

# Request for Feedback: North Central Integration RFP Questions

## ASO 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 Administrative Service Organization (ASO) 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 a procurement for selecting an ASO in Clark and Skamania Counties (Southwest Washington). 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 ASO procurement](#) for which HCA requests comments, included 11 sections of 43 scored questions. The following sections were included in the procurement.

- Organization and Experience
- Payment and Sanctions
- Crisis Response
- Access to Care
- Quality Management (QM)
- Information Systems/Claims
- Utilization Management / Authorization of Services
- Care Coordination
- Special Provisions for BH/Personnel
- Implementation/Business Continuity
- Network

## **Deadline and Instructions**

The Health Care Authority has included a subset of questions from the SW ASO Procurement below that we considered a high priority for stakeholder review. However, we welcome comments on any portion of the [RFP](#). The complete list of questions can be found beginning on page 43 of the RFP.

All comments are due to the Health Care Authority by close-of-business on Friday, **February 10, 2017**. Comments must be sent to the Integrated Managed Care Questions inbox at: [HCAintegratedMCquestions@hca.wa.gov](mailto:HCAintegratedMCquestions@hca.wa.gov). If you need to request an extension, please email the inbox.

Please note:

- 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/or 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.

<b>Name:</b>	
<b>Organization:</b>	
<b>Email:</b>	

Question	Comments/ Recommendations	Importance/ Relevance of question, on a scale from 1- 5? (1= very low and 5=very high)
<b>Payment and Sanctions:</b>		
<p>7. Do You have accounting and reporting systems that track and identify expenditures by fund source?</p> <ul style="list-style-type: none"> <li>• If yes, identify the type of system used, and describe Your experience in producing standard and ad-hoc financial reports for submission to the State.</li> <li>• If no, describe how these systems will be developed.</li> </ul>		
<p>8. Propose a reimbursement methodology and reconciliation process to improve timely claims submission and payment for crisis services delivered to Medicaid-eligible members. Include information that addresses how you plan to best establish a smooth funding relationship between Medicaid managed care organizations (MCOs) and Your entity.</p>		
<p><b><i>Are there additional questions that HCA should consider including in this section?</i></b></p>		
<b>Crisis Response:</b>		
<p>9. Provide an overview of how You intend to administer the following crisis services:</p> <ol style="list-style-type: none"> <li>a. Twenty-four/seven (24/7) mobile crisis outreach teams.</li> <li>b. Twenty-four/seven (24/7) availability of DMHPs</li> <li>c. Twenty four/seven (24/7) access to a CDP</li> <li>d. Access to a Designated Chemical Dependency Specialist to perform duties of 70.96A.140</li> <li>e. Comprehensive crisis screening.</li> </ol>		

<ul style="list-style-type: none"> <li>f. Crisis diversion services.</li> <li>g. Crisis stabilization services.</li> <li>h. Evaluation &amp; treatment services for the non-Medicaid population</li> <li>i. Services provided in rural areas</li> </ul>		
<p>10. Describe how the required toll-free crisis services line will be organized to provide screening, triage, information, and referral for BH services. Please differentiate your answers between business hours and after hours. Address the following:</p> <ul style="list-style-type: none"> <li>a. How the hotline and customer service line will be staffed twenty-four (24) hours a day, seven (7) days a week, three hundred sixty-five (365) days a year.</li> <li>b. The clinical level of crisis hotline staff, including supervisors and trained staff and peers handling incoming crisis calls and providing recovery-focused approaches to crisis response</li> <li>c. How the Responder will train customer service and other staff during and after business hours on the requirements of the contract, the Washington State delivery system, and the complex needs of both children and adults with serious BH conditions.</li> <li>d. How the crisis hotline staff will assess the level of crisis (emergent, urgent or routine) and assure appropriate disposition for emergent situations.</li> <li>e. How the crisis hotline staff will provide referrals for non-emergent crises, including referral to social and community service and provision of 211 information</li> </ul>		
<p>11. Describe how your technology and reporting infrastructure will support the toll-free crisis services line. Address the following:</p> <ul style="list-style-type: none"> <li>a. How the crisis hotline will establish technical capacity to patch into or from 911.</li> <li>b. How the crisis hotline will utilize instant messaging technology to maximize call triage.</li> <li>c. Document the telephone capacity for warm-line transfer, live or recorded call monitoring, and other features.</li> </ul>		

<ul style="list-style-type: none"> <li>d. Document how the standards for call wait times are monitored and maintained.</li> <li>e. 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.</li> </ul>		
<p>12. Describe Your experience in providing an inbound crisis call center (e.g., hotline and mobile crisis dispatch). Describe the call center operations and identify the location(s) where services were provided. If delegating this function, describe the experience of the delegated organization.</p> <ul style="list-style-type: none"> <li>a. For each location identified for this question, indicate the most current annual totals for the following metrics, and indicate the contract performance measures or goals associated with each metric: <ul style="list-style-type: none"> <li>i. Call volume.</li> <li>ii. Speed of answer of crisis line.</li> <li>iii. Percent of crisis calls answered within fifteen (15) seconds.</li> <li>iv. Call abandonment percentage for the crisis line.</li> </ul> </li> </ul>		
<p>13. Explain how, within Available Resources, You will provide or contract for stabilization services to individuals (not covered by Medicaid) in the consumer’s home, or other home-like setting, or a setting which provides safety for the individual and the individual providing the services. Stabilization services are referred to in WAC 388-877A-0260.</p>		
<p>14. Describe how You will coordinate with the Wraparound with Intensive Services (WISe) program or Program of Assertive Community Treatment (PACT) teams should an individual receiving WISe or PACT services be in need of crisis services.</p>		
<p>15. Provide an example of Your success in managing crisis system and emergency department (ED) utilization, including use of peers or recovery-focused crisis approaches.</p>		
<p>16. Describe how You will partner with the Accountable Community of Health (ACH), the MCOs, emergency departments, and first responders to:</p> <ul style="list-style-type: none"> <li>a. Develop protocols to engage and collaborate with local law enforcement in the provision of crisis services.</li> </ul>		

<ul style="list-style-type: none"> <li>b. Develop an early warning system to that would expedite identification and resolution of critical problems during the first six (6) months of the contract.</li> <li>c. Participate with the ACH in a regional needs assessment and improvement strategy</li> <li>d. Coordinate and collaborate with MCOs on care coordination strategies for high-risk Consumers who have accessed crisis services, and are enrolled in a fully-integrated managed care plan.</li> <li>e. Establish data sharing agreements with MCOs to ensure seamless care coordination for high-risk Consumers.</li> <li>f. List any other entities or organizations in the community that you plan to coordinate or collaborate with and in what capacity (excluding network providers).</li> </ul>		
<p><b><i>Are there additional questions that HCA should consider including in this section?</i></b></p>		
<p><b>Access to Care:</b></p>		
<p>17. Describe how You will ensure a comprehensive communication program to provide all consumers/potential consumers, providers, first responders, hospitals, and stakeholders in the region with appropriate information about BH benefits and services offered by the BH-ASO, including crisis contact information and toll-free crisis telephone numbers:</p> <ul style="list-style-type: none"> <li>a. Include a description of the standard materials to be included in the communications program at no additional cost to the State.</li> <li>b. Describe how you will ensure that first responders, providers and consumers in the RSA are aware of the changes to the crisis system and know how to access necessary information to obtain services or refer to services.</li> <li>c. Address how your process reflects the transient lifestyle of some BH consumers, and ensures cultural competency.</li> <li>d. Provide an example of the Responder’s member communications that best reflect the system goals.</li> </ul>		
<p><b><i>Are there additional questions that HCA should consider including in this section?</i></b></p>		

<b>QM:</b>		
19. Describe how You will involve BH consumers, family members, BH network providers, and other stakeholders in the development and ongoing work of a QM system that continuously meets all requirements of the BH-ASO sample contract.		
<b><i>Are there additional questions that HCA should consider including in this section?</i></b>		
<b>Information Systems/Claims:</b>		
21. Describe Your plan to update information systems to track encounters for GFS/SAPT/MHBG/CJTA services to optimize availability of services throughout the calendar year while minimizing service disruption due to lack of availability of funds.		
26. Propose a plan for implementing BH content on Your website to be utilized by members and family members, providers, stakeholders, and State agencies; includes the following: <ul style="list-style-type: none"> <li>a. How to access GFS/SAPT/MHBG/CJTA services, including crisis contact information and toll-free crisis telephone numbers.</li> <li>b. An overview of the range of BH services being provided.</li> <li>c. Website content that provides comprehensive information and practical recommendations related to mental illness, addiction and recovery, life events, and daily living skills.</li> <li>d. The development tools that will be utilized to create the website as well as the proposed security protocols that will be used.</li> <li>e. Provide access to an active website that has been developed for a State agency, including the URL, log-in identification, and password.</li> </ul>		
<b><i>Are there additional questions that HCA should consider including in this section?</i></b>		
<b>UM Program/Service Authorization:</b>		
29. How will You monitor expenditures? Specify: <ul style="list-style-type: none"> <li>a. How the Responder will ensure that non-crisis behavioral health services are available to priority populations.</li> </ul>		

<p>b. How the Responder will manage the expenditures of the Responder's Non-Medicaid funds to ensure that the Responder can, at a minimum, continue to provide crisis services to the RSA population, including mental health crisis services, evaluation and treatment services for the non-Medicaid population, and services related to the administration of RCWs 71.05, 71.34 and 70.96A.140.</p> <p>c. After prioritizing funds for the provision of crisis services, how the Responder will determine if funds are available to provide non-crisis BH services to the non-Medicaid population.</p>		
<p>30. Describe how You will use data, evidence based guidelines, and/or clinical decision support tools to streamline and support UM decisions for BH services and programs. Include the following:</p> <p>a. Which levels of care or populations will be targeted.</p> <p>b. The types of data, guidelines, of clinical decision support tools to be used, differentiating between mental health and substance use disorder.</p> <p>c. c. The interventions that will be utilized with any case or provider outlier.</p>		
<p>32. Describe how You intend to conduct outreach and CM to manage high needs, high cost, or disconnected populations. Include the following:</p> <p>a. How the Responder defines high needs, high cost, or disconnected Consumers</p> <p>b. How outreach and CM will be conducted.</p> <p>c. Provide an example of a successful outreach program</p> <p>d. How You will prioritize and identify individuals who have frequently accessed the crisis system, emergency department, detox facilities, or sobering center.</p> <p>e. How you will manage the needs of a rural population.</p>		
<p><b><i>Are there additional questions that HCA should consider including in this section?</i></b></p>		
<p><b>Care Coordination:</b></p>		
<p>33. Describe how You will develop care coordination approaches specifically</p>		



<p>tailored to the needs of special populations including, but not limited to:</p> <ul style="list-style-type: none"> <li>a. Adults with serious mental illness or SUD conditions;</li> <li>b. Children with serious mental illness or SUD conditions;</li> <li>c. Cross-system involved children and youth;</li> <li>d. Individuals with co-occurring mental health and SUD condition/s; and</li> <li>e. Individuals with co-occurring BH and physical health conditions.</li> <li>f. Priority SAPT populations, including pregnant and parenting women, and intravenous drug users.</li> </ul>		
<p>34. Describe how You will increase communication and the sharing of confidential information, in compliance with 42 CFR Part 2, between the crisis system, community BH providers, first Responders, hospitals and MCOs. Include the following:</p> <ul style="list-style-type: none"> <li>a. How the Responder will share a consumer’s care plan or diagnosis with the consumer’s primary care provider, emergency physicians, or the Consumers managed care plan, in cases where the consumer has a mental health or substance abuse diagnosis and when a consumer has just experienced a crisis.</li> <li>b. How the Responder will share confidential information pursuant to a court order.</li> <li>c. How the Responder will incorporate a written and signed disclosure with consent for SUD treatment, in compliance with State and federal regulations.</li> </ul>		
<p>35. Explain Your strategies and policies to promote relapse/crisis prevention planning and outreach for individuals with a history of frequent readmissions, crisis system utilization, or incarceration. Describe how those strategies take advantage of flexibility provided through State-only and SAPT funding sources to provide direct crisis intervention and stabilization.</p>		
<p>36. Describe the strategies You will use to facilitate cross-agency systems collaboration. Separately address the following:</p> <ul style="list-style-type: none"> <li>a. Collaboration with the HCA, the Department of Social and Health Services, and MCOs and Accountable Community of Health.</li> </ul>		

<ul style="list-style-type: none"> <li>b. Collaboration with the statewide foster care plan serving the foster children population.</li> <li>c. Collaboration with other member serving agencies (e.g., criminal justice, child welfare, juvenile justice).</li> <li>d. Collaboration with Tribal Authorities to offer tribal-centric BH services.</li> <li>e. Describe the Responder's experience in at least two (2) actual examples of collaboration including the actions and strategies taken and results. Identify the customer reference(s) that can verify the experience described.</li> </ul>		
<p>37. Describe how You will ensure that the Criminal Justice Treatment Account (CJTA) and Juvenile Drug Court funds are expended in accordance with the priorities set forth by the local CJTA panels. Also describe how You will ensure that Mental Health Block grant funds are expended in accordance with the local Mental Health Block Grant project plan, as approved by the Community Mental Health Advisory Board and the State.</p>		
<p><b><i>Are there additional questions that HCA should consider including in this section?</i></b></p>		
<p><b>Network:</b></p>		
<p>40. Provide a detailed plan describing your mental health crisis system network that demonstrates the following:</p> <ul style="list-style-type: none"> <li>a. The network is or will be supported by signed contracts.</li> <li>b. The network includes adequate access to Designated Mental Health Professionals, designated as such by Clark or Skamania County, to perform detention duties specified in chapter 71.05 RCW and chapter 71.34 RCW, the Involuntary Treatment Act.</li> <li>c. Is sufficient to provide 24/7/365 access to a crisis hotline that will provide crisis triage, referral and mobile crisis dispatch. Include signed agreements with any providers or organization(s) that will manage the crisis hotline, if subcontracted.</li> <li>d. Is sufficient to provide crisis services to Clark and Skamania counties within 2 hours for emergent situations, and 24 hours</li> </ul>		

<p>for urgent situations. Include signed agreements with providers who will participate in mobile crisis outreach.</p> <ul style="list-style-type: none"> <li>e. Is sufficient to provide evaluation and treatment services to the non-Medicaid population, based on expected utilization and historical Involuntary Treatment Act (ITA) data provided in this RFP, Exhibits D and F. Include signed agreements with providers.</li> <li>f. Provide a list of all contracted or anticipated contracted providers and the services they will provide, based on the state plan modalities and state funded priority services as described in the draft contract.</li> <li>g. Considers expected utilization, provider requirements (number and type), provider capacity, and location and physical access to providers. Include how language and cultural considerations will be addressed.</li> </ul>		
<p>41. Provide a detailed plan that describes your program for SUD involuntary commitment ( Chapter 70.96.A.140 RCW), including all agreements and arrangement in-place or planned with all entities with a required role in the involuntary commitment process, including the following:</p> <ul style="list-style-type: none"> <li>a. Signed agreements or arrangements in place to ensure access to a Designated Chemical Dependency Specialist to conduct involuntary commitments.</li> <li>b. Signed agreements in place to demonstrate adequate capacity for SUD residential treatment for the non-Medicaid population, based on expected utilization and historical data on SUD involuntary commitments provided in Exhibit E of this RFP.</li> </ul>		
<p>43. Describe Your approach to contracting with behavioral health providers and provider organizations not currently in Your network to ensure timely access to services. Address all of the following:</p> <ul style="list-style-type: none"> <li>a. Plans for tracking providers who are not accepting new patients;</li> <li>b. All levels of care (e.g., SUD, Involuntary Treatment Act, Evaluation, and Treatment); and</li> <li>c. Any plans for establishing capacity outside of SWWA, including bordering States and other Counties.</li> </ul>		

<b>Are there additional questions that HCA should consider including in this section?</b>		
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**Additional Questions/Topics for Consideration:**

<b>Are there additional questions/topics that HCA should consider including?</b>	<b>Comments/Explanation of importance</b>