

Request for Application (RFA)

Louisiana Early Childhood Supports and Services (ECSS)

Regional Site Selection

Issued By:

Magellan Complete Care of Louisiana, Inc.

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RFA Point of Contact

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Introduction

Magellan is seeking to partner with an experienced, outcome-driven, evidence-based provider to serve as an Early Childhood Services and Support (ECSS) service site for Region 1. Currently, all other regions are fully covered, and recruitment is limited to organizations able to serve Region 1 exclusively.

As part of the ECSS provider network, Magellan will establish a collaborative and strategic partnership with the selected Region 1 provider site. Magellan will contract with and credential the ECSS service provider and work collaboratively to identify service gaps and strengthen regional capacity so families can access comprehensive assessments, care planning, treatment, and supports addressing social determinants of health.

When a child approaches age five and may require ongoing intensive services, Magellan will provide families with information about benefits available through their Managed Care Organization (MCO) and the Children’s System of Care (CSoC) to support informed decision-making regarding continued services. Magellan and Region 1 ECSS site staff will work together to assist families in successfully accessing these services.

The ECSS program serves children from birth through age five and their families who are at risk for negative outcomes related to:

- Early childhood mental health or behavioral concerns
- Parent–child attachment challenges
- Exposure to trauma, family violence, or community violence
- Parental behavioral health needs
- Social determinants of health, including housing instability, unemployment, and food insecurity

Children and families served through ECSS are at heightened risk for involvement with child welfare systems and negative early education outcomes, such as suspension or expulsion. Without early intervention and coordinated supports, these risks may escalate, resulting in worsening mental and emotional health, increased behavioral challenges across home and early learning environments, greater reliance on intensive behavioral health services, and higher likelihood of involvement with child welfare and juvenile justice systems.

ECSS is a community-based model of infant and early childhood mental health intervention. Core services include:

- Family-centered assessment and care planning
- Resource navigation to reduce adversity and stabilize families
- Universal and targeted health promotion activities
- Treatment services, including Licensed Mental Health Professional (LMHP) services
- Psychiatric services provided by qualified professionals with specialized expertise in Infant and Early Childhood Mental Health (IECMH)

The ECSS program emphasizes collaboration and partnership with state and local entities that serve children ages zero through five and their families, strengthening an integrated system of early childhood supports within Region 1.

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Each ECSS Site shall provide the following staff, at a minimum:

- **Site Program Coordinator**: The Site Program Coordinator shall oversee the administrative functioning of the site. The Site Program Coordinator will develop and/or engage and meet regularly with local stakeholder groups and referral networks. This position may be combined with the Clinical Director role.
- **ECSS Clinical Director**: The Clinical Director shall be a senior licensed clinician who guides the clinical needs of the site; the Clinical Director may also provide direct clinical care to participants. The Clinical Director will join the Site Program Coordinator in developing and/or engaging and meeting regularly with local stakeholder groups and referral networks. The Clinical Director will oversee training, will provide supervision of clinical staff, and will serve as the clinical assessment lead.
- **ECSS Medical Director (Psychiatrist)**: The Medical Director will serve as part of the treatment team and will consult on cases regularly with the treatment team to collaborate on a treatment plan for ECSS clients in need of mental health interventions. The Medical Director will complete a psychiatric intake assessment for clients in need of this component of the ECSS services package, and if needed will provide psychiatric treatment and monitoring. If the ECSS Site employs or contracts with additional licensed professionals with prescriptive authority (e.g., psychiatrists, medical psychologists, advanced practice registered nurses (APRNs) with a psychiatric specialty and prescriptive authority), the Medical Director will direct and supervise their work. The Medical Director may be directly employed or contracted.
 - ❖ The Medical Director shall be responsible for oversight of the site's compliance with relevant requirements related to the provision of medication management services, including implementing the site's policy on the provision of nursing services according to agency license type.
- **Primary Clinician**: LMHP(s), Provisionally Licensed Professional Counselor (PLPC) or Licensed Master Social Work (LMSW) with experience and/or training in IECMH assessment and treatment, will serve as the Primary Clinicians for ECSS clients identified as needing mental health treatment services. The Primary Clinicians shall have the responsibility for implementing and coordinating the mental health treatment portion of the Family Plan of Care. Clinicians will provide evidence-based mental health treatment to children and their families.
- **Resource Navigator(s)**: Resource Navigators/ Community Health Workers (CHWs) shall screen for and assess each family's environmental risk factors and experience of social/environmental adversity that may negatively affect the health and wellness of both children and caregivers. These individuals will help the family identify community supports and services to address these social needs and reduce the social/environmental risk factors to reduce the impact of the family's experience of adversity and increase health and wellness. They will participate in staffing with the team and the community partners, assist with obtaining resources and supports for the family, and coordinate services and supports for the family.
- **Flexible Funding Coordinator**: The Flexible Funding Coordinator shall manage the distribution of Flexible Funds. This function may be shared by resource navigation staff.
- **Administrative Assistant/Receptionist/Data Management**: The ECSS Site shall have sufficient day-to-day clerical support to assist with scheduling families and running the clinic. Suitably trained administrative support staff may share in data collection activities.

Response deadline is April 17, 2025.

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We appreciate your interest in contributing to the improvement of mental health services for this age group in Louisiana. Your participation will be invaluable in shaping the future of mental healthcare in these underserved regions.

If you have any questions or require further clarification, please do not hesitate to contact Mark Broussard with Magellan Healthcare at ecssproviderquestions@magellanhealth.com.

Thank you for your time and consideration.

Sincerely,

Mark Broussard
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Statement of Work

Selection criteria for ECSS Site shall include:

1. Ability and expertise in delivering high-quality treatment services for infant and early childhood mental health as evidenced by leadership and staff education and experience delivering developmentally-appropriate mental health services to young children and their families, including but not limited to evidence-based practices designed for this age group.
 - a. Capacity to start-up of a minimum of one ECSS site within LDH HSD **region 1** Ability to engage target population: young children age birth through five (or pregnant person) and their families with legal right of caregiving adult to consent for services that have been identified as being at risk of developing social, emotional and/or developmental problems.
 - b. Ability to provide core program services including:
 - i. Intake: A family-based intake process, including screening, assessment and care planning, leading to the development of a comprehensive Family Plan of Care.
 1. Screening:
 - a. An effective and consistent process to screen and assess for child and family needs. Initial screening and assessment of children and families shall include:
 - i. Screening for the family's experience of health-related social needs, by using the Accountable Health Communities Health-Related Social Needs (AHC-HRSN) screening tool.
 - b. Parent-report screening tools may be used to gather data to inform the overall assessment of the child's and family's needs, such as:
 - i. For children social and emotional needs such as the Brief Early Childhood Screening Assessment (ECSA).
 - ii. For parental risk factors and mental health needs, such as the Patient Health Questionnaire -9 (PHQ-9).
 - c. Additional areas for screening, and/or additional tools for screening, in response to identified needs and gaps.
 2. Assessment:
 - a. Narrative Family Psychosocial assessment to assess behavioral health needs, environmental risk, and social needs.
 - b. Quantified by the Cans 0-5 tool
 - c. Further assessment as indicated to include:
 - i. Parent child relationship assessment
 - ii. Diagnosis utilizing DC:0-5
 - iii. Crosswalk of DC: 0-5 diagnoses to ICD codes for establishing medical necessity and billing for Medicaid-reimbursable services

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- ii. The standardized Family Plan of Care:
 - 1. Will integrate findings from screening and assessment that identify child and family needs, for the purpose of addressing those needs through targeted services and supports. It will include child mental health/behavioral concerns, child/parent attachment issues, and mitigating the environmental impacts of exposure to trauma, family and community violence, parental behavioral health concerns, and social determinants of health.

Will be developed by ECSS program staff in collaboration with the family, to develop a shared understanding of the family's goals, needs, and priorities. Should ensure family voice and choice, as well as family empowerment and ability to generalize skills and strategies learned to achieve durable positive outcomes for the child and family.
 - 2. Will include strength-based and consistent with the needs of the child and family.
 - 3. Will include a mental health treatment plan if indicated.
 - 4. Will include a social needs care plan when health related social needs are identified.
 - 5. Will be updated at minimum every six months, and more frequently when there are significant changes in family needs.
- iii. Targeted health promotion programming to include parent learning opportunities including:
 - 1. One-on-one coaching to model positive interactions and responsive parenting, which may be delivered in the home setting or at an on-site play center, and/or
 - 2. Group-based parenting education, which can provide the benefit of decreasing social isolation and increasing social support for caregivers.
 - 3. Effective components should:
 - a. Provide parents with an opportunity to network with, and receive support from, parents who are in or who have been in similar circumstances
 - b. Treat parents as equal partners when determining services
 - c. Tailor programs to the specific needs of families
 - d. Address trauma
 - e. Be culturally relevant and meet the needs of diverse populations.
- iv. Treatment interventions include LMHP and Psychiatric services.
 - 1. Evidence Based Practice (EBP) therapeutic models including Child-Parent Psychotherapy (CPP), Parent-Child Interaction Therapy (PCIT), and other identified models as needed.
- 2. Ability and expertise in providing resource navigation, including the development and coordination with local networks of governmental and non-governmental organizations to access assistance to reduce environmental risk and enhance SDOH, as indicated by existing agreements/collaboration and letters of support;
 - a. Social needs and related goals identified on the Family Plan of Care shall be addressed through resource navigation using best practice models, referrals, and warm handoffs.
 - i. Aims to reduce the effects of adversity for the families of infants and young children through a network of community partners including both governmental and non-governmental

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- organizations. It must include the ability to connect families for assistance in the areas of safe housing and food security; support for economic stability and employment; childcare/early education; domestic violence intervention; and treatment for parental mental health and Substance Use Disorder (SUD) needs.
- ii. Establishes and implements a process to identify cases where resource navigation efforts fail to meet family needs. This process should include:
 1. Timely escalation of unresolved cases to Magellan for collaborative problem-solving.
 2. Participation in stakeholder advocacy efforts led by Magellan to address gaps in available resources.
 3. Identification of systemic barriers or unavailable resources and working with Magellan to coordinate educational and advocacy efforts aimed at addressing these gaps in local and state-level systems.
3. Demonstrated history of collaboration with local stakeholders, including community partnerships, demonstrating the ability to develop and coordinate local networks of governmental and nongovernmental organizations to access assistance to reduce environmental risk and enhance SDOH, as indicated by existing agreements/collaboration and letters of support.
- a. The ECSS site shall work to build and engage a local network and will develop a process to connect ECSS families to services and supports provided by members of that local network. The process of helping ECSS participating families connect with network partners shall be developed in such a way to meet the following goals:
 - i. ECSS-participating families shall have easy access to network partners
 - ii. ECSS families shall be able to connect with network partners face-to-face (via meeting in-person or meeting via a synchronous video platform such as Zoom) to aid in the development of trusting relationships with those network partners
 - iii. Network partners shall demonstrate commitment to supporting ECSS families through strategies such as regular participation in network staffing meetings and signing the Family Plan of Care to indicate agreement with and accountability for providing the services and supports available from that Network Partner for the ECSS participating family
4. Ability to create a low threshold for program entry, through efforts at community outreach, building early identification referral pathways with systems including early education and primary care, strategic efforts to reduce the stigma of accessing a variety of program components, and reducing barriers to access.
- a. Magellan shall conduct community and stakeholder outreach to increase awareness and understanding among key audiences about ECSS and its benefits. Contractor shall conduct outreach, education, community involvement, and liaison activities with relevant regional and state agencies including DCFS, LDOE, LDH Office for Citizens with Developmental Disabilities, Early Steps, Head Start, Local Education Agencies (LEAs), the judicial system, regional stakeholders, and community-based organizations.
 - b. Engage in marketing efforts in conjunction with Magellan.
5. Ability to reduce healthcare disparities/increase equity in service delivery, through culturally competent staff, training, and programming, and continuous quality improvement to identify, analyze, and address potential disparities in program entry, retention, satisfaction, and outcomes:

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- a. Ability to maximize access for families across the region, by serving multiple parishes per region, using strategies including in-home service delivery to reduce client travel time, and/or satellite locations to service to rural parishes.
 - b. Mechanism to collaborate with OBH, MCO's, and the LSU Center for Evidence to Practice to improve the ECSS system, overall performance and client continuity of care.
 - c. Engage in quarterly meetings with regional coalitions to assure that the ECSS regional sites are meeting the needs of the zero through five population in the community as well as promote the program through local marketing and outreach.
6. Ability to engage in training requirements for ECSS sites
- a. Core training for all ECSS program staff to ensure basic knowledge of:
 - i. Early childhood development
 - ii. Cultural competence and cultural humility
 - iii. Parent and family engagement
 - b. Specialized clinical training for LMHP staff who provide mental health assessment and treatment, in:
 - i. Use of the Child and Adolescent Needs and Strengths for Early Childhood (CANS 0-5) tool
 - ii. Mental health assessment for infants and young children to include parent-child relationship assessment.
 - iii. Developmentally-appropriate assessment and diagnosis using the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5™)
 - iv. Evidence-based dyadic treatment for parents and children including PCIT, CPP, and other EBP therapies as identified for use in ECSS Sites.
 - c. For LMHP staff supervising resource navigators/community health workers, specialized training in effective supervision of CHWs, such as the training developed by the Louisiana Community Health Outreach Network (LACHON).
 - d. Specialized training in resource navigation/community health work for staff responsible for helping participating families to navigate resources to address social needs, including:
 - i. Resource navigation staff shall be trained as CHWs. Contractor shall ensure that CHWs employed by ECSS Sites complete a CHW training program recognized by the Louisiana Community Health Worker Workforce Coalition.
 - ii. Training specific to the ECSS target population (caregivers and children ages zero through five on screening and resource linkage for the target population's relevant social needs, and the local community's resources.
7. Ability to complete all billing and daily rate submissions:
- a. Ability to complete billing and invoicing
 - i. Request information from participating families on participant enrollment in any insurance plans, including commercial insurance and other third-party liability coverage.
 - ii. Utilize the Medicaid Eligibility Verification System (MEVS) application to verify Medicaid eligibility coverage and forward MEVS response data to Magellan for each participant

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utilizing Medicaid reimbursable services whether the participant is or is not currently enrolled in Medicaid.

- iii. Assist participants who are not currently enrolled in Medicaid but who may be eligible for Medicaid, in completing the application process for Medicaid.
- iv. Bill non-Medicaid entities before billing the Medicaid Managed Care Organization (MCO), for participants who have non-Medicaid coverage and are enrolled/eligible for Medicaid.
- v. Bill non-Medicaid entities before billing the ECSS Contractor, for participants with only non-Medicaid coverage and are not eligible for Medicaid.
- vi. Utilize Magellan’s web-based portal when billing for ECSS.
- vii. Each ECSS Site may use their own Electronic Health Record (E-HR) system and their own clearinghouse to submit claims to Medicaid MCOs

b. Daily Rate

- i. Ability to submit all requested data elements to support its daily rate to the Contractor via Magellan’s web-based portal, including:
 1. Provider costs for operation and service delivery of non-Medicaid-reimbursable services and supports;
 2. Provider Medicaid claims submissions and payments received from MCOs;
 3. Provider claims submissions and payments received from non-Medicaid payers; and
 4. Costs for reimbursable services provided to non-Medicaid eligible participants utilizing the Medicaid minimum rate on file.
 5. The ECSS Site shall utilize Magellan’s web-based portal for data sharing and reporting including census, clients served, and services provided. Each ECSS Site will comply with an audit process, for verification of census reporting to justify supplemental daily rate payments.
8. Engage in clinical oversight and consultation with the contractor
 - a. Participate in learning and consultation activities with other LA ECSS teams
 - i. Engage in affinity groups to collaborate across specific ECSS roles
 - b. Engage with subject matter experts across specialties, including EBP-specific expert consultation and technical assistance, to ensure fidelity of service delivery to the specific EBP model.
9. Demonstrate the ability to support Magellan’s performance monitoring requirements through accurate data collection, timely reporting, and active participation in monitoring site-level outcomes. Sites must have the capacity to:
 - a. Collaborate with Magellan to facilitate accurate and timely data exchange using designated platforms.
 - i. Enter required data into designated EHR-like platforms (e.g., Opeeka) and utilize Magellan’s data portals for information exchange.
 - ii. Ensure accurate and timely submission of both summary and member-level data, including service utilization, outcomes, and demographic details.

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- b. Collaborate with Magellan to monitor and report on service delivery and outcomes effectively.
 - i. Collect and report metrics on community outreach, such as type, frequency, audience, and referral sources.
 - ii. Track and report treatment delivery metrics, including the number and percentage of families receiving evidence-based therapies, treatment duration, completion rates, and accessibility measures (e.g., time from intake to treatment initiation).
 - iii. Measure outcomes of mental health treatment using standardized tools for child symptoms, parent-child relationships, and parent stress.
- c. Collaborate with Magellan to track and report on resource navigation and social determinants of health (SDOH) outcomes.
 - i. Report on social needs screening and navigation outcomes, including the number of families screened, needs identified, linkages offered, and successful referrals.
 - ii. Share data on barriers to accessing services and challenges encountered in maintaining ongoing supports, providing actionable insights to address these issues.
- d. Collaborate with Magellan to facilitate participant satisfaction surveys by ensuring family engagement and accessibility.
 - i. Implement processes to support the collection of satisfaction data following IECMH treatment and resource navigation services.
 - ii. Assisting Magellan in administering surveys and providing actionable feedback from participants to the Contractor in a timely manner.
- e. Collaborate with Magellan to identify and address disparities in service delivery and outcomes.
 - i. Analyze data on program entry, retention, satisfaction, and outcomes to identify disparities based on race and ethnicity.
 - ii. Track and implement site-level interventions to reduce disparities and improve equity, reporting measurable improvements over time.
- f. Collaborate with Magellan to monitor and assess family outcomes and progress.
 - i. Monitor family status indicators, including caregiver stability, family economic and housing stability, child educational outcomes (e.g., attendance and suspensions), and child functioning using the CANS 0-5 tool.
 - ii. Conduct periodic reviews of these indicators at intake, six-month intervals, and discharge to identify areas requiring additional support.
 - iii. Utilize Magellan-provided dashboards and tools to analyze trends, address performance gaps, and support data-driven continuous quality improvement.
- g. Collaborate with Magellan to ensure effective site performance and quality improvement.
 - i. Establish internal mechanisms to monitor site performance and ensure compliance with Magellan's performance expectations.
 - ii. Work with Magellan to address performance gaps and implement continuous quality improvement initiatives.

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10. Ability to participate in and comply with Magellan’s grievance process to ensure timely and effective resolution of participant grievances. Sites must have the capacity to:
 - a. Identify and escalate participant grievances related to ECSS services to Magellan promptly, ensuring no barriers to the resolution process.
 - b. Maintain accurate records of participant grievances, including logging and forwarding all relevant information to Magellan for review and resolution.
 - c. Follow Magellan-defined grievance process and provide necessary collaboration to facilitate prompt internal resolution, including corrective action when required.
 - d. Ensure all staff are trained on participant rights, the grievance process, and how to assist participants in filing grievances.
 - e. Provide participants with accessible grievance submission options, including verbal, written, or electronic methods, and assist them in accessing grievance forms as needed.
 - f. Sites must also demonstrate their ability to adhere to Magellan’s standards for addressing participant dissatisfaction, ensuring that all grievances are appropriately categorized, processed, and resolved without impermissible barriers, in compliance with LDH-approved procedures.

RFI Questions

Part 1: Agency Background And Experience

1. Agency Background:
 - a. Agency owner names, contact details, and current location
 - b. Board of Director names
 - c. LDH HSD region one
 - d. Any relevant accreditations, licensures and certifications
 - e. Specializations and areas of expertise
 - f. Completed trainings e.g. CANS, PCIT, CPP, DC: 0-5
 - g. Any sanctions, loss of licensure
 - h. Current registration or eligibility to register with the Hudson/Veterans' Initiatives program
2. Professional Experience:
 - a. The proposer should give a brief description of its agency and provide its experience.
 - b. Please include the number of years and description of experience in providing management of services to youth and families.
 - c. The proposer should provide a detailed discussion of prior experience working on projects similar in size, scope, and function.

Part 2: Approach and Methodology

1. Describe proposer's approach to providing high quality treatment services for infant and early childhood mental health including evidence-based practices.
 - a. Include the infrastructure, resources, and partnerships necessary to launch at least one ECSS site in LDH regions 2-9.
 - i. The proposer has experience establishing programs in urban, suburban, and rural areas, ensuring the ability to scale operations to meet diverse regional needs.
 - b. Ability to engage target population
 - c. Strategies to reach families, pediatricians, child welfare agencies, and early childhood education programs. Collaborations with local schools, childcare centers, and social service organizations to identify and refer at-risk children.
 - d. Ability to provide core services
 - i. Individual and family therapy is rooted in evidence-based practices. Coordination of care, including referrals to specialty services. Support for families to access housing, food assistance, and other essential resources.
 - e. Staffing plan including required minimum staff: Site Program Coordinator; ECSS Clinical Director; ECSS Medical Director (Psychiatrist); Primary Clinician (LMHP); Resource Navigator(s)/Community

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Health Worker(s); Flexible Funding Coordinator; and Administrative Assistant/Receptionist/Data Manager.

- f. The staffing plan should include utilization of employed and/or subcontracted staff.
 - i. If using sub-contracted staff, please include how the agency will ensure continuity of care, care plan and collaboration.
 - ii. Include resumes for key ECSS site personnel who are already on staff.
 - g. Provide information about the space and equipment required at the proposed sites to provide services.
2. Describe proposer’s approach to providing resource navigation to reduce the effects of adversity for the families of infants and young children including coordination with local organizations to access assistance to reduce environmental risk and enhance SDOH:
- a. How Resource Navigators will develop tailored plans for families, connecting them to services such as housing support, Supplemental Nutrition Assistance Program (SNAP), and utility assistance programs.
 - b. Collaborate with local nonprofits, faith-based organizations, food banks, and housing agencies. Existing agreements with these organizations will be formalized through Memorandums of Understanding (MOUs) to ensure seamless coordination.
 - c. Engage in multi-agency efforts to address systemic barriers affecting SDOH.
 - d. Work closely with healthcare providers and early education programs to create comprehensive support systems for families.
- e. Provide letters of support to demonstrate existing agreements/collaboration.
 - f. Describe how your site will identify and escalate cases where resource navigation fails to meet family needs and collaborate with Magellan on stakeholder advocacy for addressing resource gaps.
 - i. Families whose needs cannot be met through available resources will be flagged for escalation.
 - ii. Escalation processes that will include direct communication with program leadership and the Magellan to explore alternative solutions.
 - iii. How Resource Navigators will regularly engage with families to evaluate the effectiveness of referrals and interventions, ensuring responsive adjustments as needed.
3. Describe proposer’s plan to ensure a low threshold for program entry, through efforts at community outreach, building early identification referral pathways with systems including early education and primary care, strategic efforts to reduce the stigma of accessing a variety of program components, and reducing barriers to access.
- a. How will outreach at local events, schools, childcare centers, and health fairs to educate families and providers about the program be conducted.
 - b. Development of outreach materials that reflect the diverse cultural, linguistic, and socioeconomic backgrounds of the target population.

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- c. How will you collaborate with local faith-based organizations, community leaders, and cultural groups to build trust and disseminate program information.
4. Additional value will be placed on sites which:
 - i. Integrate a primary care component and are capable of becoming HealthySteps certified
 - ii. Present innovative delivery models such as in-home service delivery, extended weekday or weekend hours and/or satellite locations to ensure all families have access to ECSS, regardless of location.
5. Describe proposer's plan to address healthcare disparities/increase equity in service delivery, through culturally competent staff, training, and programming, and continuous quality improvement to identify, analyze, and address potential disparities in program entry, retention, satisfaction, and outcomes.
 - a. Include mechanism to collaborate with OBH, MCO's, and the LSU center for Evidence to Practice, improving the ECSS system, overall performance and members continuity of care.
 - b. Plan to engage in quarterly meetings with regional coalitions to assure that the ECSS regional sites are meeting the needs of the zero through five population in the community as well as promote the program through local marketing and outreach. Plan should include but not limited to:
 - i. Strategies for Coalition Meetings
 - ii. Data Sharing
 - iii. Interactive Sessions
 - iv. Action Plan Development
 - v. Collaborate with local pediatricians, schools, and childcare centers to distribute information about ECSS services.
 - vi. Engage parent groups or associations as ambassadors for the program.
 - vii. Host family-friendly events or parenting workshops that educate and engage the community.
6. Describe the proposer's plan to support the Contractor's performance monitoring requirements by ensuring accurate data collection, timely reporting, and active participation in tracking site-level outcomes. Include strategies to address equity and disparities in service delivery and outcomes, as well as processes for implementing continuous quality improvement initiatives to meet evaluation standards and enhance program effectiveness.
7. Describe the proposer's approach to supporting the Contractor's grievance process, ensuring timely and effective resolution of participant grievances through accurate documentation, staff training, and adherence to established protocols for escalation, collaboration, and participant access.
8. Provide the proposed budget for startup and ongoing operations, including facilities, staffing, training, outreach, and equipment.
9. Describe your structured approach, use of technology including EHR, and compliance with established guidelines to ensure the accurate and efficient submission of claims based on the billing hierarchy for non-Medicaid payers, and participants with only non-Medicaid coverage and ineligible

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for Medicaid and subsequent billing to the ECSS contractor, using the Medicaid minimum rate standards.

- a. Participant insurance information to include requesting and documentation information from participating families regarding enrollment in commercial insurance and other third-party liability (TPL) coverage.
- b. Utilization of the Medicaid Eligibility Verification System (MEVS) to confirm Medicaid eligibility for participants, forwarding response data to the Contractor for Medicaid-reimbursable services.
- c. Provide Medicaid enrollment assistance to participants not currently enrolled in Medicaid but potentially eligible, ensuring the completion of the Medicaid application process.

10. Describe your understanding of the invoicing, and daily rate data submission while maintaining accountability and transparency and supporting the financial and operational needs of the program.

- a. Data Elements for Daily Rate:
 - i. Provide operational and service delivery costs for non-Medicaid reimbursable services.
 - ii. Medicaid claims submissions and payments received from Managed Care Organizations (MCO).
 - iii. Commercial claims submissions and payments received

11. Describe your approach to data submission, using Contractor's web-based portal, and compliance with audit requirements to justify supplemental daily rate payments and reporting on census, clients served, and services delivered.

Should your proposal be accepted, you will be required to participate in an oral presentation as part of the evaluation process. This presentation will allow you to elaborate on your proposal and address any questions of our evaluation team.

Details regarding the format, duration, and scheduling of the presentation will be provided upon acceptance of your proposal.