

The following questions were posed to behavioral health stakeholders last summer to help the Department in creating the Medicaid Behavioral Health Request for Proposal (RFP). The “Stakeholder Input” column contains the questions from the stakeholders provided to the Department. The “Medicaid Response” column contains the Department’s response to the stakeholder input and lists where the information is located in the RFP.

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".

Local Community Engagement: How Should The Managed Care Entity Work With Local Communities to Address Conflicts, Complaints, and Obtain Feedback?

Stakeholder Input	Medicaid Response
Make the health plan practices transparent.	<p>The contractor must disseminate the practice guidelines to providers and to participants (when requested).</p> <p>See page 48, subsection 4.FF.2.d in the RFP - “Outcomes, Quality Assessment, and Performance Improvement Program”.</p>
Reference other states’ successes in implementation of a managed care system and service delivery of managed care services.	<p>The Department will evaluate the experience that potential contractors have with other states’ programs.</p> <p>See page 10, subsection 3.8.1 in the RFP - “Experience”.</p>
Clearly describe participants’ rights and responsibilities.	<p>The contractor must comply with all applicable federal and state laws pertaining to participants’ rights, privacy, and confidentiality.</p> <p>See page 43, subsection 4.AA.d in the RFP - “Member Information and Member Handbook”.</p>
Communicate protocols.	<p>The contractor must implement a formal outcome assessment process including measurement criteria and performance measures. The contractor must also report outcomes and must have policies and procedures in place regarding these activities. The contractor is required to maintain a current provider manual online to ensure provider access to current information.</p> <p>See page 49, subsection 4.FF.4 in the RFP - “Outcomes, Quality Assessment, and Performance Improvement Program” and page 45, subsection 4.CC - “Provider Manual”.</p>
Train providers and participants about how the new system works.	<p>The contractor must provide information and orientation regarding all aspects of the program and operations. The contractor must develop and maintain a training plan for their staff, Department staff, participants, providers, and stakeholders.</p> <p>See page 13, subsection 4.A.2.c in the RFP - “General Requirements”; page 17, subsection 4.B.3.f - “Administration and Operations”; and page 18, subsection 4.C.1.h - “Work Plan and Service Implementation”.</p>

<p>Ensure no disruption in services.</p>	<p>The contractor must design an effective transition to managed care that ensures minimal disruption to the participant’s care and experience of services.</p> <p>See page 20, subsection 4.C.7.b & .d in the RFP - “Work Plan and Service Transition”; page 33, subsection 4.M.1.b - “Notification Requirements for Changes to the Network”; and page 37, subsection 4.V.2 - “Member Service Transitions”.</p>
<ul style="list-style-type: none"> • Consult with existing organizations (e.g., regional boards, advocacy groups). • Educate community leaders. • Be visible in the community. 	<p>The contractor must create and maintain community partnerships with boards, advocacy organizations, state agencies, national associations, and other community stakeholders.</p> <p>See page 46, subsection 4.DD in the RFP - “Community Partnerships”.</p>
<p>Make use of modern technology, such as websites, for communicating.</p>	<p>The contractor must provide and maintain an internet website for information access. The contractor may plan for alternative technological communication enhancements (such as webinars) at its discretion.</p> <p>See page 43, subsection 4.Z.1 in the RFP - “Website”.</p>
<p>Be inclusive of participants’ input at every level from prevention to hospitalization.</p>	<p>The contractor must ensure participants are able to express their choices in terms of his or her plan of care, recovery, and discharge criteria as well as offer input on developing provider training.</p> <p>see page 24, subsection 4.H.3 in the RFP - “Access to Care”; page 34, subsection 4.N.1.i - “Provider Training and Technical Assistance”; and page 36, subsection 4.R.1.b - “Treatment Planning/Self Determination & Choice”. Also see page 150, Attachment 17 - <i>Values-Based Design and Delivery of Behavioral Health Services and Supports</i>.</p>
<p>Establish community review boards that include families and participants in a complaint resolution process.</p>	<p>The contractor must operate a complaint and grievance resolution process in which participants and/or an authorized representative for the participant is given the opportunity to express dissatisfaction with the general administration of the plan and services received. The contractor must also develop a dispute resolution process for denials, appeals, and grievances. The contractor must devise the infrastructure needed to establish these processes.</p> <p>See page 39, subsection 4.X in the RFP - “Complaint Resolution and Tracking System”.</p>

<ul style="list-style-type: none"> • Use peers and families as advisors and subject matter experts. • Designate a liaison to the State Planning Council on Mental Health. • Designate specific staff to liaison with participants. • Provide liaisons to all the managed care customers (e.g., courts, corrections, schools, local medical communities, FQHCs) and provide opportunity for their input. 	<p>The contractor must support the development of a consumers' organization, solicit input from all stakeholders, and incorporate input from these groups into policies and procedures. The contractor must develop the infrastructure necessary to operate these processes.</p> <p>See page 45, subsection DD in the RFP - "Community Partnerships" and page 47, subsection 4.FF.1.h - "Outcomes, Quality Assessment, and Performance Improvement Program".</p>
<p>Work collaboratively with all service providers so efforts are coordinated.</p>	<p>The contractor must lead ongoing collaboration with the practitioners and agencies that the contractor enrolls in the provider network and incorporate their input into the contractor's policies and procedures.</p> <p>See page 50, subsection 4.DD.5 in the RFP - "Community Partnerships".</p>
<ul style="list-style-type: none"> • Work with established systems for health information exchange. • Establish systems and protocols for sharing health information. • Embrace Idaho "as it is" and work to develop the infrastructure necessary to share health information. 	<p>The contractor may maintain a health information system that supports established systems for gathering and managing health information and must support the use of electronic health records.</p> <p>See page 34, subsection 4.O in the RFP - "Electronic Health Records" and page 59, subsection 4.GG.6 - "Compliance and Monitoring (Utilization Management)". Also see page 150, Attachment 13 - <i>Electronic Health Records</i>.</p>

Quality Assurance: What Data Should the Managed Care Entity Provide Regarding Outcomes?

Stakeholder Input	Medicaid Response
Make quality assurance (QA) a priority.	<p>The contractor must ensure that services reflect continuous quality improvement. The contractor must maintain comprehensive outcomes, quality assessment, quality assurance, and performance improvement programs including evaluation of operations.</p> <p>See page 21, subsection 4.D.3.e in the RFP - "Behavioral Health Services" and page 48, subsection 4.FF - "Outcomes, Quality Assessment, and Performance Improvement Program".</p>
Create data reports that will be useful and transparent to all stakeholders, the Department, and the legislature.	<p>The contractor must maintain a health information system to collect, analyze, integrate, and report data.</p> <p>See page 50, subsection 4.FF.6 in the RFP - "Outcomes, Quality Assessment, and Performance Improvement Program".</p>
Focus on quality of care while collecting QA data about critical issues.	<p>The contractor must collect data and conduct data analysis with the goal of improving quality of care. The contractor's systems must identify and address all alleged quality of care concerns. The contractor will take action as necessary to address confirmed concerns.</p> <p>See page 50, subsection 4.FF.6.e and 8 in the RFP - "Outcomes, Quality Assessment, and Performance Improvement Program".</p>
<ul style="list-style-type: none"> • Ensure all administrative requirements translate directly to an added value for participants. • Simplify and refine the current system. 	<p>Providers and participants will have the opportunity to provide input to the contractor regarding the impact of administrative requirements through the satisfaction surveys that the contractor is required to conduct.</p> <p>See page 50, subsection 4.FF.7 and page 51, subsection 4.FF.13 in the RFP - "Outcomes, Quality Assessment, and Performance Improvement Program".</p>
Ensure shorter waiting times for the first appointments following hospitalization.	<p>The contractor must ensure that post-stabilization services are authorized within one hour of request.</p> <p>See page 23, subsection 4.F.1.b in the RFP - "Coverage and Payment for Post-Stabilization Services".</p>
Make the managed care organization's (MCO) QA data available to the public.	<p>The contractor must disseminate relevant QA information to the Department, participants, providers, and key stakeholders (including families and caregivers).</p> <p>See page 47, subsection 4.FF.1.g in the RFP - "Outcomes, Quality Assessment, and Performance Improvement Program".</p>
Pay for performance.	<p>The contractor must devise its own reimbursement methodology for its provider network. At a minimum, the contractor is required to pay 90% of clean claims within 30 days and 99% of clean claims within 90 days.</p> <p>See page 17, subsection 4.B.2 in the RFP - "Administration and Operations".</p>

<p>Reinvest earnings, define medical loss ratio, and direct a percentage of profits into programming.</p>	<p>The contractor must describe its previous experience participating in community reinvestment activities in other states and the services they would develop through reinvestment along with how they would include stakeholders in this process, the threshold in terms of medical loss ratio (or other mechanisms) that would trigger reinvesting, and their proposal for reinvesting in community services in Idaho. See page 46, subsection 4.FF.7 and page 51, subsection 4.EE in the RFP - "Community Reinvestment Services".</p>
<ul style="list-style-type: none"> • Set benchmarks. • Allow participants to set benchmarks. 	<p>The contractor must maintain a comprehensive outcomes, quality assessment, quality management, quality assurance, and performance improvement program. The contractor must provide a mechanism for the input and participation of participants, families, caretakers, and other stakeholders in conducting quality assurance activities.</p> <p>See page 47, subsection 4.FF.1.d in the RFP - "Outcomes, Quality Assessment, and Performance Improvement Program".</p>
<p>Measure the impact of services by monitoring outcomes.</p>	<p>The contractor must have in progress a minimum of one performance improvement project and one focused study with intervention, or two performance improvement projects, annually. At least one project must be outcome focused. On an annual basis, the contractor must report its performance using standard measures required by the Department.</p> <p>See page 48, subsection 4.FF.3. and page 51, subsection 4.FF.11 in the RFP - "Outcomes, Quality Assessment, and Performance Improvement Program".</p>
<p>Use CAFAS data to measure children's outcomes.</p>	<p>The contractor must use appropriate tools to measure outcomes. See page 47, subsection 4.FF.1.c.ii in the RFP - "Outcomes, Quality Assessment, and Performance Improvement Program".</p>
<p>Ensure cherry picking is eliminated.</p>	<p>The contractor must set policies for all aspects of service delivery and management of its provider network.</p> <p>See page 16, subsection 4.A.2.cc in the RFP - "General Requirements".</p>
<ul style="list-style-type: none"> • Hire a third party person to perform QA. • Pay for independent evaluations for the MCOs performance. 	<p>The contractor must participate in an independent assessor's quality review activities.</p> <p>See page 47, subsection 4.FF.1.c.iv in the RFP - "Outcomes, Quality Assessment, and Performance Improvement Program".</p>
<ul style="list-style-type: none"> • Use participants to evaluate the program. • Use focus groups for input. 	<p>The contractor must provide a mechanism for the input and participation from participants, families, caretakers, and other stakeholders in monitoring service quality and determining strategies to improve outcomes.</p> <p>See page 47, subsection 4.FF.1.d in the RFP - "Outcomes, Quality Assessment, and Performance Improvement Program".</p>

<ul style="list-style-type: none"> • Use participant designed satisfaction surveys. • Be responsive to participant's quality of life. 	<p>The contractor must conduct an annual participant satisfaction survey as directed and prior approved by the Department. The results of the survey must be disclosed to participants upon request. The contractor must describe in the proposal how they intend to use the information from the participant satisfaction survey to improve services.</p> <p>See page 50, subsection 4.FF.7 in the RFP - "Outcomes, Quality Assessment, and Performance Improvement Program".</p>
<p>Use participants to define the success of treatment.</p>	<p>The contractor must ensure that the criteria for discharge from services include the participant's input.</p> <p>See page 24, subsection 4.H.3 in the RFP - "Access to Care".</p>
<p>Ensure all services are culturally sensitive, including use of language.</p>	<p>In addition to providing culturally competent behavioral health services to participants, the contractor must respond to participants with limited English proficiency through the use of bilingual/multicultural staff or language assistance services. Bilingual/multicultural staff, at a minimum, must speak English and Spanish and any other language spoken by at least 5% of the eligible population. The contractor must notify participants that oral interpretation is available for any language, that written information is available in English and Spanish, and ensure that they inform the participants about how to access such services.</p> <p>See page 26, subsection 4.H.5.c in the RFP - "Access to Care" and page 26, subsection 4.I - "Cultural Competency".</p>
<p>Follow participants who drop out of the treatment to determine/track why they dropped out.</p>	<p>The contractor must identify participants who discontinue treatment and must contact them to determine if there is a problem that can be resolved in order to promote continuation of services.</p> <p>See page 24, subsection 4.H.2 in the RFP - "Access to Care".</p>
<p>Ensure any gaps in service delivery are identified, measured, and reported on.</p>	<p>The contractor must conduct a statewide needs assessment to identify and quantify gaps in services and in the network provider types, describe the challenges presented by such gaps, and design a response to cover the gaps. See page 28, subsection 4.K.1.e.ii in the RFP - "Provider Network Development and Management Plan" and page 32, subsection 4.L.12.i - "Provider Network".</p>
<p>Create reports reflecting treatment encounters as well as additional utilization data.</p>	<p>The contractor must submit encounter data to the Department on all State Plan services and must report utilization on a monthly basis.</p> <p>See page 55-62, subsection 4.GG.11 in the RFP - "Compliance Monitoring (Utilization Management)".</p>
<p>Make use of qualitative data, the real stories behind the data.</p>	<p>The contractor must submit an analysis, action steps, and outcomes that are built, in part, from qualitative data (including outcomes data).</p> <p>See page 64, subsection 4.HH.2 in the RFP - "Network Development and Management Plan".</p>
<p>Develop a detailed transition plan that is transparent to the public.</p>	<p>The contractor must implement and monitor written policies and procedures regarding service transitions for all participants using behavioral health services.</p> <p>See page 37, subsection 4.V in the RFP - "Member Service Transitions".</p>

Provider Qualifications and System Delivery Standards: Who Should Be Able to Provide Services and What Standards Should Be Established?

Stakeholder Input	Medicaid Response
<ul style="list-style-type: none"> • Provide education and training to increase provider capacity and to create a well-trained work force. • Work with universities to help develop the needed workforce. 	<p>The contractor must work with all stakeholders but is not specifically required to work with universities. The contractor must hire, train, and maintain sufficient qualified staff to implement, administer, and manage the Idaho Behavioral Health Plan and all services related to the contract. The contractor must also develop and implement comprehensive provider training.</p> <p>See page 16, subsection 4.B.2.e in the RFP - “Administration and Operations” and page 33, subsection 4.N - “Provider Training and Technical Assistance”.</p>
<p>Develop enough of a competent workforce so that participants have a choice of providers.</p>	<p>The contractor must ensure the provider network is of sufficient size and scope to offer participants a choice of providers for all covered behavioral health services whenever and wherever possible (rural areas may be challenging). The contractor must also ensure that the number of providers in the network is sufficient in number, mix, and geographic distribution to meet the needs of the participants.</p> <p>See page 28, subsection 4.K.1.b in the RFP - “Provider Network and Management Plan” and page 29, subsection 4.L.1.8 - “Provider Network”.</p>
<p>Provide ongoing education for the workforce.</p>	<p>The contractor must develop and implement a training program for providers to gain and maintain appropriate knowledge, skills, and expertise to comply with contract requirements.</p> <p>See page 33-34, subsection 4.N in the RFP - “Provider Training and Technical Assistance”.</p>
<p>Help achieve compliance to new laws for national accreditation over time in a way that it doesn’t create a barrier for participants accessing services.</p>	<p>The contractor must ensure that the providers are in compliance with all federal and state requirements including any accreditation requirements. The contractor must have national accreditation relevant to the work described in the RFP. The contractor must manage the provider network consistent with requirements of the national accreditation the contractor holds. The contractor is also responsible for ensuring that</p>

	<p>access to services remains the same or is improved from the access that is currently available.</p> <p>See page 23, subsection 4.H in the RFP - "Access to Care" and page 31, subsection 4.L.12 - "Provider Network".</p>
<p>Aspire to a higher level of quality of provider performance than the minimum standards required by licensure or national accreditation.</p>	<p>The contractor must identify a plan for transforming the current service delivery system into a comprehensive system that includes qualified service providers and community resources designed to deliver behavioral health care that is strength-based, community based, family-focused, and culturally competent.</p> <p>See page 27, subsection 4.K.1.a in the RFP - "Provider Network and Management Plan".</p>
<p>Reimburse adequately to support a qualified workforce.</p>	<p>The contractor must provide a behavioral health benefit package that is cost-effective. The contractor must reimburse providers according to prompt pay standards. The contractor will develop a reimbursement structure to support these goals.</p> <p>See page 16, subsection 4.B.1 & 2 in the RFP - "Administration and Operations".</p>
<p>Measure providers' performance by comparing them to each other (similar to HEDIS methods).</p>	<p>The contractor must use a system, such as the Health and Effectiveness Data and Information Set (HEDIS), to conduct comparative analysis of providers in the network.</p> <p>See page 59, subsection 4.GG.6.a.vii in the RFP - "Compliance and Monitoring (Utilization Management)".</p>
<p>Incorporate psychologists as well as psychiatrists.</p>	<p>The contractor must make use of licensed psychologists to extend network capacity.</p> <p>See page 23, subsection 4.H.1.a.vi in the RFP - "Access to Care".</p>
<p>Allow a provider type that is exclusively for assessment services.</p>	<p>The contractor must ensure the assessment process meets the intent of Idaho Code § 56-263 that refers to an independent, standardized assessment process. The contractor is responsible for devising the methods and process by which compliance to this law will be achieved.</p> <p>See page 35, subsection 4.Q.2.c in the RFP - "Intake and Assessment".</p>
<p>Incentivize care so that eventually dollars that are spent on acute care services can be shifted to prevention efforts and lower levels of care.</p>	<p>The contractor must design and operate a hospital diversion service and must also provide prevention services.</p> <p>See page 2, subsection 1.1 in the RFP - "Purpose" and page 35, subsection 4.P.1.i & j - "Management of Care".</p>

<p>Make use of peer specialists.</p>	<p>The 1915(b) waiver must reflect existing State Plan services in the initial waiver period. The RFP requires the contractor to implement a robust continuum of care with existing State Plan services. The RFP also allows for the contractor to implement additional services that are cost-effective but the Department cannot require this.</p> <p>See page 16, subsection 4.B.2.a and 3.g & h in the RFP - "Administration and Operations". This is also described on page 136, Attachment 12 - "Full Continuum of Care as Described by Idaho Behavioral Health Stakeholders".</p>
<ul style="list-style-type: none"> • Ensure adequate access to all services in all areas of Idaho. • Accommodate geographic areas that have professional shortages. • Use local providers. • Adhere to professional standards of practice for determining appropriate staffing patterns. 	<p>The contractor must ensure access to care in adherence to specific minimum standards for quality, general & specialized care, and minimization of travel.</p> <p>See page 23, subsection 4.H in the RFP - "Access to Care".</p>
<p>Make maximum use of the existing workforce.</p>	<p>The contractor is required to honor existing participant-therapist relationships to the greatest extent possible. Also, the contractor must establish the initial provider network by drawing from the pool of the existing enrolled Medicaid behavioral health agencies.</p> <p>See page 20, subsection 4.C.7 in the RFP - "Work Plan and Service Implementation" and page 31, subsection 4.L.12.d - "Provider Network".</p>
<p>Make use of lower credentialed members of the workforce to perform more work that is then overseen by higher credentialed members of the workforce so the scarcer resources are supported.</p>	<p>The contractor must ensure that services are delivered or are supervised at least by a licensed masters-level behavioral health clinician in the practice of his or her profession.</p> <p>See page 14, subsection 4.A.2.p in the RFP - "General Requirements".</p>
<ul style="list-style-type: none"> • Provide incentives for professionals according to their credentials for greater retention. • Provide incentives for professionals to work in rural areas. 	<p>The contractor must establish reimbursement methodologies for its provider network. The contractor must have experience with a variety of reimbursement methodologies that result in improving provider satisfaction.</p> <p>See page 11, subsection 3.8.1.2.7 in the RFP - "Business Information" and page 29, subsection 4.L.8 - "Provider Network".</p>

Benefits: What Services Must Be Included?

Stakeholder Input	Medicaid Response
Emphasize the management of care of an individual’s whole health.	<p>The contractor must provide a recovery oriented system of care that is holistic and must provide for coordination with the participant’s primary care provider.</p> <p>See page 22, subsection 4.D. in the RFP – “Behavioral Health Services” and page 36, subsection 4.S. - “Primary Care Interface: Primary Care Case Management Program and Health Homes”. These values are also described on page 141, Attachment 14 - <i>Recovery and Resiliency Models</i>.</p>
Address issues when they’re less severe and when the participant is motivated to change.	<p>The contractor must provide behavioral health coverage for prevention and screening services. The contractor must share all screenings, assessments, and treatment plans with the participant’s primary care provider.</p> <p>See page 2, subsection 1.1 in the RFP - “Purpose” and page 36, subsection 4.S.1.b. - “Primary Care Interface: Primary Care Case Management Program and Health Homes”. Prevention services are addressed on page 133, Attachment 12 - <i>Full Continuum of Care as Described by Idaho Behavioral Health Stakeholders</i> and on page 141, Attachment 14 - <i>Recovery and Resiliency Models</i>.</p>
<ul style="list-style-type: none"> • Ensure timely crisis response. • Re-define and re-design crisis services. 	<p>The contractor must provide timely crisis services. The contractor must engage stakeholders to garner input regarding all aspects of the behavioral health managed care program.</p> <p>See page 24, subsections 4.H.1.d and H.4 & 5 in the RFP - “Access to Care”. Crisis services are also described on page 133, Attachment 12 - <i>Full Continuum of Care as Described by Idaho Behavioral Health Stakeholders</i>.</p>
Develop a pilot project around managing the costs of providing emergency services versus prevention services.	<p>The contractor must develop at least one performance improvement project and one focused study with intervention, or two performance improvement projects, annually. Additionally, the contractor is required to provide a mechanism for stakeholders to give input and participate in monitoring service quality and determining strategies to improve outcomes.</p> <p>See page 47, subsection FF.1 and 3 in the RFP - “Outcomes, Quality Assessment, and Performance Improvement Program”.</p>

<p>Decrease the duplication that is present in the current system through the coordination and consolidation of services.</p>	<p>Eliminating gaps and duplication is identified as one of the values the Idaho Behavioral Health Plan is based on. See page 150, Attachment 17 - <i>Values-Based Design and Delivery of Behavioral Health Services and Supports</i>.</p>
<p>Provide for mental health check-up services that will allow for screenings to occur in clinical settings with less and less frequency, with some level of screening being administered by the family for their own family member.</p>	<p>The contractor must maintain communication with the participant’s primary care provider regarding all screenings and other evaluations. The details of how such services will be designed and implemented will be the work of the contractor. See page 36, subsection 4.S in the RFP – “Primary Care Interface: Primary Care Case Management Program and Health Homes”.</p>
<p>Give participants incentives to set their own wellness goals.</p>	<p>The contractor must ensure the plan of care is developed according to the participant’s choices. See page 36, subsection R.1.b in the RFP - “Treatment Planning Self-Determination & Choice”. Descriptions about participants’ choices about their wellness are on page 140, Attachment 14 - <i>Recovery and Resiliency Models</i>.</p>
<p>Provide services that must be community-based and recovery-oriented.</p>	<p>The contractor must provide community-based outpatient services. See page 18, subsection 4.B.1.a in the RFP - “Administration and Operations”. The contractor must provide recovery oriented services. See page 22, subsection 4.D.3.a in the RFP. These values are also described on page 140, Attachment 14 - <i>Recovery and Resiliency Models</i>.</p>
<p>Make services available where people live: their homes, schools, and communities.</p>	<p>The contractor must provide services in alternative locations throughout the state. See page 26, subsection 4.H.1.g in the RFP - “Access to Care”.</p>
<p>Clearly define medical necessity and make it easily available to everyone.</p>	<p>The contractor must provide services that meet the definition of medical necessity found at IDAPA 16.03.09. See page 66, subsection GG.5.a in the RFP - “Compliance and Monitoring (Utilization Management)”.</p>
<p>Clearly define services and ensure participants have easy access to them.</p>	<p>Behavioral health benefits are listed in the Idaho State Plan. The contractor must provide these State Plan services. See page 22, subsection 4.D in the RFP - “Behavioral Health”. Services are more specifically described on page 150, Attachment 12 - <i>Full Continuum of Care as Described by Idaho Behavioral Health Stakeholders</i>.</p>
<p>Include services that target people with DD/MH dual diagnoses.</p>	<p>The contractor must monitor, advocate, and make appropriate referrals for participants with complex needs. See page 34, subsection 4.P.1 in the RFP - “Management of Care”.</p>

<ul style="list-style-type: none"> • Expand the continuum of care. • Use cutting edge practices to decrease costs rather than providing only the services currently available. • Include enhanced services beyond the core services. • Include peer-run respite, peer-provided crisis intervention, mobile crisis response, hospital diversion, hospital services, ACT, residential treatment, safe houses, recovery renovations, wellness-recovery action planning, collateral contact, follow-up care, and long-term case management for serious disorders. 	<p>Once cost savings are realized from the initial two year waiver period, the Department can add new services under the provisions of the 1915(b) waiver services. However, the contractor may provide any additional services they believe will enhance the continuum of care, as long as there is no additional cost to the state or the participants. The contractor must develop a robust continuum of care based on State Plan services.</p> <p>See page 18, subsection 4.B.2 in the RFP - “Administration and Operations”. Services are more specifically described on page 150, Attachment 12 - <i>Full Continuum of Care as Described by Idaho Behavioral Health Stakeholders</i>.</p>
<ul style="list-style-type: none"> • Recognize and use alternatives to evidence-based practices. • Design creative alternatives to service delivery in rural and frontier areas. 	<p>The contractor can employ alternatives to evidence-based practices if such work is in addition to providing the existing State Plan services delivered through evidence-based models. The contractor must identify any new service it proposes to develop and can implement new special services and programs approved by the Department and CMS. Additionally, the contractor must allow for exceptions to the use of evidence-based practices.</p> <p>See page 17, subsection 4.B.3. g and h in the RFP - “Administration and Operations” and page 21, subsection 4.D.3.b - “Behavioral Health”.</p>
<p>Emphasize helping people have better lives not just treating mental illness.</p>	<p>This value is reflected on page 141, Attachment 14 - <i>Recovery and Resiliency Models</i>.</p>
<ul style="list-style-type: none"> • Provide for trauma-informed care. • Create services that honor participants and trauma survivors. 	<p>The contractor must provide trauma-informed care.</p> <p>See page 21, subsection 4.D.3.c in the RFP - “Behavioral Health”. These values are also described on page 150, Attachment 17 - <i>Values-Based Design and Delivery of Behavioral Health Services and Supports</i> and page 151, Attachment 18 - <i>Trauma Informed Care</i>.</p>
<ul style="list-style-type: none"> • Provide options for self-determination and choice. • Provide recovery planning opportunities. 	<p>The contractor must ensure the participant is able to express choices about his or her recovery.</p> <p>See page 35, subsection 4.R in the RFP - “Treatment Planning/Self-Determination”. These values are also described on page 141, Attachment 14 - <i>Recovery and Resiliency Models</i> and on page 150, Attachment 17 - <i>Values-Based Design and Delivery of Behavioral Health Services and Supports</i>.</p>
<p>Provide focused case management especially for those participants with chronic and severe medical and behavioral conditions.</p>	<p>The contractor must provide case management and care management services.</p> <p>See page 34, subsection 4.P in the RFP - “Management of Care” and page 27, subsection 4.J.4.g - “Customer Service System”.</p>

<p>Adhere to certain limitations on hospital usage and suffer penalties for exceeding the limitation.</p>	<p>The Idaho Behavioral Health Plan does not include inpatient psychiatric treatment as part of the scope of services. Such services will remain available outside of the managed care administration. Idaho has identified hospital diversion services that can be delivered under existing State Plan services.</p> <p>See page 35, subsection 4.P.1.i in the RFP - "Management of Care".</p>
<p>Provide for agencies that operate beyond regular business hours.</p>	<p>The contractor must allow agency hours according to the needs of participants.</p> <p>See page 23, subsection 4.H. 1.d & e in the RFP - "Access to Care".</p>
<p>Provide a modern pharmacy benefit that is carefully crafted and adequate.</p>	<p>Providing pharmaceuticals is outside of the scope of the Idaho Behavioral Health Plan. The contractor must endorse and promote all therapeutic initiatives of the Idaho Medicaid Pharmacy and Therapeutics Committee and the Medicaid Pharmacy Program.</p> <p>See page 15, subsection 4.A.2.z in the RFP - "General Requirements".</p>
<p>Offer integrated mental health and substance use disorder services.</p>	<p>The contractor must implement nationally recognized integrated service models and work with community partners in the integration of mental health and substance use disorders.</p> <p>See page 30, subsection 4.K.1.c in the RFP - "Provider Network Development and Management Plan" and page 46, subsection DD.8 - "Community Partnerships".</p>
<p>Develop a mechanism for linking to out-of-system services.</p>	<p>The contractor must provide out-of-network services and facilitate referrals to out-of-network providers when appropriate.</p> <p>See page 21, subsection 4.D.3.j in the RFP - "Behavioral Health" and page 27, subsection 4.J.4.f & g - "Customer Service System".</p>
<p>Provide financial incentives for providers serving participants with the most complex treatment needs.</p>	<p>Effective managed care administration is based on matching services to participants' healthcare needs in sufficient quantity to ensure the participant's positive response to treatment. The contractor will administer the Idaho Behavioral Health Plan according to this principle. The contractor shall manage the provider network and provide authorizations for services accordingly. Whether or not the contractor provides financial incentives to providers for any aspect of this work is up to the contractor. The contractor must work with the provider network.</p> <p>See page 46, subsection 4.DD.5 in the RFP - "Community Partnerships".</p>
<p>Make use of telehealth technology.</p>	<p>The contractor must adhere to specific access standards across the state. Use of telehealth technology is encouraged.</p> <p>See page 23, subsection 4.H.1 a.ii in the RFP - "Access to Care".</p>

<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>