**Request for Feedback: North Central Integration RFP Questions**

**Comment Tracker**

**Background**

In August, 2016, Grant Chelan and Douglas counties (North Central region) voted to transition to a program known as fully-integrated managed care beginning on January 1, 2018. Under this new program, all Medicaid physical and behavioral health services will be covered by Apple Health Managed Care Organizations (MCOs). The integrated MCOs will contract with a network of medical and behavioral health providers to provide the full continuum of physical and behavioral health services to all Medicaid enrollees in the region.

To select the integrated MCOs that will serve the region, HCA will release and score a Request for Proposals (RFP). HCA is requesting comment and input from stakeholders in the North Central region, to inform the RFP and ensure it reflects regional priorities.

Please use the comment tracking tool to submit stakeholder comments to the Health Care Authority, for consideration in the design of the North Central (Grant, Chelan and Douglas Counties) Request for Proposals (RFP). Stakeholders who should consider commenting include:

* Behavioral health providers currently contracted with the North Central Behavioral Health Organization (NC BHO)
* Members of the NC Accountable Community of Health
* Behavioral Health Organization (BHO) staff
* Public Health Directors in Grant, Chelan and Douglas Counties
* Law enforcement representatives in Grant/Chelan/Douglas Counties
* Physical health providers/health systems that serve the North Central region

**Please note:** HCA designed procurement for selection of integrated MCOs in Clark and Skamania Counties (Southwest Washington) and that procurement will serve as the basis for all future integration procurements. Legally, HCA cannot release draft procurement questions for the North Central RFP; however we ask for comment and input on the existing SWWA questions which are the starting point for North Central questions.

**RFP Questions Sections/Description**

The public SWWA procurement for which HCA requests comment, included 8 sections of 47 scored questions. The following sections were included in the procurement.

* + **Management:** This section includes questions about the internal staffing and operations of the Bidder, including how the Bidder will train and build all necessary staff trained into their organizational structure to fulfill the contractual obligations.
  + **Behavioral Health Access:** This section includes questions related to access to behavioral health services. The Bidder must demonstrate how they will ensure access to behavioral health services for enrollees in the region, with specific details highlighted in the questions.
  + **Network:** This section includes questions related to the essential behavioral health providers and how the Bidder will bring them into their contracted network, the Culturally and Linguistically Appropriate Services (CLAS) standards, and the Bidders plan to use alternative payment methodologies or value-based purchasing arrangements in provider contracting. This section is scored as part of the Exhibit C questions, however there is an additional network component to the procurement that is scored separately and evaluates the Bidder’s signed contracts with providers to determine if the Bidder is able to meet network adequacy.
  + **Community Linkages:** This section includes question regarding the Bidders relationship with other community organizations in the region, such as the Accountable Community of Health and the Behavioral Health – Administrative Service Organization (BH-ASO).
  + **Quality Assessment and Performance Improvement:** This section includes questions about the Bidder’s plans for quality improvement programs, Performance Improvement Projects (PIPs) and reducing re-admission rates.
  + **Information Systems/Claims:** This section includes questions related to Bidder’s plans for implementation of new information/IT systems to implement a new benefit package of behavioral health benefits, claims payment, encounter submission, and plans for conducting coordination of benefits. .
  + **Utilization Management Program and Authorization of Services:** This section includes questions related to the Bidders utilization management policies and protocols and their policies for authorizing behavioral health services.
  + **Care Coordination:** This section includes questions related to how the Bidder will coordinate care across the full continuum of physical and behavioral health services.

**Deadline and Instructions**

All comments are due in this tracking tool to the Health Care Authority by close-of-business on December 30, 2016. Comments must be sent to[**Jessica.Diaz@hca.wa.gov**](mailto:Jessica.Diaz@hca.wa.gov)**.** If you need to request an extension please email Jessica Diaz.

Please note:

* The Health Care Authority has highlighted the questions that we consider a high priority for stakeholder review. If you cannot review all questions, please consider prioritizing the highlighted questions.
* Please rank the importance of each question on a scale of 1-5, with 5 being very high importance and 1 being low importance. This will help inform HCA’s scoring distribution.
* If you think HCA should re-write a question or delete a question altogether, please comment on that question with your opinion and a re-drafted question.
* A space is provided at the end of each section if you would like to pose new questions to that section.
* A space is also provided at the end of the tool to capture new RFP questions in general or topics that you would like HCA to create a question about.

Feedback Due: **December 30, 2016**

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| --- | --- |
| **Name:** |  |
| **Organization:** |  |
| **Email:** |  |

| **Question** | **Comments/Recommendations** | **Importance/Relevance of question, on a scale from 1-5?** *(1= very low and 5=very high)* |
| --- | --- | --- |
| **Management:** | | |
| 1. List the proposed location(s) to administer the following required administrative functions that apply to all services in these contracts. For each function, include all of the following: 1) hours of operation by location; 2) the date the function was first provided at the location; 3) the location(s) for any subcontractor(s) that will perform the function in whole or in part; and 4) any separate locations for after-hours services. When multiple locations will be used, repeat the table and number each location as 1, 2, 3, etc.    1. Information and referral.    2. Utilization management.    3. Care management.    4. Network development.    5. Network credentialing.    6. Network contracting.    7. Provider relations.    8. Quality management.    9. Claims administration.    10. Information technology.    11. Staff and provider training.    12. Government/ community/ tribal liaison. |  |  |
| 1. The following are considered essential Behavioral Health Administrative functions:    1. Utilization management;    2. Grievance and appeals;    3. Network development and management;    4. Provider relations;    5. Quality management;    6. Data management and reporting; and    7. Claims and financial management.   For each function as applied to behavioral health services, indicate whether the function will be either be: 1) provided in-house, meaning provided by employees of the Bidder, and reporting to the Washington State health plan CEO; or 2) delegated to a subsidiary, affiliate, or subcontractor through a partnership or subcontract. Submit the following information regarding each proposed delegated entity and repeat the grid when multiple delegated entities will be used. Evaluators will award additional points for functions that are provided in-house and for those provided locally in South West Washington (SWWA). |  |  |
| 1. For any delegated entity listed in Question 2 provide all of the following: 2. Description of how the Bidder selected and deemed qualified the delegated entity before contracting with the entity to provide services. 3. The Bidder’s plan, including timelines, for monitoring and oversight of delegated essential Behavioral Health functions. 4. Two professional references for the delegated entity (including name, title, organization, address, telephone number, email address, scope of services provided to reference, quality of service provided to reference on a scale of 1 to 10 with 1 being really poor and 10 being exceptional services, and time period services were provided). 5. Indicate whether the delegated entity filed for bankruptcy in the most recent five (5) calendar years. |  |  |
| 1. Describe the Bidder’s plan to bring essential Behavioral Health Administrative functions in-house no later than March 30, 2019. Specifically, identify the steps you will take to develop and coordinate the plan with HCA and the Accountable Communities of Health. |  |  |
| 1. Submit the Bidder’s organizational chart(s) and attached narrative to explain the chart(s). The chart(s) and narrative shall address how the below functions, a. through i., will be accomplished. List the departments and reporting structure for all personnel, including behavioral health personnel. List key positions, managerial positions, and qualified operational staff.   Key personnel and managerial staff positions should be individually reflected in the organizational chart while qualified operational staff should be rolled up by functional area. Include all lines of authority and responsibility that indicate how physical and behavioral health functions will be integrated for each of the following functional areas:   * 1. Customer service/ call center;   2. Utilization Management;   3. Care Management;   4. Network development, management, and provider relations;   5. Training of staff and providers;   6. Quality Management;   7. Information technology;   8. Claims Administration; and   9. Government/community/Tribal liaison.   If any services will be delegated, reflect the primary individuals responsible for oversight of each delegated entity. |  |  |
| 1. Describe how the required toll-free customer services line will be organized to provide screening, information, and referral for Behavioral Health services. Please differentiate your answers between business hours and after hours, as well as in-state and out-of-state operations. Address the following:    1. How the customer service line will be staffed 24 hours a day, 7 days a week, 365 days a year.    2. How the Bidder will augment customer services to address anticipated higher call volume.    3. Document the telephone capacity for warm-line transfer, live or recorded call monitoring, and other features.    4. Document how the standards for call wait times are monitored and maintained.    5. Describe the content of any recordings used during and after business hours when the individuals that serve are on hold or in the queue waiting for assistance.    6. Describe how the Bidder will assure that call center staff are trained in behavioral health services, crisis triage, and the geography of the state and region. Include services provided by non-Medicaid funding sources in the Bidder’s training proposal. |  |  |
| 1. Describe the human resources and staffing plan for Behavioral Health functions required under the RFP. Include a discussion of the Bidder’s staff recruitment, orientation, and training plans. Specifically address: 2. Plan for ensuring staff are trained on the Washington State Behavioral Health delivery system including services, local service systems (including Tribal and urban Indian health programs), local populations (including American Indians/Alaska Natives), and crisis services. 3. The plan to ensure that staff have routine training and access to educational materials to remain current with culturally and age-appropriate, evidence-based treatment of behavioral health conditions. |  |  |
| 1. Send the Bidder’s work plan for implementing this contract. Include the following: 2. A detailed timeline with a description of tasks and deliverables to ensure compliance with the Contracts by April 1, 2016. 3. Staff assigned to be accountable for completing tasks and deliverables. 4. Mitigation strategies for tasks not completed in time for implementation. |  |  |
| ***Are there additional questions that HCA should consider including in this section?*** |  |  |
| **Behavioral Health Access:** | | |
| 1. For question 9, base the Bidder’s responses on the following vignette.   Justin, 25, has a diagnosis that includes schizoaffective and substance use disorders. He has a history of cycling from county jails to the state hospital, and has been subsequently released to homeless shelters. Justin does not have any social supports to turn to in the community, and needs help to secure housing and employment. Justin often goes off meds when not under supervision, and is resistant to using “the system” as he calls it. Most recently, Justin was discharged from the state hospital and enrolled in the Bidder’s health plan. Under the discharge plan, Justin, agreed to be connected with mental health services, and SUD treatment. At the time of enrollment, he has not completed the intake evaluations or assessments and prefers to live under a bridge, where he feels safe. Since he has already run out of the prescriptions given to him on discharge, Justin has not been taking his medications.   * 1. Create a detailed case management file on the actions the Bidder would take for this client. The file must include:      1. Outreach and engagement;      2. Referrals to behavioral health services;      3. Warm hand-offs and other methods taken to reduce his need to share his history and concerns more than once while being referred to and between behavioral health providers;      4. Facilitation of information sharing among providers, including primary medical providers;      5. Follow-up to ensure that Justin received services; and      6. Mitigation strategies if Justin refuses treatment;   2. Describe the Bidder’s planned approach and experience with implementing requirements for person-centered care plans that integrate physical health, behavioral health for an enrollee like Justin; and   3. Describe how the Bidder will take advantage Substance Abuse Prevention and Treatment (SAPT) Block Grant or State-only funded services to meet the needs of Justin. Specifically, describe how the Bidder will utilize interim services, intervention and referral, community outreach and/or recovery support services to meet Justin’s needs. |  |  |
| 1. Describe how will the Bidder ensure access to necessary evaluation and treatment, specifically addressing: 2. Access to mental health evaluations and substance use disorder assessments in all living situations, including adult family homes, assisted living facilities, or skilled nursing facilities; and 3. Access to medically necessary behavioral and physical health services wherever the individual resides, including residential Substance Use Disorder (SUD) facilities for youth and adults and SUD treatment for individuals supervised by the Department of Corrections. |  |  |
| 1. Please describe how the Bidder will assess and facilitate discharge for individuals who are being discharged from a State Hospital or similar treatment facilities to community-based settings. |  |  |
| 1. Individuals with chronic and/or severe substance use disorders may have significant functional deficits and may require frequent and/or long-term access to detoxification services, medication assisted therapies, residential, and rehabilitative services. Please describe the Bidder’s approach to managing these enrollees. Address how the Bidder will conduct outreach, refer, coordinate, and follow-up on engagement and retention with all of the following services:    1. Methadone clinics and/or mobile methadone delivery models;    2. Office-based medication assisted therapies (e.g. buprenorphine, naltrexone, acamprosate, disulfiram, antabuse);    3. Residential care to successfully support members in their recovery from SUDs;    4. Supportive housing and case management to foster recovery and resiliency;    5. Other outpatient services to foster recovery and resiliency;    6. Ongoing recovery support services; and    7. SAPT and State-only funds to ensure access to ongoing treatment. |  |  |
| 1. Describe the bidder’s approach to working with the ACH and other community members to build capacity for BH services, e.g. supportive housing, supportive employment, and services needed to divert members from crises? |  |  |
| ***Are there additional questions that HCA should consider including in this section?*** |  |  |
| **Network Description:** | | |
| 1. Describe the approach to contracting with essential behavioral health providers and provider organizations not currently in the Bidder’s network to ensure timely access to behavioral health benefits. Address all of the following: 2. Plans for tracking providers who are not accepting new patients; 3. Plans for contracting with I/T/U Providers; 4. Addressing all levels of care, e.g. CD ITA, access to services for men, women and youth; 5. Plans for establishing capacity outside of SW, including in bordering States; 6. Ensuring that the network includes providers who can address the needs of individuals who have either been referred through the Department of Corrections, Drug Courts or identified through activities funded by the Criminal Justice Treatment Account; and 7. Ensuring access to crisis stabilization |  |  |
| 1. Provide documentation of the Bidder’s current accreditations standards that directly or indirectly support the provision of Culturally and Linguistically Appropriate Services (CLAS) and procedures, and the Bidder’s proposal to modify the Bidder’s network and internal operations, in regards to compliance with Title VI and the National CLAS standards for behavioral health benefits. Address the following areas:    1. Network development to assure the Bidder’s behavioral health network reflects the cultural diversity of the region, and includes sufficient culturally and linguistically appropriate service providers to meet the needs of the Bidder’s enrollees;    2. Staff and provider training to increase cultural competence and the delivery of linguistically appropriate services;    3. Hiring practices to address the cultural needs of the Bidder’s enrollees for culturally appropriate services;    4. How member materials and the website reflect the cultural diversity of the Bidder’s enrollees;    5. How the Bidder’s organization addresses the range of languages the Bidder’s enrollees use:       1. In the Bidder’s call center;       2. In the Bidder’s networks; and       3. Within interpreter services    6. How quality assurance protocols evaluate the Bidder’s success in addressing and providing cultural diversity in the following areas:       1. Data collection and metrics;       2. Satisfaction surveys;       3. Network monitoring; and       4. Corrective action. |  |  |
| 1. Describe the Bidder’s experience with or planned strategies for using incentives or alternative payment arrangements to achieve network transformation goals. Specifically address the following: 2. Fostering the development of systems of care through provider co-location, improved coordination across clinics/agencies, or use of collaborative care models; and 3. Rewarding high performing providers, providers willing to engage with complex and high-risk clients, and those who use evidence-based and promising practices (EBPs). |  |  |
| ***Are there additional questions that HCA should consider including in this section?*** |  |  |
| **Community Linkages:** | | |
| 1. Describe the Bidder’s planned approach to working with a third party Behavioral Health Administrative Services Organization (BH-ASO), who will administer comprehensive crisis screening, diversion, stabilization, and referral system with access to telephonic, mobile, and site-based services. 2. Describe the Bidder’s plan for data exchange and monitoring of services delivered to enrollees by the BH-ASO; 3. Describe the Bidder’s plan for care coordination for people under ITA, providing preventive services, and interventions to follow up receipt of crisis services. |  |  |
| 1. The Health Care Authority (HCA) anticipates a growing relationship and mutually reinforcing incentives for Managed Care Organizations (MCOs) to engage as active members of the regional Accountable Community of Health (ACH), especially in the Southwest Washington Early Adopter region. 2. Describe the status and focus of the Bidder’s current activities and future engagement with the Southwest Washington Regional Health Alliance as it evolves to become the regional ACH. 3. Describe key elements for a regional early warning system that would expedite identification and resolution of critical problems for Medicaid enrollees and behavioral health care providers during the first six (6) months of the Early Adopter contract. 4. Include the Bidder’s strategy for collaboration with ACH members, other MCOs, and the BH-ASO to identify and resolve issues quickly so that Medicaid enrollees receive necessary care, providers are paid promptly for delivering services, and viability of community services (e.g., jails) are not jeopardized. 5. Describe the Bidder’s approach to participating in a regional needs assessment and improvement strategy. |  |  |
| ***Are there additional questions that HCA should consider including in this section?*** |  |  |
| **Quality Assessment and Performance Improvement (QAPI):** | | |
| 1. Describe how the Bidder’s Quality Improvement Program description will address Behavioral Health requirements. Address the following: 2. A listing of all quality-related committee(s); 3. Description of committee responsibilities; 4. Contractor staff and practicing provider committee participant titles; 5. Meeting frequency; 6. Proposed methods to evaluate and report performance measurement results that distinguish enrollees who have or need Mental Health (MH) and/or Substance Use Disorder (SUD) treatment; and 7. A sufficient number of physical health and behavioral health staff members to completely implement all Quality Assurance & Performance Improvement (QAPI) program requirements on a timely basis. |  |  |
| 1. Describe how the Bidder plans to implement the following two clinical Performance Improvement Projects (PIPs):  One (1) clinical PIP piloting a behavioral health intervention for adults that is an evidence-based, research-based, or promising practice and is recognized by the Washington State Institute for Public Policy (WSIPP) (See [WSIPP Report: May 2014 - Inventory (and Updated Inventory report) of Evidence-based, Research-based, and Promising Practices: Prevention and Intervention Services for Adult Behavioral Health](http://www.wsipp.wa.gov/Reports/PolicyArea/5); <http://www.wsipp.wa.gov/Reports>).One (1) clinical PIP piloting a behavioral health intervention for children that aligns with the goals of the Children’s Behavioral Health Measures of Statewide Performance (CBH-MSP) (See WSIPP Reports: September 2014 – Inventory (and Updated Inventory report) of Evidence-based, Research-based, and Promising Practices for Prevention and Intervention Services for Children and Juveniles in the Child Welfare, Juvenile Justice, and Mental Health Systems; <http://www.wsipp.wa.gov/Reports>). |  |  |
| 1. Describe the Bidder’s procedures and approach to monitoring and lowering inpatient readmission rates for enrollees with complex physical and behavioral health conditions. Include an example where the Bidder has had success in reducing readmissions for these enrollees. What specific interventions did the Bidder employ to address outlier utilization patterns? |  |  |
| ***Are there additional questions that HCA should consider including in this section?*** |  |  |
| **Information Systems/Claims:** | | |
| 1. Describe how the Bidder’s or, if delegated, the subcontractor’s information systems will be updated to support: 2. State Only/ SAPT Block Grant determinations of service authorization; 3. How authorization for services will be automated and clinical review completed; 4. How determination for use of State Only/ Federal Block Grant funds will be tracked and maintained for reporting purposes; and 5. How separate service use accounting by fund source will be maintained. |  |  |
| 1. How many days, on average, does it take the Bidder’s system to completely implement a new benefit, new policies for authorizing benefits, paying claims, and encounter data reporting? |  |  |
| 1. Describe the Bidder’s plan to update its procedures for coordination of benefits with other insurers to ensure State and federal programs, including the Indian Health Service, are the payer of last resort. Consider that retroactive enrollment will be in place by April 2016. Address all of the following: 2. Details related to identification of other coverage, system edits, and reports; 3. Experience with post-payment recoveries for third party liability; 4. How the Bidder will address third party liability (TPL) in managed care; 5. How the Bidder will determine comparability; and 6. How the Bidder will comply with 42 CFR 434.6 by specifying those TPL functions that the MCO will carry out and those that will be subcontracted by the MCO to network providers as provided for in 42 CFR 434.6(a)(9) and (10). |  |  |
| 1. Describe the Bidder’s plan to develop accounting and reporting systems that track and identify expenditures at the population subgroup level, including SAPT block grant priority populations, by payer source, including State Only and SAPT Block Grant funds, and by physical and Behavioral Health categories of services for managed care contracts. |  |  |
| 1. Propose how the Bidder will implement Behavioral Health content on the Bidder’s secure website to be utilized by enrollees and family members, providers, stakeholders, and State agencies. Include the following: 2. A searchable provider directory; and 3. Website content that provides educational materials and advocacy information and promotes holistic health and wellness, taking into account culturally appropriate communication and resources. The content itself will be reviewed during readiness review. |  |  |
| 1. Describe how the Bidder will modify their information system to process behavioral health encounters via the HIPAA 837 for Encounter Data Reporting. Explain how the Bidder will modify their information system to process enrollments received at the end of the month with an effective date that is retroactive to the 1st of the month. Include validation processes, use of Medicaid IDs and timeliness of the load, and support for claims/encounters for providers new to managed care. |  |  |
| 1. Propose a reimbursement methodology to ensure prompt payment to the regional BH-ASO for crisis services delivered to Medicaid-eligible enrollees. Explain how the Bidder intends to ensure adequate funding is provided to the BH-ASO for the administration of a 24/7 crisis hotline and a 24/7 mobile crisis outreach team that will serve the Bidders Medicaid enrollees. (Maximum score requires a prepaid capitated arrangement) |  |  |
| 1. Describe the Bidder’s methods and experience with behavioral health data exchange or case management of behavioral health. How will the Bidder incorporate a written and signed disclosure with consent for substance use disorder treatment, in compliance with state and federal regulations? How will the Bidder share confidential information pursuant to a court order? |  |  |
| ***Are there additional questions that HCA should consider including in this section?*** |  |  |
| **Utilization Management Program and Authorization of Services:** | | |
| 1. Describe the workflow for utilization management decision-making for behavioral health services and programs. Address how the process will differ for: 2. Acute, ambulatory or out-patient, rehabilitation and habilitation levels of care; and 3. Special populations who receive behavioral health only benefits in the Apple Health Fully Integrated Managed Care Program. |  |  |
| 1. Describe the level of care guidelines utilized by the Bidder’s organization in making authorization decisions for behavioral health services and programs. Address all of the following: 2. The name of the level of care guideline the Bidder will use; 3. The behavioral health services that are currently covered by the guidelines; 4. How the Bidder will update the guidelines, or use supplemental guidelines, to include Washington State specific services that are not currently addressed by the guideline; and 5. Provide assurance that the Bidder will incorporate American Society of Addiction Medicines or comparable guidelines to make authorization decisions for Substance Use Disorder services. |  |  |
| 1. Describe the methodology for identifying over- and under-utilization of behavioral health services. Provide sample reports and explain how the information will be used. |  |  |
| 1. Describe how the Bidder’s Utilization Management program uses data to identify quality concerns that generate a referral to the Quality Management program for further investigation and action? |  |  |
| 1. How will the Bidder monitor the Bidder’s non-Medicaid expenditures? Specify: 2. How will the Bidder ensure that SAPT-funded services are available to priority populations? 3. How will the Bidder manage the expenditures of the Bidder’s Non-Medicaid funds to ensure that the Bidder can, at a minimum, continue to provide medically necessary Medicaid-covered services that required supplementation by non-Medicaid funds (e.g. room and board in an Evaluation and Treatment (E&T) facility) through the life of the contract? |  |  |
| 1. Provide details on the Bidder’s Utilization Management protocols. The response must include, at a minimum, compliance with Non-Quantitative Treatment Limitations under the Mental Health Parity and Addiction Equity Act of 2008. |  |  |
| 1. Describe Behavioral Health peer reviewer resources with clinical specialty area and how these resources will be expanded to address increased Behavioral Health responsibilities under the Contract (including where each individual is licensed to practice). |  |  |
| ***Are there additional questions that HCA should consider including in this section?*** |  |  |
| **Care Coordination:** | | |
| 1. Submit a strategic plan for implementing systems of care. The Bidder’s strategic plan must include a description of a plan and timeline for restructuring health care service delivery for enrollees with complex, high risk, and both behavioral/physical health conditions through assignment of enrollees to one of the following settings that offers integrated care: 2. Behavioral Health Professionals located in primary care or other medical care settings; or 3. Primary Care Providers located in Behavioral Health settings; or 4. Full-scope primary care services (with access to specialty medical services) in community mental health agencies or licensed chemical dependency agencies that have on-site or access to specialty behavioral health services; and 5. Regardless of the setting of care, how the Bidder will ensure that enrollees have access to care that is supported by System of Care protocols that define the roles and responsibilities of Health Care Settings (HCS) and social service settings in delivering care to the enrollee. Include handoffs between HCS and the enrollees that promote continuity of care and services. |  |  |
| 1. Describe how the Bidder will develop Systems Of Care (SOC), including care coordination approaches specifically tailored to the needs of special populations including, but not limited to: 2. Adults with serious mental illness; 3. Children with serious mental illness; 4. Cross-system involved children and youth; 5. Individuals with co-occurring Mental Health and Substance Use Disorder condition(s); and 6. Individuals with co-occurring Behavioral Health and physical health conditions. |  |  |
| 1. How will the Contractor implement alternative care systems, such as but not limited to: 2. Use of telemedicine, telepsychiatry, telepsychology, and remote psychiatric case review and consultation to the primary care team for rural, urban or geographically isolated communities and for clients with physical, functional or behavioral disabilities who are unable to travel to co-located or full-scope medical and specialty behavioral health services; and for clients who do not require specialty behavioral health services, but who have moderate symptoms of depression and other common mental health concerns that can be treated in a primary care setting; 3. Provision of care to enrollees in alternative settings (e.g., in homeless serving agencies or temporary housing, permanent supported housing, nursing homes, and adult or child group homes); and 4. Recommended approaches as defined by the Contractor that meets requirements for Evidence-Based Practices as defined in this Contract. |  |  |
| 1. How will the Bidder address the following elements in the SOC? Include: 2. Promotion of the enrollee’s use of SOC while also accommodating enrollee preferences to receive medical care from a medical provider at a non-integrated setting; 3. Support for multidisciplinary case conferences on complex health issues; 4. Support for cross- disciplinary consultation for both complex behavioral health issues and complex medical conditions; 5. Emphasis on primary prevention focused on children and youth and aimed at prevention and/or early identification of adverse childhood experiences; and/or family co-morbidities, such as substance use disorder and mental health conditions that interfere with optimal child development and/or management of MH and SUD conditions, in the developing adult. 6. Emphasis on the delivery of well-coordinated health care services for individuals and families with chronic health care conditions, inclusive of physical, MH and SUD conditions and co-occurring conditions; 7. Emphasis on accessible referral pathways for homeless service agencies and housing providers to link individuals with special health care needs to care coordination services, when needed; 8. Description of the mechanism used to stratify enrollees for Care Coordination and Complex Care Management services as described in Section 14 of the Medicaid Contract. 9. Description of financing methods that support SOC development. How will the proposed financing methods result in continual improvement in quality and efficiency of care over a multi-year period of time? What financial measures or quality outcomes will be used to support ongoing reporting and improvement in performance measures? 10. Description of how to assist clients with transportation and other unique needs in rural areas. |  |  |
| 1. How will the strategic plan (referenced in Question 37) be updated in partnership with ACH representatives and other community RSA partners? |  |  |
| 1. Describe a method by which the Bidder will identify enrollees with no utilization in the first six months of enrollment, and what strategies the Bidder will use to reach out to them. |  |  |
| 1. Describe the Bidder’s screening and stratification processes for care coordination, specifically: 2. How will the Bidder determine which enrollees receive Level I care coordination services? 3. How will Level I identification be tracked? 4. How will the Bidder ensure that enrollees who need care coordination are able to access these services and/or move between care coordination levels? Please address how this will be addressed for individuals moving between Level I and Level II care coordination, and for individuals moving into and out of Level I care coordination. 5. Describe how the Bidder uses the Health Home flag received by HCA currently and how the Bidder plans to use a similar flag for Complex Care Management clients in the future? |  |  |
| 1. How will the Bidder manage and measure transitions of care? In your response, consider the needs of enrollees as they: 2. Transition from institutional settings to the community, including transitions from the criminal justice system; 3. Transition between non-I/T/U Providers and I/T/U Providers; 4. Transitions of clients as they move in and out of the RSA; and 5. Transition from substance use disorder treatment to the community, hospitals and Skilled Nursing Facilities? |  |  |
| 1. Refer to the attached vignettes. Describe your approach to initial care planning for the clients in each vignette, providing: 2. A brief summary of elements of the care plan; 3. Treatment goals; and 4. How to incorporate non-Medicaid benefits as applicable. |  |  |
| 1. How will the Bidder ensure that enrollee healthcare information is available to Primary Care Providers, specialists, Behavioral Health Providers, care managers and other appropriate parties (caregivers, family of origin, enrollee) who need the information to ensure the enrollee is receiving needed services and care coordination? Include the Bidder’s methodology to ensure that confidentiality standards under 42 CFR Part 2 are maintained. |  |  |
| 1. How will the Bidder ensure that the enrollee has timely access to medications, providers and treatments and that all of the enrollee’s immediate healthcare needs are met? What processes will be put in place to ensure continuing access to medications, supplies, and services authorized by HCA, plans, or RSN/counties for dates of service after April 1 2016? |  |  |
| ***Are there additional questions that HCA should consider including in this section?*** |  |  |
| **Vignette 1 for Q:45**  **Adults:** Harry, 52, is a veteran, but is not interested in engaging with the Veteran’s Administration or Social Security. He lives in a rural area. His diagnoses include: Major Depression, PTSD, Opiate Dependency, Type II Diabetes (poorly controlled), spinal cord injury and is wheelchair bound. He has chronic catheter-related urinary tract infections (UTIs). He has called 911 for emergencies 40 times in 15 months for various medical symptoms. His only Mental Health services have been crisis contacts in the Emergency Department when experiencing symptoms of psychosis while intoxicated. He has not connected with a primary care physician, Chemical Dependency provider, or on-going Mental Health provider. He says his primary problem is more supportive housing and denies that he needs BH treatment. |  |  |
| **Vignette 2 for Q:45**  **Older Adults:** Thomas, 67, is on both Medicaid and Medicare and has end-stage kidney failure as a result of diabetes and has been in recovery from alcoholism for the past 14 years. His partner is a paid caregiver under the regional Area Agency on Aging; she drives him to a kidney center three times a week to receive dialysis. He is on a transplant list. He carefully follows his diabetes care regimen, but his blood sugar remains difficult to control. He has diabetic retinopathy and lower extremity nerve impairment and so no longer drives, but he is otherwise functional in the home. He sees his PCP and diabetes educator at least every three months for routine care and monitoring and his nephrologist every six months. He takes a renal dose-adjusted antianxiety medication to help sleep better, but has been experiencing panic attacks and minor depression. In the past month, he has expressed hopelessness about ever returning to his previous good health, an increase in his craving to drink and a motivation to buy alcohol. He has been admitted to the hospital in the past week due to chest pain, which was determined to be panic-related in origin and Panic Disorder was his primary discharge diagnosis. |  |  |
| **Vignette 3 for Q:45**  **Transition Age Youth:** Yoon, 18, has anorexia, altered body image, and depression. She is transitioning from the Foster Care system and is currently enrolled in the Foster Care MCO. She has been using heroin. She has low bone density, lack of menses, mouth ulcers, and minor electrolyte imbalances. She has recently begun using laxatives to loose even more weight. If her electrolyte balance does not improve, she is at risk for developing a fatal cardiac arrhythmia. Yoon has been diagnosed with Borderline Personality Disorder in the past, has a history of multiple incarcerations for drug possession, and has utilized the sobering center 50 times in the last year. English is Yoon’s second language and she is a first generation American. |  |  |

**Additional Questions/Topics for Consideration:**

| **Are there additional questions/topics that HCA should consider including?** | **Comments/Explanation of importance** |
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