REQUEST FOR APPLICATION

MOBILE CRISIS PROVIDER
(Medicaid and State)

December 23, 2024

This announcement for funding should not be interpreted as a contract (implicit, explicit, or implied), nor does it imply any form of agreement to any potential candidate. In addition, no inference should be made that Trillium will purchase and/or implement in the future any of the programs or services proposed by the respondents.



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INTRODUCTION

Trillium is seeking providers to deliver state funded and Medicaid Tailored Plan and Medicaid Direct Mobile Crisis services in specified counties. The coverage area for this RFA includes Sampson, Bladen, Columbus, Robeson, Scotland, Hoke, Lee, Moore, Anson, Richmond, Montgomery, Randolph and Guilford counties

ELIGIBLE APPLICANTS

Applicant must be enrolled in the Trillium provider network. The applicant must be currently also be enrolled as a state funded and Medicaid Tailored Plan and Medicaid Direct provider. Applicant must be willing to serve all ages in acute behavioral health or IDD crisis. Preference given to agencies that offer a robust continuum of care available in the region they are applying to serve. MCM Services must be provided both in person and through telehealth approaches. MCM must have access to psychiatric services 24/7. Applicant must be in good standing with Trillium.

ADDITIONAL ELIGIBILITY:

- Eligible applicants must currently have a minimum of 100 Trillium members receiving services.
- ▲ Eligible applicant must have current primary BH outpatient sites located within the majority of the coverage area. The coverage area for this RFA includes Sampson, Bladen, Columbus, Robeson, Scotland, Hoke, Lee, Moore, Anson, Richmond, Montgomery, Randolph and Guilford counties
- Eligible applicants must demonstrate the necessary relationships with local law enforcement to divert members from ED and Incarceration into appropriate treatment settings.
- Applicants must provide evidence of established and working DEI policies that ensure that people of all backgrounds are supported equitably according to their uniqueness.
- Agencies must provide evidence of an established Electronic Health Record of data collection and tracking that can monitor effectiveness, integrate data and track member outcomes.
- American Sign Language, are made available and utilized for effective, appropriate communication.

- The agency awarded must agree to improve data collection and report quality measures using the Healthcare Effectiveness Data and Information Set (HEDIS) based on race, ethnicity, disability status, sexual orientation, gender identity and health related resource needs.
- A Preference given to historically underutilized providers that meet all criteria for this RFA.

If your organization meets all the criteria, please click the link and complete the form below and apply for a meeting to discuss your plan for this model with our team no later than January 10, 2025.

Link to Application