

What is the Best Way to Assess Participants' Needs and Determine Eligibility?

Stakeholder Input	Medicaid Response
Structure the new system so that the treatment provider is not the provider who determines the participant's program eligibility and performs the initial assessment.	The contractor's assessment process must meet the intent of Idaho Code § 56-263, which refers to an independent and standardized assessment process. See page 35, subsection 4.Q in the RFP - "Intake and Assessment".
Structure the new system like the current system in which the treatment provider is the provider who determines the participant's program eligibility and performs the initial assessment.	Such a requirement would not be consistent with Idaho Code § 56-263. See page 35, subsection 4.Q in the RFP - "Intake and Assessment".
Allow for presumptive Medicaid eligibility so that a person can receive immediate treatment.	The Department doesn't have the resources to provide presumptive Medicaid eligibility determinations in the community. If a participant needs immediate treatment, it is available through the Department's regional mental health programs in the form of community crisis response. The contractor's intake process must allow the participant to receive needed services immediately, without the delay that would be caused by the assessment process. See page 35, subsection 4.Q.2.a in the RFP - "Intake and Assessment".
<ul style="list-style-type: none"> • Clarify the "gatekeeping" role and ensure the public has access to this information. • Describe a very clear process or path for persons to access the managed care service array. 	The contractor must develop the processes by which participants will be able to access services. The contractor must make this information readily available to participants in printed material and electronically. See page 17, subsection 4.B.3.f in the RFP - "Administration and Operations" and page 43, subsection AA - "Member Information and Member Handbook".
Provide services that target the transition from institutions to the community.	The contractor must provide services to address the various types of transitions faced by participants including discharge from a hospital to the community. See page 37, subsection 4.V in the RFP - "Member Service Transitions".
Make use of the "medical home" treatment philosophy.	The contractor must ensure a participant's primary care provider (PCP) is given the opportunity to participate in the contractor's assessment, treatment planning, and ongoing behavioral health treatment of the participant. Further, the contractor must provide the PCP with behavioral health consultation to support PCPs providing behavioral health services. See page 36, subsection 4.S in the RFP - "Primary Care Interface: Primary Care Case Management Program and Health Homes".

<p>Coordinate all care.</p>	<p>The contractor must ensure continuity of care across all providers and must ensure that the participant’s plan of care includes all service providers affiliated with the participant.</p> <p>See page 17, subsection 4.B.3.b in the RFP - “Administration and Operations”; page 34, subsection 4.P - “Management of Care”; and page 35, subsection 4.R - “Treatment Planning/Self Determination & Choice”.</p>
<p>Bundle payments for the assessment process.</p>	<p>The contractor will devise its own reimbursement methodology for its provider network.</p>
<p>Design a transition from the current system to the new system that ensures a seamless re-enrollment process for participants.</p>	<p>The contractor must ensure that transfers in care are as seamless as possible for participants.</p> <p>See page 20, 4.C.7.d & e in the RFP - “Work Plan and Service Implementation”.</p>
<p>Invite participants to share in decision-making about themselves.</p>	<p>The contract must ensure participants are able to express their choices for recovery.</p> <p>See page 35, subsection 4.R in the RFP - “Treatment Planning/Self Determination & Choice”. This concept is also addressed on page 150, Attachment 17 - <i>Values-Based Design and Delivery of Behavioral Health Services and Supports</i>.</p>
<p>Change the use of language; use more self-determination-based language (e.g., use “wellness-recovery plans” instead of “treatment plans”).</p>	<p>The contractor must give participants and their family members the opportunity to provide input about program materials.</p> <p>See page 17, subsection 4.B.3.f in the RFP - “Administration and Operations”. This concept is also addressed on page 150, Attachment 17 - <i>Values-Based Design and Delivery of Behavioral Health Services and Supports</i>.</p>
<p>Include the uninsured population from the beginning and make use of a sliding fee scale.</p>	<p>The scope of the RFP does not include the uninsured population. The initial contract only covers the Medicaid population. Services may be expanded to the uninsured at a future date but the mechanism for doing so has not been determined at this time.</p>