDH-OBH, and, if credentialed, Louisiana Medicaid MCOs, with the Louisiana Crisis Hub, to execute one or more of the crisis services within their contracted region.

The responding entity can apply to be trained to provide all four services, one service, or a selection of services. However, special consideration may be given to those that can offer services at multiple levels of the system (e.g., mobile crisis response [MCR] & community brief crisis support [CBCS] or MCR, CBCS, & behavioral health crisis center [BHCC] & [crisis stabilization](#) [CS]). Please see link [here](#) for a comprehensive description of each of these services. Please see the Behavioral Health Services Medicaid Services Manual for additional information [here](#).

PLEASE NOTE: It is anticipated there will be no less than one provider for each crisis service for each region, and the selected provider agrees to serve the entirety (all parishes) of the region. In some regions, this could be one provider selected to offer all four levels of care, depending on readiness and capacity. Thus, a qualifying provider may be responsible for more than one service for a region, and multiple locations may be needed to serve the population and geographic area. Service capacities per region are based on the regions’ needs, population counts and geographic distance.

PLEASE NOTE: ARTIFICIAL INTELLIGENCE (AI) POLICY- Applications that appear to have been completed with the assistance of AI will not be considered. Additionally, due to confidentiality concerns, the Center strictly prohibits the use of all AI notetakers in training. If selected to join training, participants will be expected to ensure that any AI notetakers are DISABLED prior to the start of training; otherwise, we will

remove them from the meeting manually. Not following these guidelines could lead to removal from the training and may affect your eligibility for future opportunities.

*****Please read the entire RFA for further information prior to beginning the application. *****

*APPLICATIONS ARE OPEN AND ACCEPTED ON A ROLLING BASIS ONLY FOR REGIONS AND SERVICES NOTED.
THIS LIST IS UPDATED AS SERVICE NEEDS CHANGE.*

CURRENT SERVICE NEEDS

- Region 2** (for Mobile Crisis Response and Community-based Brief Crisis Support)
- Region 3** (for Crisis Stabilization Services / Beds)
- Region 4** (for Behavioral Health Crisis Walk-in Center, & Crisis Stabilization Services / Beds)
- Region 5** (for all services- Mobile Crisis, Community Brief Crisis Supports, Behavioral Health Crisis Walk-in Centers, & Crisis Stabilization Services / Beds)
- Region 6** (for Crisis Stabilization Services/Beds)
- Region 7** (for all services- Mobile Crisis, Community Brief Crisis Supports, Behavioral Health Crisis Walk-in Centers, Crisis Stabilization Services/Beds)
- Region 8** (for Behavioral Health Crisis Walk-in Centers, & Crisis Stabilization Services / Beds)
- Region 9** (for Behavioral Health Crisis Walk-in Centers, & Crisis Stabilization Services / Beds)

PLEASE FILL OUT AND SUBMIT VIA [OUR ONLINE APPLICATION](#).

Thank you for your commitment to serving Louisiana’s Medicaid members.

We look forward to reviewing your application!

2. LOUISIANA CRISIS RESPONSE SYSTEM

The Louisiana Department of Health (LDH) Office of Behavioral Health (OBH) is seeking qualified applicants to be considered for Medicaid crisis response training in the newly developed Louisiana Crisis Response System (LA-CRS). Training is provided in partnership with the LSU School of Public Health’s Center for Evidence to Practice. This training is associated with a final review for consideration of credentialing by the Louisiana Medicaid Managed Care Organizations (MCOs) to deliver services of this new crisis response system through Medicaid.

Over the past two years, the Office of Behavioral Health (OBH) worked with Medicaid partners and national experts to examine expanding the crisis system and services offered across the State. This included an analysis of existing crisis services, exploration of national best practices, development of a Request for Information related to crisis services, and the development of a [crisis vision and framework](#). The expanded crisis response system of care is a modern, innovative, and coordinated statewide system of regional providers that builds upon the unique and varied strengths, resources and needs of Louisiana’s communities. It is also a system that aims to utilize person-centered processes built on recovery and Center for Evidence to Practice: Adult Mental Health Crisis Response RFA

resiliency; provide timely access to a continuum of services; and aims to divert from institutional levels of care, yet respects bed-based crisis services without relying on them as a foundation.

This system is necessary for the following reasons:

- a) Community members may have a mental health crisis, yet not have access to rapid and coordinated care that allows them to remain in the community;
- b) Existing emergency services are often not equipped to perform mental health work;
- c) Barriers that community members face need to be reduced by offering timely care and by diverting unnecessary hospitalizations/emergency department (ED) visits to manage crisis; and
- d) Medicaid funding will be leveraged to provide crisis services to some of the state’s most vulnerable citizens.

This system’s framework is based on a voluntary intervention approach that is resolution-focused and person-centered. These services are being initially offered to Medicaid members 21 years of age and older who are experiencing an acute psychological/emotional change that results in distress exceeding the abilities and resources of those involved to effectively resolve it. As appropriate, individuals may be redirected back to their existing provider for ongoing crisis services, after initial assessment. OBH will seek to expand access to crisis services to non-Medicaid members as resources and funds become available.



Image 1. Louisiana Crisis Response System Overview

3. TRAINING OVERVIEW

This training specific Request for Applications (RFA) is written in order to seek behavioral health agencies in Louisiana that are most ready to successfully participate in the Adult Mental Health Crisis Response (MHCR) Workforce Training and supported implementation of Louisiana’s expanded crisis system, the Louisiana Crisis Response System (LA-CRS).

The Center for Evidence to Practice (E2P), through its partnership with OBH, coordinates and delivers training to crisis providers in order to implement and render services under the LA-CRS. As previously stated, the mission is to execute a modern, innovative, and coordinated statewide crisis system that builds

upon the existing needs, strengths and resources of Louisiana’s Medicaid-serviced individuals and communities. The system includes call center(s), mobile crisis response teams (MCR), community brief crisis support (CBCS), behavioral health crisis care centers (BHCCC), and crisis stabilization (CS) providers.

Successful applicants for training in each of the four services will be selected through this single application process, and once selected, agencies should continue readiness activities (e.g., staffing and supervision planning, infrastructure change considerations, etc.). **As a learning collaborative team approach, direct care staff, supervisors, and administrators are expected to participate so that selected agencies understand, and support, via their respective roles, the new crisis response system.**

ABOUT THE CENTER FOR EVIDENCE TO PRACTICE

The Center for E2P is a partnership between the Louisiana Department of Health – Office of Behavioral Health and the Louisiana Health Sciences Center – School of Public Health. Our mission is to support the state and its agencies, organizations, communities, and providers in the selection and implementation of evidence-based interventions to promote well-being, improve behavioral health outcomes, and address challenges related to sustaining quality practice. The Center for E2P expanded its efforts to include the Adult Mental Health Crisis Response (MHCR) Workforce Development and Training Program, which is tasked with collaborating with communities throughout Louisiana, identifying a potential workforce, developing a training curriculum for crisis responders, implementing training, providing technical assistance, facilitating coaching to ensure appropriate execution of services, and monitoring quality on a continuous basis.

For more information on the Center for E2P, please visit our website: laevidencetopractice.com.

4. APPLICATION OVERVIEW

A. MENTAL HEALTH CRISIS RESPONSE AGENCIES

The objective of the Adult Mental Health Crisis Response Workforce Training is to equip Louisiana behavioral health agencies to work with Medicaid members voluntarily seeking crisis services by utilizing the new LA-CRS. The service definition detailing this work can be found [here](#) and [here](#). **Review of this service definition is critical for the completion of this RFA.**

| Item Number | Provider Manual Chapter |
|--------------------|---|
| 021-BH-11 | Section 2.2 – Bed Based Services – Crisis Stabilization for Adults |
| 2021-BH-12 | Section 2.3 – Outpatient Services – Crisis Response Services for Adults |

All selected agencies and their required staff will participate in the training that will be implemented both online (i.e., synchronous/live sessions and asynchronous/independent sessions) and in-person, where applicable. **All selected agencies and their required staff must have access to computers with Internet**

connection and live camera/video capacity for the online portion of the training and the ability to travel, if applicable, for the in-person trainings. The general training curriculum outline can be found in **Appendix A.** The training is anticipated to take between 3-4 hours of training online via E2PLearn and 4 half-days of training live remote to be eligible for final credentialing by the MCOs, selected agencies and required staff must complete all training as well as agree to participate in substantive coaching and follow-up continuous quality improvement (CQI) for this crisis response system.

B. SUSTAINABILITY

Selected agencies are expected to commit to rendering and sustaining the services under the crisis system of care. **Agencies must demonstrate a strong capability to deliver services in their communities, as well as fiscal capability to support the transition of staff and processes to the required level of care.** The initial training, technical assistance, and implementation coaching are hosted by the Center for Evidence to Practice without cost to participants; however, there will be additional costs to the agency to support staff time and effort while in training, modify processes to bill for services, build capacity and supports in their local community, and other operating/overhead expenses. Agencies should be mindful of the fact that services rendered under this system are Medicaid claims-based services, and thus require the infrastructure for such billing. Agencies also agree to accept the Medicaid rate on file as payment in full.

5. APPLICATION AND SELECTION PROCESS

A. ELIGIBILITY REQUIREMENTS AND EXPECTATIONS

Selection will be based upon agency's ability to demonstrate crisis service capability, workforce capacity, fiscal capability, billing capacity, commitment to crisis system vision, values and health outcomes, and community engagement and outreach. Selection will be prioritized for providers that **already** serve Medicaid-insured adults; **however**, agencies are welcome to make a strong argument for their ability to transition to billable Medicaid services and all the required credentialing and/or licensing. All qualifying agencies will have to meet all provider qualifications defined in the service definitions / provider manual (linked above). As this is a state-funded training, all agencies and required staff must demonstrate their commitment to render services in Louisiana **AND** pursue credentialing and contracting with each of the six (6) Louisiana Medicaid MCOs.

B. APPLICATION PROCESS

The application is to be completed by **an official at the agency** requesting participation in the MHCR Workforce Training and Implementation process. The training RFA must be signed by the agency administrator and clinical supervisor.

*****Please note that we encourage applicants to download the application, fill it out offline, and, once the applicant is ready to submit the application, then access the application link and insert their prepared responses. *****

***** Notification of acceptance or rejection will be provided to agencies applying. If your application is not accepted, there will be a 90-day minimum wait period to reapply.*****

APPLICATIONS ARE OPEN AND ACCEPTED ON A ROLLING BASIS.

PLEASE FILL OUT AND SUBMIT VIA OUR ONLINE APPLICATION.

Thank you for your commitment to serving Louisiana's Medicaid members.

We look forward to reviewing your application!

C. APPLICATION REVIEW PROCESS

Applications received via the [online application form](#) are reviewed by a team consisting of the Center for E2P, members of a statewide mental health advocacy organization, and representatives from Medicaid MCO organizations. All reviewers sign a conflict-of-interest form and recuse themselves from the scoring process if a conflict of interest exists. All reviewers score applications independently. Final decisions are based on those deemed most ready to proceed to training based on the highest averaged scores.

The factors that will be used to review the applicant's responses include:

- Leadership
- Organizational infrastructure
- Organizational capacity and capability to expand for crisis services
- Experiences with crisis service implementation, including independent mobile crisis supports and services
- Cross-systems experience with Medicaid populations as well as crisis supports including police, ERs, EMTs, Coroners, and other community crisis-related stakeholders and providers.
- Ability to engage in innovation and new transformational services
- Leadership Letter of Agreement
- Community Letters of Support

***Please note:** If applicant is a new/start-up agency and/or an agency that has not previously worked with the Medicaid population, we ask you respond to the questions with thorough detail (i.e. staffing plans, budget, community collaboration).

6. APPLICATION

Please answer the questions below.

Organization/Contact Information

1. Name of Agency
2. Address of Agency
3. Agency NPI
4. Main Contact Person Name
5. Main Contact Person Role in Agency
6. Main Contact Person Address
7. Main Contact Person Phone
8. Main Contact Person Email (Please note this will be the email that is contacted regarding updates.)

Agency-related Information

1a. Which Louisiana regions do you **serve currently?** (Select all that apply).

- Region 1
- Region 2
- Region 3
- Region 4
- Region 5
- Region 6
- Region 7
- Region 8
- Region 9
- Region 10
- Do not currently serve any region

1b. With which crisis services?

- MCR
- CBCS
- BHCC
- CS

1c. Which Louisiana region do you **PROPOSE to serve with crisis services?** (Select all that apply, including any region that you are serving and wish to continue to serve with these new crisis services).

- Region 2** (for Mobile Crisis Response and Community-based Brief Crisis Support)
- Region 3** (Crisis Stabilization Services / Beds)
- Region 4** (for Behavioral Health Crisis Walk-in Center, & Crisis Stabilization Services / Beds)
- Region 5** (for all services- Mobile Crisis, Community Brief Crisis Supports, Behavioral Health Crisis Walk-in Centers, & Crisis Stabilization Services / Beds)
- Region 6** (for Crisis Stabilization Services/Beds)
- Region 7** (for all services- Mobile Crisis, Community Brief Crisis Supports, Behavioral Health Crisis Walk-in Centers, Crisis Stabilization Services/Beds)

- Region 8** (for Behavioral Health Crisis Walk-in Centers, & Crisis Stabilization Services / Beds)
- Region 9** (for Behavioral Health Crisis Walk-in Centers, & Crisis Stabilization Services / Beds)

1d. For the regions selected above, specifically which services are you applying to be trained to provide (select all that apply)?

- MCR CBCS BHCC CS

1e. Is your agency a Local Governing Entity (LGE)? Please note that the agency that applies cannot contract for these services, unless that agency is an LGE.

Yes

- Which one? Select all that apply.
 - Capital Area Human Services District (CAHSD)
 - South Central Louisiana Human Services Authority (SCLHSA)
 - Acadiana Area Human Services District (AAHSD)
 - Imperial Calcasieu Human Services Authority (IMCAL)
 - Central Louisiana Human Services District (CLHSD)
 - Northwest Louisiana Human Services District (NLHSD)
 - Northeast Delta Human Services Authority (NEDHSA)
 - Florida Parishes Human Services Authority (FPHSA)
 - Jefferson Parish Human Services Authority (JPHSA)
 - Metropolitan Human Services District (MHSD)

- Do you intend to subcontract for these services?

Yes

Please provide that name of the subcontractor OR how a subcontractor will be identified.

No

- Does your LGE agree to provide continuous service, with no break in service, regardless of whether your agency is directly providing or subcontracting for services?

- Yes
- No

No

1f. Does your agency currently contract with a Local Governing Entity (LGE)?

- Yes
 - i. If so, which one?
 - Capital Area Human Services District (CAHSD)
 - South Central Louisiana Human Services Authority (SCLHSA)
 - Acadiana Area Human Services District (AAHSD)
 - Imperial Calcasieu Human Services Authority (IMCAL)
 - Central Louisiana Human Services District (CLHSD)
 - Northwest Louisiana Human Services District (NLHSD)
 - Northeast Delta Human Services Authority (NEDHSA)
 - Florida Parishes Human Services Authority (FPHSA)
 - Jefferson Parish Human Services Authority (JPHSA)
 - Metropolitan Human Services District (MHSD)
 - No
2. Are you currently contracted with a Louisiana Managed Care Organization (MCO) for Medicaid services? Please note that we verify this with the MCOs.
- Yes
 - For what services? Select all that apply.
 - Licensed Mental Health Professional (LMHP) services
 - Mental Health Rehabilitation Services including:
 - Therapeutic Group Home (TGH)
 - Psychiatric Residential Treatment Facilities (PRTF)
 - Federally Qualified Health Center (FQHC)/ Rural Health Center (RHC)
 - Assertive Community Treatment (ACT)
 - Psychosocial Rehabilitation (PSR)
 - Community Psychiatric Support and Treatment (CPST)
 - Peer Support Services
 - Substance Use Disorder (SUD) Outpatient
 - Substance Use Disorder (SUD) Residential

- Outpatient Licensed Mental Health Providers (LMPH) Psychotherapy
 - Psychotropic medication management
 - Other
- Under which MCO plan(s)? Select all that apply.
 - Aetna Better Health
 - Louisiana Healthcare Connections
 - United Healthcare Community Plan
 - Healthy Blue
 - AmeriHealth Caritas of Louisiana
 - Humana Healthy Horizons of Louisiana
 - No
 - Describe your plan to become contracted with Louisiana MCOs, including your timeline.

Population Served & Crisis Services Provided

2. Which, if any, services does your agency provide currently? Select all that apply.

| Service | Approximate Volume of people served | Hours Available | Population Served (check all that apply) |
|---|-------------------------------------|-----------------|---|
| <input type="checkbox"/> Triage | | | <input type="checkbox"/> Children/ youth <input type="checkbox"/> Adults (21+) <input type="checkbox"/> Medicaid Ins <input type="checkbox"/> Medicare Ins <input type="checkbox"/> Private Insured <input type="checkbox"/> Mental health conditions <input type="checkbox"/> Substance use conditions |
| <input type="checkbox"/> After-hour crisis response | | | <input type="checkbox"/> Children/ youth <input type="checkbox"/> Adults (21+) <input type="checkbox"/> Medicaid Ins <input type="checkbox"/> Medicare Ins <input type="checkbox"/> Private Insured <input type="checkbox"/> Mental health conditions |

| | | | |
|---|--|--|---|
| | | | <input type="checkbox"/> Substance use conditions |
| <input type="checkbox"/> Mobile Crisis Response | | | <input type="checkbox"/> Children/ youth <input type="checkbox"/> Adults (21+) <input type="checkbox"/> Medicaid Ins <input type="checkbox"/> Medicare Ins <input type="checkbox"/> Private Insured <input type="checkbox"/> Mental health conditions <input type="checkbox"/> Substance use conditions |
| <input type="checkbox"/> Facility-based / Residential Care | | | <input type="checkbox"/> Children/ youth <input type="checkbox"/> Adults (21+) <input type="checkbox"/> Medicaid Ins <input type="checkbox"/> Medicare Ins <input type="checkbox"/> Private Insured <input type="checkbox"/> Mental health conditions <input type="checkbox"/> Substance use conditions |
| <input type="checkbox"/> Threat / lethality Screening or assessment | | | <input type="checkbox"/> Children/ youth <input type="checkbox"/> Adults (21+) <input type="checkbox"/> Medicaid Ins <input type="checkbox"/> Medicare Ins <input type="checkbox"/> Private Insured <input type="checkbox"/> Mental health conditions <input type="checkbox"/> Substance use conditions |
| <input type="checkbox"/> Person-centered safety planning | | | <input type="checkbox"/> Children/ youth <input type="checkbox"/> Adults (21+) <input type="checkbox"/> Medicaid Ins <input type="checkbox"/> Medicare Ins <input type="checkbox"/> Private Insured <input type="checkbox"/> Mental health conditions <input type="checkbox"/> Substance use conditions |
| <input type="checkbox"/> Suicide specific outpatient behavioral health services | | | <input type="checkbox"/> Children/ youth <input type="checkbox"/> Adults (21+) <input type="checkbox"/> Medicaid Ins <input type="checkbox"/> Medicare Ins <input type="checkbox"/> Private Insured <input type="checkbox"/> Mental health conditions <input type="checkbox"/> Substance use conditions |
| <input type="checkbox"/> Critical Incident Response | | | <input type="checkbox"/> Children/ youth <input type="checkbox"/> Adults (21+) <input type="checkbox"/> Medicaid Ins <input type="checkbox"/> Medicare Ins <input type="checkbox"/> Private Insured <input type="checkbox"/> Mental health conditions |

| | | | |
|---|--|--|---|
| | | | <input type="checkbox"/> Substance use conditions |
| <input type="checkbox"/> Case management | | | <input type="checkbox"/> Children/ youth <input type="checkbox"/> Adults (21+) <input type="checkbox"/> Medicaid Ins <input type="checkbox"/> Medicare Ins <input type="checkbox"/> Private Insured <input type="checkbox"/> Mental health conditions <input type="checkbox"/> Substance use conditions |
| <input type="checkbox"/> Peer- or family-support | | | <input type="checkbox"/> Children/ youth <input type="checkbox"/> Adults (21+) <input type="checkbox"/> Medicaid Ins <input type="checkbox"/> Medicare Ins <input type="checkbox"/> Private Insured <input type="checkbox"/> Mental health conditions <input type="checkbox"/> Substance use conditions |
| <input type="checkbox"/> Other (Please describe _____) | | | <input type="checkbox"/> Children/ youth <input type="checkbox"/> Adults (21+) <input type="checkbox"/> Medicaid Ins <input type="checkbox"/> Medicare Ins <input type="checkbox"/> Private Insured <input type="checkbox"/> Mental health conditions <input type="checkbox"/> Substance use conditions |
| <input type="checkbox"/> None (we currently do not provide crisis services) | | | |

Agency Capacity – Staffing

3. What license, credentials or accreditations does your agency currently hold as a behavioral health provider?
4. Does your agency currently have staff to maintain the appropriate needs of the training and implementation for these crisis services? Mention of other resources to be shared with larger program/entity is fine and often encouraged for efficiency, such as the role their agency’s CEO, CFO, billing staff, etc. will play in managing their ESP program.

| | |
|------------------|---|
| Director | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> What is your plan to hire for this position in the next 3 months? |
| Medical Director | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|--------------------------------------|--|
| | <input type="radio"/> What is your plan to hire for this position in the next 3 months? |
| Clinical Supervisor | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="radio"/> What is your plan to hire for this position in the next 3 months? |
| Peer Recovery Support Specialist | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="radio"/> What is your plan to hire for this position in the next 3 months? |
| Unlicensed staff | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="radio"/> What is your plan to hire for this position in the next 3 months? |
| Triage Clinicians | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="radio"/> What is your plan to hire for this position in the next 3 months? |
| Psychiatry consultations after hours | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="radio"/> What is your plan to hire for this position in the next 3 months? |
| Clinicians | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="radio"/> What is your plan to hire for this position in the next 3 months? |
| Psychiatrist | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="radio"/> What is your plan to hire for this position in the next 3 months? |
| Other | <input type="checkbox"/> Please describe _____ |

5. If your agency currently does not have staff, can you **HIRE (or, only if LGE, SUBCONTRACT)** staff to appropriately meet the needs of the training and implementation of services in the next 3 months?

- Yes. I can hire.
 - Please explain the agency's recruitment, selection and hiring processes for the positions you indicated that the agency currently does not have. (Note that only mentioning the job posting on Indeed does not constitute as a plan and more detail is required).
- Yes, I can subcontract (LGEs ONLY).
 - Please explain the plan, including timeline.
- No

Agency Capacity –Billing & Referrals

6. The services rendered under this system are Medicaid claims-based services. Does your agency currently have the capacity to bill for Medicaid services?

- Yes
 - Briefly describe your process for billing services (e.g. manually, electronic system, other billing software).
 - No
 - Describe the plan to achieve such billing capacity.
7. Firewalls within the agency will need to be established to ensure that practitioners are properly referring individuals to services provided under this crisis response system. Agencies may not utilize these services as crisis mitigation care for its current consumers. For example, an agency's licensed mental health providers and present crisis mitigation policies should remain the first line of response for their population. The new crisis response system is designed to prioritize voluntary Medicaid enrolled adults that are not established in CPST, PSR, and ACT mental health services. **Describe how you will set up firewalls/boundaries within your agency to delineate the separation in roles.**

Agency Capacity – Physical and Fiscal Capacity

8. Describe the physical resources (such as space, vehicles, mobile units, beds, etc.), renovations, and/or securing of new spaces that are needed to carry out this work.
- a. Space (Please insert address)
 - b. Vehicles/mobile units (#)
 - c. Beds (# of beds)
 - d. If need renovations, when expected to start and complete?
 - e. If need to secure space, when expected to secure space?

9. Describe fiscal reserves to sustain operations during the initial implementation phase and building up to fully operational crisis services and billing capacity. (Note: We recommend having no less than \$100k in reserve). Please provide a business plan logic model or timeline.
10. A robust budget is needed to successfully run the crisis response program. Please see the [linked budget template](#) and **fill it out as it pertains to what service(s) you are applying to and needs**. See an explainer [here](#), **but please note that the explainer ONLY covers MCR and follow up services. Services like BHCC and CS are more intensive in nature, so consideration of additional items, such as rent, security, etc. should be taken into account as you draft your budget.**

Disclaimer: Please note that this tool is for general informational purposes only and is intended to generate ideas related to the financial needs/viability of rendering services. This tool does NOT constitute financial advice, and providers should consult a qualified financial advisor. Any results generated by the tool are estimates based on user input and may not accurately reflect unique agency situations. This tool is not coming directly from the state and using it does not create a financial or client relationship.

Agency Capacity – Continuous Quality Improvement

10. Does your agency have a Continuous Quality Improvement (CQI) process? The National Institutes of Health (NIH) defines Continuous Quality Improvement (CQI) is a **progressive incremental improvement of processes, safety, and patient care**. The goal of CQI may include improvement of operations, outcomes, systems processes, improved work environment, or regulatory compliance.
 - a. Yes
 - i. Describe.
 - b. No
11. What are your agency’s data collection and reporting capabilities? Please provide an example of data utilization to improve processes and outcomes.

Collaboration, Community Engagement & Outreach

12. How many years has your agency operated in Louisiana you have selected?
 - Less than a year
 - 1-2 years
 - 3-4 years
 - 5 + years
 - New/start-up agency
13. Please describe how the community you serve is aware of the services you provide.

14. If accepted, the agency is expected to be actively engaged in community coalitions or leading them to inform the community about services and how those services fit in the crisis service array that exists. **With this in mind, describe coalition/partnership your agency has been involved in that is specific to behavioral health and/or how you have maintained cross-sector advisory board and how this leads to knowledge of your services.**

Services & Practice

Please keep your answers to each question at 500 words or less.

Prior Trainings

15. List prior trainings that agency staff have extensively trained in related to mental health crisis intervention and patient centered, trauma informed care.
16. Additional training will be necessary, but not provided by the Center for Evidence to Practice. Standard training on CPR/First Aid, Confidentiality, Physical safety/defense, Peer Specialist Basic Training (i.e., PSS training described in the [Behavioral Health Services Provider Manual](#) Peer Support Services chapter [here](#)), etc. will need to be provided independently by the agency. Please list trainings you currently have that you believe will be pertinent to crisis system work. If you do not currently have these training options, describe your plan to achieve such training.
17. Describe your supervision and coaching practices to support front line staff in applying new skills learned in training. Provide specific examples.

Service Implementation

18. Do you currently provide services in rural and urban areas? If so, describe your approach to maintaining staffing to reach these diverse populations. If not, please describe your strategy/plan to provide such crisis care.
19. The implementation of the LA-CRS seeks to incorporate a voluntary, person-centered, resolution-focused approach. Describe how you will apply to provide crisis services.
20. Describe the role cultural competency plays in your agency's response to behavioral health crises in the community.
21. Describe any innovative behavioral health initiatives your agency has been a part of and what that role was.

Leadership Support

Please have your agency's leadership (e.g., executive director, president, director) read, sign the letter in **Appendix C** , and return to EvidencetoPractice@lsuhsc.edu.

Letters of Support

Please provide a **minimum of three letters of support** from leaders in your community (examples of leaders could be Parish President, Mayor, Sheriff or Police Chief, Regional hospital emergency department leadership, schools, LEAs, DCFS, OJJ, FINS (local and state), heads of LE, DCFS, homeless services, etc.).

****Please note that one of these letters is REQUIRED to be from your Local Governing Entity (LGE).**

Submit them via email with the subject line “Youth Crisis Training RFA Letters of Support – NAME OF AGENCY APPLYING” to the LSU Center for Evidence to Practice at EvidencetoPractice@lsuhsc.edu .

(NOTE: APPLICATIONS WILL NOT BE CONSIDERED COMPLETE OR REVIEWED WITHOUT THE LETTER OF LEADERSHIP SUPPORT AND LETTERS OF SUPPORT AFFIRMING LEADERSHIP UNDERSTANDING AND SUPPORT AS WELL AS BUDGET . Please make sure that the letters of support speak to your agency’s ability to provide services in the region).

Notification of acceptance or rejection will be provided to agencies applying. If your application is not accepted, there will be a 90-day minimum wait period to reapply.

The applicant agrees they will accept the Louisiana Medicaid rate on file as payment in full for these services (**Appendix B**).

- I agree and attest to this.
- I don’t agree and attest to this.

If selected for training and credentialed by Medicaid MCOs, **the applicant agrees to operate within the parameters with the Louisiana Crisis Hub.**

- I agree and attest to this.
- I don’t agree and attest to this.

Appendix A: MHCR Curriculum

Please find the overview of the training curriculum below:

| General Crisis Response Workforce Curriculum Checklist |
|---|
| Online and/or In-Person |
| Louisiana’s Crisis System Continuum |
| Fundamentals of Crisis Response |
| Person-Centered Approaches in Crisis Response |
| How Our Brains Respond to Stress |
| Adult Mental Health |
| Crisis De-escalation and Follow-up |
| Crisis Response Teams and Triage Processes |
| Safety – yours and theirs (safety planning) |

General Crisis Response Workforce Curriculum Checklist

| |
|---|
| Voices of Lived Experiences |
| Self-management tools for clients/community/consumers |
| Voices of those with lived experiences (focus on crisis) |
| Connecting to resources |
| Self-care, self-care plans & sharing for crisis responders |
| Supervision (who, what, when; decision-making; mandatory/discretionary) |
| Billing and documentation of services |
| CQI measures & reporting |
| In-Person Demonstration Skills |
| Each one teach one (participants assigned to co-teach with trainer the highlights of online/earlier materials) |
| Active listening & empathy team competition |
| Role plays, scene situations, demonstration (including culturally responsive care) |
| Coaching sessions (sign-up & expectations) |

APPENDIX B. RATES

NOTE: Providers must agree to accept the [rate on file](#) as agreement in full to render services.

| ADULT CRISIS SERVICES | | | | |
|-----------------------|---|----------|------------|----------|
| Code | Description | Modifier | Unit | RATE |
| S9485 | MOBILE CRISIS RESPONSE - INITIAL CONTACT - <i>Effective 12/1/22</i> | TG, U8 | Per Diem | \$493.72 |
| H2011 | MOBILE CRISIS RESPONSE - TELEHEALTH FOLLOW-UP - <i>Effective 12/1/22</i> | TG, 95 | 15 Minutes | \$29.09 |
| H2011 | MOBILE CRISIS RESPONSE - COMMUNITY BASED FOLLOW UP - <i>Effective 12/1/22</i> | TG, U8 | 15 Minutes | \$37.91 |
| H2011 | COMMUNITY BRIEF CRISIS SUPPORT - <i>Effective 12/1/22</i> | HK | 15 Minutes | \$38.16 |
| S9484 | BEHAVIORAL HEALTH CRISIS CARE - BHS LICENSE (BILLABLE FOR < 4 HOURS/DAY) - <i>Effective 12/1/22</i> | HK | One Hour | \$98.12 |
| S9485 | BEHAVIORAL HEALTH CRISIS CARE - BHS LICENSE (BILLABLE FOR ≥ 4 HOURS/DAY) - <i>Effective 12/1/22</i> | HK | Per Diem | \$392.46 |
| S9484 | BEHAVIORAL HEALTH CRISIS CARE - CRC LICENSE (BILLABLE FOR < 4 HOURS/DAY) - <i>Effective 12/1/22</i> | TG | One Hour | \$137.35 |
| S9485 | BEHAVIORAL HEALTH CRISIS CARE - CRC LICENSE (BILLABLE FOR ≥ 4 HOURS/DAY) - <i>Effective 12/1/22</i> | TG | Per Diem | \$549.40 |
| H0045 | CRISIS STABILIZATION - INDIVIDUAL - <i>Effective 12/1/22</i> | TG | Day | \$915.66 |

Appendix C: Leadership Letter of Understanding & Agreement

To whom this may concern:

I, _____ <name> _____, as the <<<position (e.g., President, CEO, Director)>>> _____ of <<<agency name>>>> support the submission of this application for Adult Mental Health Crisis Response Workforce Training. I acknowledge that the implementation of the Louisiana Crisis Response System (LA-CRS) is compatible with the agency's mission and values. Specifically, I acknowledge the importance of a crisis response system that is voluntary, person-centered, resolution-focused, and recovery-oriented. I further support our agency being part of a learning environment that teaches, reinforces, and builds on these principles. I, and my team, have considered the risks and challenges commensurate with providing 24/7 behavioral health crisis response services and we have determined providing such services is in keeping with our agency's scope and competency. We will support our staff in their participation in required training, ongoing coaching and supervision activities required to be part of the learning community advancing the LA-CRS. I understand that the expectation is that initial services are to be implemented within 90-days of this training acceptance, and failure to implement services may result in rescinding a training agreement. The RFA for training may then be re-opened for other providers that might be more prepared to provide services.

Print Signature: _____

Signature: _____

Date: _____