

REQUEST FOR INFORMATION (RFI) RFI 01239

Issue date: May 13, 2011

Closing date: June 13, 2011

Subject: Request for Information (RFI) for a Managed Care Delivery System for

Medicaid-reimbursed Mental Health Services

The State of Idaho, Division of Medicaid, Office of Mental Health and Substance Abuse, P.O. Box 83720, Boise, Idaho, 83720-0036 has a requirement for information concerning the furnishing of a managed care delivery system for individuals seeking to obtain mental health services. We are interested in developing a managed care delivery system that will include adults as well as children. Information obtained may be used to refine the requirements for a formal Request for Proposal (RFP) which may be released at a later date. Information obtained through this RFI will assist us in projecting a budget for acquiring the services, and also to help identify potential vendors who may be interested in providing a competitive proposal in the future.

It is important to note that this is a request for information only, not a solicitation. No award will be made based upon the information received.

I. Introduction and Background

In order to ensure that resources for individuals who need mental health services are used effectively and efficiently and positive outcomes are achieved, the Idaho Department of Health and Welfare (IDHW) is committed to developing the infrastructure and funding mechanisms necessary to achieve this. IDHW intends to contract with a managed care organization (MCO) that will develop and administer a program of services designed to address the mental health care needs of adults and children who are members of the Idaho Medical Assistance program. Idaho Medicaid endorses the use of evidence-based and promising practices as described by the Centers for Medicare and Medicaid (CMS) at http://www.samhsa.gov/ebpwebguide/. Idaho Medicaid also endorses adherence to mental health industry standards for minimally allowable quality of care standards. The vision of the project includes expansion to coverage of substance use disorder services in future years and to include the non-Medicaid population that currently obtains mental health and substance use disorder services paid by the Idaho general fund.

Idaho Medicaid Office of Mental Health and Substance Abuse has identified the following goals for this project:

- 1. To recognize best practices within the provider system and in the industry for service planning and treatment services.
- 2. To strengthen quality assurance and utilization management requirements.

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- 3. To respond to Idaho 2011 legislative directives in House Bill 260.
- 4. To establish performance goals for mental health services.
- 5. To establish and manage a competent provider network that can deliver prescribed services in all areas of Idaho-- rural, frontier and urban, via a fixed price contract.
- 6. To coordinate appropriate services for individuals with complex needs including chronic physical diseases and intellectual disabilities that co-occur with mental illness.
- 7. To support the inclusion of primary health care in the scope of addressing members' mental health care needs.
- 8. To support a standardized independent assessment process.
- 9. To strengthen discharge planning.
- 10. To create a viable continuum of care of mental health services that is both effective and efficient and results in positive outcomes for members.

Idaho occupies a land area of 83,557 square miles with thirty six percent (36%) of the residents residing in rural and frontier areas which comprise fifty nine percent (59%) of Idaho's total land area. The following information is obtained from the 2010 U.S. Census report:

- 1. Population of Idaho: : 1,567,582
- 2. Number of residents under age eighteen (18): 456,189 (2009 data)
- 3. Estimated number of adults with serious mental illness: 54,000
- 4. Estimated number of children with serious emotional disturbance: 18,000

In SFY 2010 there were approximately 263,111 members in Idaho's medical assistance program. In the same time period 11,804 children and 6,801 adults accessed Medicaid-reimbursed mental health services. Mental health services for non-Medicaid indigent citizens was paid by the Idaho general fund for 6,207 adults and 1,959 children.

II. Description of Items or Services Required

The vendor should respond to each question below and describe how each of the services identified in the core service components would be provided as part of a managed care delivery system.

Idaho Medicaid considers the following components of mental health services to be required:

1. Program assessment and eligibility

- a. Medicaid eligibility: member must have active Medicaid.
 - 1. How will you interface with other systems to support eligible members' continuous enrollment in Medicaid as eligibility cycles end?
 - 2. Many times Idaho citizens experience a mental health crisis and seek treatment at a Medicaid-reimbursed agency without first establishing their own Medicaid eligibility. How will you support the delivery of services to members who appear to be Medicaid-eligible but have not yet applied for Medicaid?
- b. Mental health program eligibility: requires member to meet specific diagnostic and functional need criteria. Qualifying diagnostic information must be based on current psychiatric diagnostics as described in the Diagnostic and Statistical Manual of Mental Disorders, fourth edition, text revisions (DSM-IV-TR). Program eligibility

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must be established by licensed qualified mental health professionals through a process that is free of conflict of interests of the network of providers who would be delivering the treatment services.

- 1. How will you ensure the medical oversight that is necessary to confirm requirements for medical necessity are met for services that require it?
- 2. How will you coordinate the provision of services with Medicaid's primary care managed care program (Healthy Connections)?
- 3. How will you ensure that service needs for persons with dual diagnoses and co-occurring disorders are accurately identified and met?
- 4. How will you address the need for ongoing and reliable information supporting a member's ongoing participation in services after his initial plan of service expires?
- 5. How will you manage the transition/disenrollment of the existing members found to not meet eligibility?
- 6. How will you handle members' legal rights to appeal your treatment decisions?

2. Provision of Core Services

- a. Treatment Planning: must include direct input from the member to identify goals and objectives, incorporate evidence-based and promising practices that match the member's mental health care needs, and be of reasonable scope, duration and intensity that will support the member being successful in his use of services.
 - 1. How will you ensure services are: individualized, person-centered, strengths-based, collaborative, family and community focused, culturally competent, promote natural supports, and are outcome-based?
 - 2. How will you ensure a member's treatment planning addresses the need for coordination with all other services the member may be using in addition to mental health?
 - 3. How will you demonstrate your commitment to the recovery and resiliency model?
 - 4. How will you ensure appropriate services are available for members whose mental health needs are enduring to the extent that resuming their pre-morbid lifestyle and living arrangement is precluded?
 - 5. How will you ensure that the integration of primary care services occurs in coordination with the delivery of mental health services?
 - 6. How will you transition services for member movement from one level of care to another?

b. Psychotherapy: must be delivered by qualified Idaho licensed professionals.

- 1. How will you promote parental involvement in their child's services?
- 2. How will you manage the practice of diverse methods?
- 3. How will you manage therapy-resistant members?

c. Pharmacological Management: must be delivered by qualified Idaho licensed professionals

1. How will you ensure prescribers follow industry standards for matching appropriate medications to members' health care needs?

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2. How will you work with primary care physicians who are prescribing mental health drugs or any off-label treatment regimen?

d. Crisis Intervention: must provide 24/7 urgent or emergency mental health service access with appropriately qualified professionals.

- 1. How will you collaborate with existing systems to decrease reliance on hospital emergency departments?
- 2. How will you achieve a decrease in inpatient hospitalization admission rates and a decrease in lengths of stay in hospital settings?
- 3. How will you work with the existing State Emergency Mental Health Response System (the IDHW's safety net program for all citizens)?

e. Additional Services: provided to ensure evidence-based and promising practices services meet the full spectrum of mental health care needs.

- 1. What additional services, beyond the core services, will you offer to fulfill the requirement to address each member's needs for various levels of care and intensity of services across a complete continuum of mental health services?
- 2. How will you make use of peers, both for peer-providers and peer-consumers of services?
- 3. What role will psycho-educational services play in your continuum of care?
- 4. What type of transitional services do you envision will be necessary?
- 5. How will you incorporate the principles of recovery and resiliency into your continuum of care?
- 6. As more promising practices and evidenced-based practices are evident in the literature, how will you determine whether or not they are incorporated into the continuum of care and when?

3. Operations

- a. Provider Network: must identify and manage a network of providers that will deliver a full continuum of evidence-based and promising practices of mental health services according to industry standards.
 - 1. Recent legislation requires provider agencies to meet national accreditation standards. Presently three (3) of approximately four hundred (400) providers meet this standard. How will you achieve compliance to this new Idaho law and within what timeframe?
 - 2. How will you cover the gap in quality assurance and compliance to standards for those agencies whose national accreditation does not cover one hundred percent (100%) of Idaho Medicaid's requirements?
 - 3. How will you work with Medicaid to resolve misinterpretations of rules, ensure compliance to IDAPA requirements, Idaho statute, federal requirements and address occurrences of non-compliance?
 - 4. How will you manage the transition of enrollment and disenrollment of the existing provider network?
 - 5. How will you ensure adequate access to services in frontier and rural areas with an appropriate member-to-provider ratio?
 - 6. How will you ensure sufficient reimbursement for providers to attract the professionals needed to deliver clinical services?
 - 7. How will you recruit more providers if a shortage of professionals occurs?

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- 8. How will you ensure that needed services are available within a reasonable distance for all participants?
- 9. How will you determine the network is of sufficient capacity to meet the demand for services?
- 10. How will you ensure appropriate waiting times?
- 11. How will you ensure coordination and continuity of care standards are followed?

b. Quality Assurance: must include program deliverables and program reports.

- 1. How will you ensure that evidence-based and promising practices are followed and reimbursed while practices that are not endorsed by evidence or are not promising practices nor follow industry standards are not reimbursed?
- 2. What will your benchmarks be for measuring effectiveness and efficiencies?
- 3. How will you receive and resolve complaints/concerns/input from service recipients, their families, other stakeholders, community partners and state entities?
- 4. How will you establish, implement, monitor, and report on a statewide quality assurance system?
- 5. How will you ensure member rights are respected?
- 6. How will you ensure member safety?
- 7. How will you measure member satisfaction?

c. Utilization Management: must make use of industry-standard tools, be transparent, and result in services being used at appropriate levels, duration and intensity.

- 1. How will you establish an infrastructure which supports the implementation and maintenance of key utilization management (UM) processes and functions?
- 2. How will you incorporate UM data and information into management decisions?
- 3. How will you ensure appropriate access to a full continuum of care of mental health services within all areas of the state (specifically rural and frontier areas)?
- 4. How will you offer members assistance in locating services?
- 5. What measures will you use to gauge appropriate utilization levels, duration and intensity of services?
- 6. How will you implement utilization care management for members with special circumstances and needs to ensure their access to needed services?
- 7. How will you communicate the results of utilization management reviews to providers in the network?
- 8. How will you promote the most effective use of resources?
- 9. How will you achieve efficiencies while at the same time ensuring individual members have access to diverse services?
- 10. What methods will you use to demonstrate positive outcomes, both clinically and financially?
- 11. What mechanisms will you employ to appropriately serve and track members who require a specific course of treatment or ongoing monitoring?

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- 12. What mechanisms will you employ to allow members to directly access additional specialists as appropriate for the member's condition and identified treatment needs?
- 13. How will you respond to the situation in which vulnerable members at risk of deterioration drop out of services?

III. Requested information

It is requested that interested vendors provide the following information:

- 1. Briefly describe your company, services, history, ownership, financial information and other information you deem relevant. Please provide a contact person's name and telephone number for any clarifications.
- 2. Is your organization capable of, or interested in, furnishing the items or services described in this RFI? Please describe both your history of furnishing the items or services and your capabilities for furnishing them.
- 3. What issues do you feel need to be addressed in order to assure a successful acquisition of these items or services or preparation of an RFP?
- 4. From your experience in providing these types of services, what lessons learned can you share with us?
- 5. Cost estimate (This is a cost estimate only. Information provided may be used to assist us in developing a budget for the acquisition of services outlined in this RFI. You will not be held to any information or prices provided.):
 - a. What items or services need to be provided on a one-time basis? What is the estimated cost of each?
 - b. What items or services need to be provided on an on-going basis? What is the estimated cost of each?
 - c. Are there any other items or services which will affect pricing? What is the estimated cost of each?
 - d. Are there any volume discounts or payment options which may affect pricing? What are the estimated cost savings of each?
 - e. What is the estimated cost of an initial assessment with and without a functional assessment component? What is the estimated cost of an updated assessment with or without a functional assessment component?
- 6. How long do you estimate it will take to provide each of the items or services described in this RFI? What issues may affect the delivery, or needs to be addressed in the preparation, of an RFP?

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IV. Terms and Conditions

- A. All materials submitted in response to this RFI become the property of the State of Idaho, Department of Health and Welfare, and shall not be returned to the responding vendor.
- B. At the sole discretion of the IDHW the information provided may be used for the following purposes:
 - 1. Identifying issues and refining the requirements for an RFP which may be released at a later date.
 - 2. Assist in projecting a budget for acquiring the services.
 - 3. Identifying potential vendors who may be interested in providing a future competitive proposal.
- C. The Idaho Public Records Law, Idaho Code Sections 9-337 through 9-348, allows the open inspection and copying of public records. Public records include any writing containing information relating to the conduct or administration of the public business prepared, owned, used, or retained by a state or local agency regardless of the physical form or character. All, or most, of the information contained in your response will be a public record and as such will be subject to disclosure under the public records law. Certain exemptions from disclosure can apply, one of which may be for "trade secrets" as defined in the Idaho Public Records Act, Idaho Code Section 9-340D(1), a copy of which is available for viewing on-line at: http://legislature.idaho.gov/idstat/Title9/T9CH3SECT9-340D.htm
 - 1. Trade secrets include a formula, pattern, compilation, program, computer program, device, method, technique or process that derives economic value, actual or potential, from not being generally known, and not being readily ascertainable by proper means by other persons and is subject to the efforts that are reasonable under the circumstances to maintain its secrecy.
 - 2. If you consider any element of your response to be a trade secret, or otherwise protected from disclosure, you must so indicate by marking each page of the pertinent document. Include the specific basis for your position that it be treated as exempt from disclosure.
 - 3. Marking your entire bid or proposal as exempt is not acceptable or in accordance with the Public Records Act and will not be honored. In addition, a legend or statement on one page that all, or substantially all, of the response is exempt from disclosure is not acceptable or in accordance with the Public Records Act and will not be honored. Prices quoted in your response are not a trade secret.

The IDHW to the extent allowed by law and in accordance with these terms and conditions will honor a designation of nondisclosure. You will be required to defend any claim of trade secret or other basis for nondisclosure in the event of an administrative or judicial challenge to the IDHW's nondisclosure. Any questions regarding the applicability of the Public Records Law should be addressed to the IDHW or should be presented to your own legal counsel - prior to submission.

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D. THIS IS NOT A BID; NO AWARD WILL BE MADE.

IV. Address for Responses

If you are interested in providing any of the information requested in this RFI, please submit your written response via e-mail or provide two (2) hard copies of your written response by 5:00 p.m. **June 13, 2011**, to:

Idaho Department of Health and Welfare **Attention:** Lynn Richter **RFI** # 01239 Contracting and Procurement Services P. O. Box 83720

Boise, ID 83720-0036

Physical Address: 450 W. State St., Boise, ID 83702

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