

**STATE OF WASHINGTON  
WASHINGTON STATE HEALTH CARE AUTHORITY  
REQUEST FOR PROPOSAL (RFP)  
NO. 15-026**

It is the responsibility of the potential bidders to carefully read, understand, and follow the instructions contained in this RFP document and all amendments to the RFP.

**PROJECT TITLE:** Behavioral Health-Administrative Services Organization, a program for Children and Adults in Early Adopter Regions of Washington State.

**PROPOSAL DUE DATE:** November 24, 2015, **no later than 2:00 p.m. PACIFIC TIME**

**EXPECTED PERIOD OF CONTRACT:** April 1, 2016 through December 31, 2017, with anticipated annual renewal through December 31, 2019 and periodic rate adjustments the Health Care Authority sees warranted.

**OPTION TO EXTEND CONTRACT PERIOD:** At its sole discretion, the Health Care Authority (HCA) may renew any contract awarded as a result of this RFP in whatever time increments HCA deems necessary.

**OPTION TO NOT AWARD ANY CONTRACT:** At its sole discretion, HCA may decide to not award any contract whatsoever as a result of this RFP. No bidder has any vested right to any contract that relates in any way to this RFP.

**MINIMUM REQUIREMENTS FOR BIDDING:** This procurement is open to those organizations that satisfy the following minimum requirements:

- Bidder must be licensed to do business in the State of Washington.
- Bidder must submit a Letter of Intent to Propose by the October 6, 2015, deadline in order to submit a response to this RFP.
- Bidder must be willing and able to obtain a surety bond if requested.
  - It is HCA's position, and as noted in the sample contract that the ASO should not be subject to Title 48 RCW and will not be subject to regulation by the Insurance Commissioner (OIC).
- Bidder must be willing to comply with the terms contained in the attached draft contract; terms are subject to change by HCA.

Bidders, who do not demonstrate their ability to meet these minimum qualifications will be rejected as non-responsive and will not receive further consideration. Any Proposal that is rejected as non-responsive will not be evaluated or scored

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**Exhibits and Attachments:**

- Exhibit A – Letter of Submittal
- Exhibit B – Certifications and Assurances
- Exhibit C – Evaluation Questions
- Exhibit D – SWBH Investigations and Detentions
- Exhibit E – SUB Service Utilization
- Exhibit F – Mental Health Outpatient Service Utilization
- Exhibit G – Sample Mental Health Block Grant Plan
- Exhibit H – Funding Allocation Model
- Exhibit I -- Network Adequacy\*
- Attachment 1 – Sample Proposed Contract\*

Exhibits A - H are attached to this RFP.

\* Exhibit I and Attachment 1 are provided as separate electronic files, but are hereby incorporated into this RFP by this reference.

Additional electronic copies of Exhibits A, B, & C (in Microsoft Word format) will be posted in WEBS along with the initial posting of the RFP. The additional posting of these exhibits is for the convenience to the bidder; so that the bidder may electronically incorporate information directly into the various forms, tables, and grids used in those exhibits. Bidders may copy and paste individual sections of the exhibits into their proposals, however, bidders may not make changes to the content of such sections. The PDF version of RFP #15-026, with attachments, is the Official Version, along with any official amendments made thereto; any changes to the content not in accord with the official version may result in a lack of scoring for a specific section, or may result in the possible disqualification of the bidder's entire proposal.

## 1 DEFINITIONS

The following terms as used throughout this RFP shall have the meanings set forth below:

**“Accountable Community of Health (ACH)”** means a regionally governed, public-private collaborative or structure tailored by the region to align actions and initiatives of a diverse coalition of participants in order to achieve healthy communities and populations.

**“Addendum” or “Amendment”** means the written clarification or revision to this RFP issued by the RFP Coordinator.

**“Agency”** means the Health Care Authority, the agency of the state of Washington issuing this RFP.

**“Apparent Successful Bidder (ASB)”** means the Bidder selected as the entity to perform the anticipated services, subject to completion of contract negotiations and execution of a written contract.

**“Apple Health – Fully Integrated Managed Care (AH-FIMC)”** means the set of two contracts that are to be issued in response to RFP #15-008. More information on AH-FIMC can be found at [http://www.hca.wa.gov/contracts\\_procurements/Pages/index.aspx](http://www.hca.wa.gov/contracts_procurements/Pages/index.aspx).

**“Behavioral Health – Administrative Services Organization (BH-ASO)”** means the contract for which this RFP is being issued.

**“Bidder”** means the individual, company, or firm submitting a Proposal in response to this RFP.

**“Confidential Information”** means information that is exempt from disclosure to the public or other unauthorized persons under either chapter 42.56 RCW or other state or federal statutes. Confidential Information may include, but is not limited to, names, addresses, Social Security numbers, e-mail addresses, telephone numbers, financial profiles, credit and debit card information, driver’s license numbers, medical data, law enforcement records, source code or object code, security data, or any related payroll/labor data.

**“Contractor”** means that firm, provider, organization, individual or other entity performing services under this contract. It includes any subcontractor retained by the prime contractor as permitted under the terms of this contract.

**“DUNS® Number”** means a Data Universal Numbering System which is a unique nine-digit sequence of numbers issued by Dun and Bradstreet to a business entity. Any organization that has a Federal contract or grant must have a DUNS Number.

**“Dun and Bradstreet (D&B)”** shall mean a commercial entity which maintains a repository of unique identifiers (D-U-N-S Numbers) recognized as the universal standard for identifying business entities and corporate hierarchies.

**“Health Care Authority (HCA)”** means the state of Washington Health Care Authority and its employees and authorized agents.

**“HCA Contract Administrator”** means that HCA employee designated to receive legal

notices, and to administer, amend, or terminate this Contract.

**“HCA Contract Manager”** means the agency employee identified as the Program Manager designated to manage and provide oversight of the day-to-day activities under this Contract. The HCA Contract Manager shall be the primary contact with Contractor concerning Contractor’s performance under this Contract; the HCA Contract Manager does not have authority to accept legal notices on behalf of HCA or amend this Contract.

**“Health Insurance Portability and Accountability Act (HIPAA)”** means the federal Health Insurance Portability and Accountability Act, an act designed to protect patient medical records and other health information provided to health care providers.

**“Indian/Tribal/Urban (I/T/U) Provider”** means the Indian Health Service and/or any Tribe, Tribal organization, or Urban Indian Organization which provides Medicaid-reimbursable services..

**“Letter of Intent to Propose”** is a letter supplied by a bidder that acknowledges the bidder’s intent to submit a proposal. Each respective bidder must timely submit this letter to the RFP Coordinator in order to be eligible to later submit a full proposal.

**“Letter of Intent to Submit”** means Exhibit A, which is part of the bidder’s proposal, and provides for detailed information on the bidder.

**“Mandatory (M)”** means the Bidder must comply with the requirement, and the Response will be evaluated on a pass/fail basis.

**“Mandatory Scored (MS)”** means the Bidder must comply with the requirement, and the Response will be scored.

**“Normal Business Hours”** means normal State business hours are Monday through Friday from 8:00 a.m. to 5:00 p.m. except State Holidays.

**Pass/Fail Question (P/F)** means the response to the question will be evaluated on a pass/fail basis.

**“Professional Services”** means professional or technical expertise provided by a consultant to accomplish a specific study, project, task, or other work statement.

**“Proposal”** means a written offer to perform a contract to provide goods or services to the State in response to an RFP or other acquisition process.

**“Proposal Due Date/Time”** means the date and time specified in the RFP Procurement Schedule for submission of Proposals in response to this procurement.

**“Proprietary Information”** means information owned by Bidder to which Bidder claims a protectable interest under law. Proprietary Information includes, but is not limited to, information protected by copyright, patent, trademark, or trade secret laws.

**“Request for Proposal (RFP)”** means a formal procurement document in which a service or need is identified but no specific method to achieve it has been chosen. The purpose of an RFP is to permit the consultant community to suggest various approaches to meet the

need at a given price.

**“Revised Code of Washington (RCW)”** means the laws of the state of Washington. All references in this Contract to RCW chapters or sections shall include any successor, amended, or replacement statute. Pertinent RCW chapters can be accessed at <http://www.leg.wa.gov/LawsAndAgencyRules/Pages/default.aspx>

**“State of Washington”** Unless otherwise restricted, includes all members of the state of Washington, State Purchasing Cooperative including where applicable: state agencies, political subdivisions of Washington, qualified non-profit corporations, institutions of higher education (e.g., colleges, universities, community & technical colleges) who choose not to purchase independently under RCW 28.B.10.029.

**“Subcontractor”** means one not in the employment of a Contractor, who is performing all or part of the business activities under this RFP under a separate contract with Contractor. The term “Subcontractor” means Subcontractor(s) of any tier.

**“Washington Administrative Code (WAC)”** means the rules adopted by agencies to implement legislation and RCWs. All references in this Contract to WAC chapters or sections include any successor, amended, or replacement regulation. Pertinent WAC chapters or sections can be accessed at <http://www.leg.wa.gov/LawsAndAgencyRules/Pages/default.aspx>

**“You” or “Your”** means “the Bidder” or “the Bidder’s” as applicable. The terms “You” and “Your” may be used throughout this RFP interchangeably with the words “Bidder” or “Bidder’s.”

## 2 INTRODUCTION

### 2.1 Background and Purpose

The State Health Care Innovation Plan, Healthier Washington, and E2SSB 6312, passed by the Washington State legislature in 2014, provides policy direction for Washington State to regionalize Medicaid purchasing by April, 2016, and provide Medicaid beneficiaries with the full continuum of physical health and behavioral health (i.e., mental health and substance use disorder) services through managed care by 2020.

The Washington legislature (RCW 71.24.850) set forth two pathways to meeting this directive by January 1, 2020. Beginning in April, 2016, in Regional Services Areas (RSAs) that have elected to pursue the “Early Adopter” purchasing path, care for Medicaid beneficiaries will be purchased through fully-integrated contracts between the Health Care Authority (HCA) and Medicaid Managed Care Organizations (MCOs), with MCOs at risk for the full continuum of physical and behavioral health services for Medicaid beneficiaries. The Regional Support Network system that currently delivers mental health services to individuals who meet Access-to-Care Standards, and manages the mental health crisis system on a regional basis will cease operations. Additionally, the county contracts with the Department of Social and Health Services (DSHS) for the provision of outpatient substance use disorder services and the direct contracts between the DSHS and substance use disorder residential providers will be terminated.

Per E2SSB 6312, by June 2015, County Authorities were required to submit a binding letter of intent to HCA declaring their plan to implement the “Early Adopter” purchasing model path in April, 2016. To date, Clark and Skamania counties, forming the Southwest Washington (SWWA) RSA, have submitted letters declaring this intent. Other regions may be interested in moving towards a fully integrated delivery system before 2020. Per E2SSB 6312, HCA anticipates that all regions of the State will integrate physical and behavioral health care services by 2020.

Through a separate procurement (AH-FIMC), released by HCA on August 7, 2015 (Under Procurement Number 15-008) and available for public review at: ([http://www.hca.wa.gov/contracts\\_procurements/Pages/index.aspx](http://www.hca.wa.gov/contracts_procurements/Pages/index.aspx)) MCOs will be selected through to provide fully integrated behavioral health and physical health services to all Medicaid enrollees in the RSA. Each MCO selected through THE AH-FIMC procurement will be awarded both a Medicaid contract and a non-Medicaid contract with HCA in order to furnish the full continuum of services available to Medicaid enrollees, including services financed by the SAMHSA Substance Abuse Prevention and Treatment (SAPT) block grant and by the Washington State Legislature State General Fund. All MCOs selected through the AH-FIMC procurement (RFP #15-008) will be required to Contract with the BH-ASO selected under this procurement, for the provision of initial crisis response services for their enrollees.

This current procurement, BH-AS0 (#15-026) is being released for the purposes of procuring an Administrative Service Organization that will perform all services listed herein, which includes some services in conjunction with the prior procurement. The contractor awarded under this procurement shall provide services as listed below.

## 2.2 Services for Medicaid and Non-Medicaid Consumers:

The BH-ASO will be responsible for the following service for all individuals in need of services in the SWWA RSA, including Medicaid beneficiaries:

- Maintenance of a 24/7/365 regional crisis hotline, accessible to all individuals regardless of insurance status, income level, ability to pay, or residence;
- Provision of mental health crisis services, including dispatch of a mobile crisis outreach team staffed by mental health professionals and/or designated mental health professionals (DMHPs) and certified peer counselors.
- Administration of the Involuntary Treatment Act (chapters 71.05 and 71.34 RCW), including:
  - Reimbursing the county for court costs associated with Involuntary Treatment Act (ITA);
  - 24/7 availability of DMHPs to conduct assessments and emergency detentions;
  - 24/7 availability of DMHPs to file petitions for detentions and provide testimony for ITA services.
- Administration of the Chemical Dependency Involuntary Commitment Act in accordance with RCW 70.96A.120-140, including the availability of a Designated Chemical Dependency Specialist (DCDS) to:
  - Provide services to identify and evaluate alcohol and drug involved individuals requiring protective custody, detention, or involuntary commitment services;
  - Manage the case finding, investigation activities, assessment activities, and legal proceeding associated with CD ITA cases.
- Provision of substance use disorder crisis services on a short term basis to intoxicated or incapacitated individuals in public, including:
  - General assessment of the patient's condition
  - Interview for diagnostic or therapeutic purposes
  - Arrangement of transportation home or to an approved treatment facility
- Operation of a Behavioral Health Ombudsman.
- Manage the administration of the Mental Health Block Grant (MHBG) in the SWWA RSA in accordance with the local MHBG plan as approved by the SWWA Community Behavioral Health Advisory Board.

- Manage the administration of the Criminal Justice Treatment Account (CJTA) funds and Juvenile Drug Court funds in accordance with the Clark County CJTA panel plan, and the Skamania County CJTA panel plan.

### 2.3 Services that Must be Available to Non-Medicaid Individuals:

Because certain services must also be provided to individuals who are not eligible for Medicaid, the Contractor will provide the following additional services on a regional basis for non-Medicaid consumers. For Medicaid enrollees, these services will be managed by the Fully-Integrated Managed Care (FIMC) plans:

- Evaluation and Treatment services, for individuals detained in accordance with RCW 71.05 and RCW 71.34 and pursuant to court order;
- Residential Substance Use Disorder treatment services, for individuals detained in accordance with RCW 70.96A.140; Outpatient mental health or substance use disorder treatment services, in accordance with a Less Restrictive Alternative (LRA) court order and monitoring compliance with LRA court orders (RCW 71.05.320).

After prioritization of funds for services described in Sections 2.2 and 2.3, the BH-ASO also has discretion to provide non-crisis behavioral health services to low-income individuals (under 220% of the Federal Poverty Level) who are uninsured and not eligible for Medicaid. The Contractor is expected to prioritize the use of Available Resources for non-crisis services on SAPT block grant priority populations or on populations that have excessively utilized crisis services, emergency department services due to a mental health condition or substance use disorder, detoxification services, or sobering services, as identified in Section 6.5.2.1 of the sample contract (Attachment 1).

Other new aspects of the program include the following:

#### **Retroactive Enrollment**

New clients will be able to apply for Apple Health Fully Integrated Managed Care and enrollment will be processed overnight through the HealthPlanFinder/Health Benefit Exchange. Eligible clients will be enrolled into the managed care plan of their choice with a retro-enrollment back to the first day of the current month in which the individual applied for coverage. The enrollment timeline is as close to same-day/24 hours as the overnight processing. Eligible clients who do not choose a plan will be auto-assigned to one.

#### **Consent to Release**

Before any SUD treatment is disclosed, the BH-ASO or contracted providers must ensure they have a current enrollee (or legal guardian) signed consent to release the information. Notices must include a disclosure of information concerning an enrollee in alcohol/drug treatment. This information from records is protected by federal confidentiality rules, 42 C.F.R. Part 2. The federal rules prohibits the BH-ASO from making any further disclosure of this information

unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

### **Fully Integrated Managed Care Partnership**

Each MCO contracted through RFP# 15-008 is required to subcontract with the BH-ASO selected under procurement #15-016, for the provision of crisis services to their enrollees. If a MCO's enrollee is placed on a Less Restrictive Alternative (LRA) court order, the MCO is responsible for monitoring compliance and offering mental health services in compliance with the LRA requirements, per RCW 71.05.320. Additionally, if an involuntary detention ensues from contact with the crisis system and a MCO's enrollee is detained to a free-standing Evaluation & Treatment facility, a hospital-based evaluation and treatment bed, or substance use disorder residential treatment the MCO is responsible for the provision of all services as ordered by the court. MCOs are also responsible for ensuring medically necessary crisis diversion and crisis stabilization services are available to their enrollees.

expected The BH-ASO and MCOs are expected to operate in very close coordination one another and may need to establish data-sharing agreements, to monitor the needs and utilization of any Medicaid enrollee who accesses a crisis service through the BH-ASO, and to provide notification of eligibility changes for Consumers whose Medicaid eligibility changes frequently (e.g. spend-down population, etc.). Additionally, the BH-ASO is expected to coordinate with the statewide foster care plan in the event that a foster child in the Southwest Washington region accesses crisis services.

### **Accountable Community of Health Partnership**

By April, 2016, as part of the Healthier Washington initiative and authorized in E2SHB 2572, Accountable Communities of Health (ACHs) will be designated and operational in all Regional Service Areas. ACHs are regionally governed, public-private collaboratives tailored by the region to align actions and initiatives of a diverse coalition of participants, in order to achieve healthy communities and populations. The Regional Health Alliance in Southwest Washington is currently applying for designation as a formal ACH, and is preparing to operate a regional Behavioral Health Advisory Board as required by E2SSB 6312, which MCOs will be required to participate in. MCOs selected under this procurement are expected to participate in the regional ACH and coordinate closely with ACH partners on regional health improvement strategies.

### **Criminal Justice Treatment Account & Juvenile Drug Court**

In April 2016, HCA will contract with the BH-ASO for the administration of Criminal Justice Treatment Account (CJTA) and Juvenile Drug Court funds. The CJTA and Juvenile Drug Court funding amounts are provided in Exhibit H of the sample contract. Previously, CJTA and Juvenile Drug Court funds were contracted directly with the counties. Under RCW 70.96.A.350, each county must

have an established CJTA panel that creates a local CJTA plan to determine how the CJTA/Juvenile Drug Court funds will be distributed. The plan must be approved by the county legislative authorities and the State CJTA panel, and submitted to the BH-ASO for implementation. The local CJTA panels will consist of:

- County alcohol and drug coordinator
- County prosecutor
- County sheriff
- County superior court
- Substance use treatment provider appointed by the county authority
- Representative of the county drug court (where there is a Drug Court)

While the BH-ASO is not required to participate directly in the activities of the local CJTA panels, the BH-ASO is required to administer the funds in accordance with direction provided in the local CJTA plan, which may provide details such as: target high-risk populations for service prioritization, preferred providers, or required contracting for the provision of drug court coordinators.

#### **Mental Health Block Grant**

DSHS is a grantee of the Substance Abuse and Mental Health Service Administration (SAMSHA) Mental Health Block Grant (MHBG). Previously, the MHBG has been contracted between DSHS and the Regional Support Networks (RSNs). In the absence of the RSN, HCA will contract with the BH-ASO for the administration of the MHBG, and provide the BH-ASO the allocation of MHBG for the SWWA RSA. The MHBG funding levels are included in Exhibit I. The MHBG must be administered in accordance with the annual SWWA MHBG plan, which is created and approved annually by the SWWA Community Behavioral Health Advisory Board (a board within the Accountable Community of Health) and subsequently approved by the State. . A sample MHBG plan is available in Exhibit G. The BH-ASO is not obligated to participate in regional MHBG activities, conducted by the Community Behavioral Health Advisory Board, however the BH-ASO is encouraged to participate in MHBG local planning and priority setting.

## 2.4 Objectives

HCA is seeking an ongoing partnership with an organization that demonstrates innovative models to provide care that can meet the needs of a complex, high-risk population with co-occurring disorders. The objectives of this program are to:

- Operate as part of continuum of integrated services, with deep connections to community resources and in seamless partnership with SWWA fully integrated managed care plans selected under RFP #15-008.
- To the extent possible within Available Resources, operate an integrated behavioral health crisis response system that serves the entire Southwest Washington Regional Service area, rather than a fragmented mental health crisis/ITA system and a separate SUD/Involuntary Commitment system.

- Demonstrate an ability to apply a recovery and resiliency-oriented philosophy and clinical design aimed at producing tangible, improved outcomes;
- Develop appropriate systems of care and improve access to care for high needs enrollees by linking the crisis response system, community resources, and clinical services;
- Maintain a network capable of ensuring access and continuity of all contracted services within the RSA;
- Provide seamless transitions as enrollees move across systems of care, based on the enrollee's needs and the enrollee's rights; and
- Partner with the Accountable Community of Health (ACH) and MCOs to meet the goals and objectives of the Regional Health Improvement Plan and improve the health and well-being of Regional Service Area (RSA) residents.

## 2.5 Contract Term

The period of performance of any contract resulting from this RFP is tentatively scheduled for April 1, 2016, through December 31, 2017. As noted above, HCA also reserves the right, in its sole discretion, to not award any contract at all.

At its sole discretion, HCA may renew any contract awarded as a result of this RFP (#15-026) in whatever time increments HCA deems necessary. HCA anticipates renewals of the contract through 2019.

HCA intends that the Contracts awarded as the result of this RFP will be aligned with the changes to the Apple Health Managed Care contract and AH-FIMC Medicaid and Behavioral Health Wraparound contracts, as appropriate to this program. Any changes made to the contracts noted above will be reviewed by HCA for alignment with the BH-ASO contract. Behavioral health benefits may also be updated for parity and alignment with changes in state or federal law or funding. The final BH-ASO contract will be available to Bidders prior to Contract Execution.

## 2.6 Funding

Under the BH-ASO contract, a maximum level of available funding for the Regional Service Area will be determined, and the Contractor will receive monthly payments of State funds, and monthly allocations of funds federal block grant funds. The estimated allocation for FY 2016 and funding methodology is provided in provided in Exhibit I.

## 2.7 American with Disabilities Act

HCA complies with the American with Disabilities Act (ADA). Bidders may contact the RFP Coordinator to receive this RFP in Braille or on tape.

### 3 GENERAL INFORMATION FOR BIDDERS

#### 3.1 RFP Coordinator

The RFP Coordinator is the sole point of contact in HCA for this procurement. Bidders are to rely on written statements issued by the RFP Coordinator. Any other communication will be considered unofficial and non-binding on HCA. Communication directed to parties other than the RFP Coordinator **may result in disqualification**. All communication between the Bidders and HCA upon receipt of this RFP must be with the RFP Coordinator or his designee, as follows:

Greg Grahn, RFP Coordinator  
Email: [contracts@hca.wa.gov](mailto:contracts@hca.wa.gov)

#### **Overnight or hand delivery of Proposal:**

Greg Grahn, RFP Coordinator  
RFP #15-026 – Behavioral Health Administrative Services Organization in Early Adopter Regions  
3819 Pacific Avenue SE, Suite A  
Lacey, WA 98503-6501

Bidders are hereby advised that the U.S. Postal Service does not make deliveries to our physical location. Proposals may be delivered by hand or courier/overnight service to our warehouse/mailroom location.

If hand delivering the Proposals, the Bidder **must** actually hand the Proposal to an individual located at the HCA warehouse/mailroom at the address listed above. Staff at the warehouse will provide a receipt acknowledging the date and time the Proposal was received.

#### 3.2 Communications

All Communications concerning this RFP must be directed to the RFP Coordinator. All oral communications will be considered unofficial and non-binding on HCA. Bidders should reply only on written statements issued by the RFP Coordinator. Solicitation to other HCA employees is prohibited in any form. Unauthorized contact regarding the RFP with other state employees may result in disqualification.

Base Your Proposal on the material contained in the RFP and any subsequent amendments. Disregard any draft material You may have received and any oral representations by any party.

You may use email for any communications in this RFP **except** for submission of Your Proposal. (Requirements for delivery of the final Proposal are set forth in a later section.)

HCA does not take responsibility for any problems in the e-mail, or Internet delivery services either within or outside HCA.

### 3.3 Procurement Schedule

All Bidders must adhere to the following schedule of activities. Bidders mailing Proposals should allow normal mail delivery time to ensure timely receipt of their Proposals by the RFP Coordinator. A postmark date is not the equivalent of receipt. Late Proposals will not be accepted, nor will time extensions be granted after the fact.

#### RFP PROCUREMENT SCHEDULE

Activity	Due Dates	Time
RFP Release Date	October 7, 2015	
Mandatory Letter of Intent to Propose	October 20, 2015	<b>2:00 p.m. PST</b>
Bidder Conference (Pre-Proposal)	October 27, 2015	<b>9:00 a.m. to 12:30 p.m. PST</b>
Bidder Questions	November 3, 2015	<b>2:00 p.m. PST</b>
Amendment - HCA Response to Bidder Questions	November 10, 2015	(To be posted in WEBS)
Complaints Deadline	November 18, 2015	<b>2:00 p.m. PST</b>
Proposal Deadline from Bidders	November 25, 2015	<b>2:00 p.m. PST</b>
Evaluation Period (approximate time frame)	November 30 – Dec 10, 2015	
Projected Announcement of Apparent Successful Bidder(s)	December 11, 2015	
Announce Any Unsuccessful Bidder(s)	December 11, 2015	(Via E-mail)
Final Date to Request a Debrief	December 16, 2015	2:00 p.m. PST
Hold Debriefing conferences (by phone or in person)	December 16 - December 21, 2015	
Unsuccessful Bidder Protest Deadline	December 24, 2015	2:00 p.m. PST
Contract Execution	Early January 2016	
Contract Start Date (on or before)	April 1, 2016	

HCA reserves the right to adjust this schedule as it deems necessary, at its sole discretion. Any adjustment will be made with consideration to the overall timeline and amended adjustments (extensions) to the timeline may be made if necessary.

### 3.4 WASHINGTON'S ELECTRONIC BUSINESS SOLUTION (WEBS)

The contents of this RFP and any Amendments will be posted on the Washington's Electronic Business Solution (WEBS) website at: <https://fortress.wa.gov/ga/webs>.

Bidders are solely responsible for accessing the information and documents included in this solicitation. This includes taking the following actions:

1. Properly registering with the Department of Enterprise Service's WEBS system at <http://www.ga.wa.gov/webs>.

2. Maintaining an accurate vendor profile in WEBS.
3. Downloading this solicitation (RFP #15-026) consisting of the RFQ with all attachments and exhibits related to the solicitation.
4. Downloading all current and subsequent amendments to the solicitation.

Notification of any subsequent amendments to this solicitation will only be accessible to vendors who have registered with WEBS and have downloaded the RFQ from WEBS. Failure to download the solicitation might result in a potential bidder having incomplete, inaccurate, or otherwise inadequate information. Bidders and potential Bidders accept full responsibility and liability for failing to receive and/or access any documents or amendments that were posted through WEBS. Bidders shall also hold the State of Washington harmless from all claims of injury or loss resulting from such failure.

### 3.5 (M) Minimum Requirements

- 3.5.1 The Bidder must be licensed to do business in the State of Washington.
- 3.5.2 Bidder must agree to be contractually responsible for full risk of loss for any funds received for payments on behalf of Billers until deposited to the specified Biller bank account(s).
- 3.5.3 Bidder must agree that all funds collected by Bidder shall be deemed to be held in trust by Bidder until the funds are deposited into each Biller's bank account.
- 3.5.4 Prior to Contract execution, the Apparent Successful Bidder must be willing and able to obtain and supply proof of purchase of a surety bond from a licensed surety, A-7 or better, naming the State as the beneficiary and documenting an extent of liability coverage in an amount to be determined by HCA. Such coverage must remain in effect throughout the term of the BH-ASO Contract resulting from this RFP, unless otherwise released in writing by HCA.
  - 3.5.4.1 The amount of the surety bond, if any, will be based on a determination of a three month reserve needed for all services listed within the proposed sample contract. Further information on this pre-determined amount will be available at the Bidder's Conference. Entities that can demonstrate their own financial ability to maintain such a reserve may not be required to obtain a surety bond. However, this determination will not be made until after the apparent successful bidder has been selected; as such the willingness and ability to initially obtain a surety bond remains a mandatory requirement of this RFP.
- 3.5.5 The Bidder must be willing and able to comply with the terms contained in the attached proposed contract. Terms are subject to change by HCA as the RFP process continues.
- 3.5.6 The Bidder must have a contracted provider network covering the respective Regional Service Area. The network must be capable of fully

providing the required services to the covered region, as described in the BH-ASO draft contract attached to this RFP.

### 3.6 (M) Letter of Intent to Propose

Each Bidder must send HCA a Letter of Intent to Propose to be eligible to submit a Proposal. The Bidder may submit the Letter of Intent to Propose by U.S. mail, or email. The Letter of Intent to Propose must be received by the RFP Coordinator no later than date and time stated in the RFP Procurement Schedule. If submitting by email, the subject line must reference RFP #15-026 - Letter of Intent to Propose – [include bidder's name]. Said email is to be sent to the RFP Coordinator at [Contracts@hca.wa.gov](mailto:Contracts@hca.wa.gov). If using United State Postal Service (USPS), the Letter is to be sent to:

Washington State Health Care Authority  
Contracts Services – Greg Grahn RFP 15-026  
P.O. Box 42702  
Olympia, WA 98504-2702

By submitting the Letter of Intent to Propose, the Bidder accepts the procedure, review criteria, and the administrative instructions of this RFP.

Information in the Letter of Intent to Propose should be placed in the following order:

1. Bidder's Organization Name;
2. Bidder's authorized representative for this RFP (This representative shall also be named the authorized representative identified in the Bidder's Proposal);
3. Title of authorized representative;
4. Address;
5. Telephone number;
6. Email address;
7. Statement of intent to propose; and
8. A detailed description documenting how You meet **ALL** of the Minimum Requirements specified in Section 3.5 of the RFP.

The Letter of Intent to Propose must address all the above-stated elements; failure to do so may disqualify the Bidder from further participation in the RFP process. HCA reserves the right to request clarification from any potential bidder regarding its Letter of Intent to Propose. The request for clarification will **not** extend the deadline for submission of responses to this RFP.

Under no circumstances will Letters of Intent to Propose be accepted after the deadline. Submitting a Letter of Intent to Propose indicates the Bidder's intention to develop a responsive Proposal for this RFP, although it does not obligate the Bidder to submit a Proposal. HCA may use the Letters of Intent to Propose as a pre-screening mechanism to determine whether minimum qualifications are met.

### 3.7 Evaluation Stages:

This RFP has three (3) *evaluation* stages, which include:

Review of Mandatory Elements;

Evaluation of Scored and Pass/Fail Elements; and

Review of provider networks to ensure essential provider networks are sufficient to meet the needs of the population.

### 3.8 Awarded Bidders:

One successful bidder will be selected to serve as the BH-ASO for the SWWA Regional Service Area. The award will be given to the top bidder unless another bidder has an equivalent score (within 2% of the total points), at which point the award will be given in accordance with section 7.9 of this RFP.

### 3.9 (M) Delivery of Proposals

The Proposal must be delivered to, and received by the RFP Coordinator, at the address specified in Section 3.1, no later than the date and time specified in the RFP Procurement Schedule. Bidders mailing Proposals should allow normal mail delivery time to ensure timely receipt of their Proposals by the RFP Coordinator. (NOTE: A post mark is not the equivalent of receipt.) Bidders assume the risk for the method of delivery chosen. Bidders are encouraged to submit their responses at least one day early to ensure against unforeseen delivery issues such as weather or traffic problems. HCA assumes no responsibility for delays caused by the U.S. Postal Service or other delivery systems regarding any documents relating to this RFP. Time extensions will not be granted. Documents received after the specified deadline will be deemed as non-responsive and will not be accepted, reviewed, or evaluated.

Emailed Proposals will not be accepted and will be disqualified. Whereas Bidders' questions, inquiries, and the Letters of Intent to Propose may be delivered by email, Final Proposals may not.

All Proposals and any accompanying documentation become the property of the HCA and will not be returned.

### 3.10 Bidders Questions and Answers

It is the responsibility of each potential bidder to carefully read, understand, and follow the instructions contained in this RFP and in any future amendments.

All questions regarding this RFP must be in writing and addressed to the RFP Coordinator. Emailed inquiries are permitted. HCA will only answer questions received by the date and time specified in the RFP Procurement Schedule. Questions received after the date and time stated in the schedule will not be accepted.

Questions will not be individually answered prior to the date scheduled for HCA responses unless the response could determine whether that bidder submits a Letter

of Intent to Propose or Proposal. Those questions and the response will become part of the official questions and answers, and later posted as an RFP Amendment.

Bidders' questions and HCA's official written answers will be posted in WEBS by the date in the RFP Procurement Schedule, and may be downloaded from the website. The RFP Coordinator will not send individual notification to Bidders when responses to the questions are available.

### 3.11 Complaint Process

A potential Bidder may submit a complaint regarding this RFP. Grounds for the complaint must be one (1) or more of the following:

- 3.11.1 The procurement unnecessarily restricts competition.
- 3.11.2 The described procurement evaluation or scoring method is unfair or flawed.
- 3.11.3 The procurement requirements are inadequate or insufficient to prepare a response.

The complaint must be submitted in writing to the RFP Coordinator by the Complaints Deadline listed in the RFP Procurement Schedule. The complaint may not be raised again during the protest period. The complaint must contain ALL of the following:

- 3.11.4 The complainant's name, name of primary point of contact, mailing address, telephone number, and e-mail address (if any);
- 3.11.5 A clear and specific statement articulating the basis for the complaint;
- 3.11.6 A proposed remedy.

HCA will send a written response to the complainant before the deadline for Proposal submissions. This is the sole and exclusive process for submitting any complaint regarding the RFP and for HCA to resolve any such complaint. The complainant does not have the right to an adjudicative proceeding or to any other type of formal "hearing." The submission of complaint, and any HCA action on any such complaint, is not subject to or governed by the Administrative Procedure Act. The response will explain HCA's decision and steps it will take in response to the complaint (if any). The complaint and the response, including any changes to the solicitation that may result, will be posted on the HCA website. HCA's decision is final; no further appeal will be available.

## 4 GENERAL PROVISIONS

### 4.1 Costs of Proposal Preparation

HCA will not be liable for any costs incurred by the Bidder in preparation of a Proposal submitted in response to this RFP, in the conduct of a presentation, in facilitating site visits or any other activities related to responding to this RFP.

#### 4.2 Alternative v. Amended Proposals

Each Bidder may submit only one Proposal. Unless specifically required in the RFP, HCA will reject Proposals if the Bidder includes alternatives within the Proposal or send multiple Proposals. Each Proposal must be all-inclusive and contain all required sections and elements in that singular proposal. Proposals submitted in separate stages will be rejected.

If a Bidder wishes to withdrawal and amend a proposal, it may do so in accordance with section 4.24. The subsequent submission will then be deemed as the final all-inclusive proposal.

#### 4.3 Ownership of Proposals

All Proposals and materials submitted in response to this RFP become the property of HCA. HCA will have the right to use information or adaptations of information that is presented in the responses, unless the information is marked "Proprietary" and is not: (1) already known to HCA prior to receipt of the information in the Proposal or materials submitted in response to this RFP, (2) subsequently disclosed to HCA by a third party who has the lawful right to make such disclosure, or (3) lawfully publicly available. Selection or rejection of the offer will not affect this right.

#### 4.4 Receipt of Insufficient Number of Competitive Proposals/Responses

If HCA receives only one (1) responsive Proposal as a result of this RFP, HCA reserves the right to either: (a) directly negotiate and contract with the Bidder; or (b) not award any contract at all.

#### 4.5 Non-Responsive Proposals/Waiver of Minor Irregularities

HCA will not be liable for any errors or omissions in Bidder's Proposal. Bidders will not be allowed to alter Proposal documents after the RFP Response due date as identified in the RFP Procurement Schedule.

Bidders are to read all instructions carefully. All Proposals will be reviewed by the RFP Coordinator to determine compliance with administrative requirements and instructions specified in this RFP. If you do not comply with any part of this RFP, HCA may, at its sole discretion, reject Your Proposal as non-responsive.

HCA, in its sole discretion, reserves the right to waive minor administrative irregularities contained in a Proposal. Such minor discretions may include items that:

1. Do not affect responsiveness;
2. Are merely a matter of form or format;
3. Do not change the relative standing or otherwise prejudice other offers;
4. Do not change the meaning or scope of the RFP;
5. Are trivial, negligible, or immaterial in nature;
6. Do not reflect a material change in the work; or
7. Do not constitute a substantial reservation against a requirement or provision.

#### 4.6 Amendment to the RFP

HCA reserves the right to revise the RFP and to issue amendment(s) to the RFP. HCA may correct errors in the solicitation document identified by HCA or a Bidder. Any changes or corrections will be made by one or more written amendment(s), dated, and attached to or incorporated in and made a part of this solicitation document. In addition, the answers to questions that are submitted to the RFP Coordinator, together with other pertinent information, shall be provided as an amendment to the RFP. All changes must be authorized and issued in writing by the RFP Coordinator. If there is any conflict between amendments/addenda, or between an amendment and the RFP, whichever document was issued last in time must be controlling.

The Bidder is instructed to disregard any oral representations it may have received. Proposal evaluation will be based on the material contained in the RFP and any amendments to the RFP that have been issued.

The Bidder must carefully examine all requirements, terms and conditions of this RFP. If any potential Bidder believes there are discrepancies, omissions or ambiguities in this RFP, the Bidder may submit a written request to the RFP Coordinator for an interpretation. Any inquiries, suggestions or requests concerning interpretation, clarification or additional information shall be made, in writing, (including email transmissions) and sent to the RFP Coordinator3.1.

#### 4.7 No Obligation to Buy

HCA reserves the right and without penalty to reject, in whole or in part, all Proposals, to award no contract as a result of this RFP, to advertise for new Proposals, to abandon the need for such services, and to cancel or reissue this RFP prior to execution of a contract if it is in the best interest of HCA to do so, as determined by HCA in its sole discretion.

#### 4.8 Mandatory Response Overview

The Bidder must complete a response to each mandatory question. Proposals may be disqualified for not completing Proposal sections. Each Mandatory item is noted with an (M) and scored on a Pass/Fail basis. Each Mandatory Scored item is noted with a (MS) and scored based on how well the Bidder's response complies with requirement.

In response to each RFP requirement, Bidders must clearly provide a detailed description of how they meet the requirement. The Proposal will be scored based on how well the Bidder meets HCA's requirements. Failure to meet an individual requirement may not be the basis for disqualification; however, failure to provide a response may be considered non-responsive and be the basis for disqualification of the Proposal.

#### 4.9 (M) Proprietary Information/Public Disclosure

HCA is subject to the Public Records Act, chapter 42.56 RCW. Bidder's Response can be disclosed through the process set forth in this subsection. Portions of

Bidder's Response may be protected from disclosure through the process set forth below.

A Bidder cannot restrict its entire Response or entire sections of the Response from disclosure.

A Bidder cannot restrict its pricing from disclosure.

If a Bidder wants to protect any Proprietary Information that is included in its Response, the information must be clearly identified by Bidder as Proprietary Information. Each page containing information that is claimed to be exempt from disclosure must be clearly identified by the word "Proprietary" printed on the lower right hand corner of the page. Bidder must also identify sections or pages claimed as Proprietary in its Letter of Submittal (Exhibit A).

Any attempts to overly restrict disclosure through use of footers on every page and/or other like statements restricting disclosure will not be honored and may subject Bidder to disqualification.

HCA will maintain the confidentiality of all information marked Proprietary to the extent consistent with the Public Records Act. If a public disclosure request is made to view Bidder's Proprietary Information, HCA will notify Bidder of the request and of the date that the Proprietary Information will be released to the requester unless Bidder obtains a court order from a court of competent jurisdiction enjoining that disclosure. If Bidder fails to obtain the court order enjoining disclosure, HCA will release the Proprietary Information, on the date specified.

HCA's sole responsibility shall be limited to maintaining Bidder's identified Proprietary Information in a secure area and to notify Bidder of any request(s) for disclosure for so long as HCA retains Bidder's information in HCA records. Failure to so label such materials or failure to timely respond after notice of request for public disclosure has been given shall be deemed a waiver by Bidder of any claim that such materials are exempt from disclosure.

HCA will charge for copying and shipping any copies of materials requested as outlined in chapter 182-04 Washington Administrative Code (WAC). Address requests for copying or inspecting materials to the RFP Coordinator named in this RFP.

HCA will retain RFP records in accordance with Washington State and HCA Records Retention Schedules.

#### 4.10 Acceptance Period

Proposals providing less than one hundred twenty (120) calendar days for acceptance by HCA from the Proposals due date will be considered non-responsive and will be rejected. Proposals that do not address all areas requested by this RFP may be deemed non-responsive and may not be considered for a possible contract resulting from this RFP

#### 4.11 .Authority to Bind HCA

The HCA Director and the Director's designees are the only persons who may legally commit HCA to the expenditures of funds under contracts and amendments to the contract resulting from this RFP.

The Contractor shall not incur, and HCA shall not pay, any costs incurred before a contract or any subsequent amendment is fully executed.

#### 4.12 Contract Terms

The Apparent Successful Bidder(s) will be expected to sign a contract with terms that are substantially the same as the sample contract included with this RFP as a draft Contract. The contract will also incorporate this RFP and the successful Proposal.

Either party may propose additional contract terms and conditions during negotiation of the final contract. By submitting a bid, each Bidder acknowledges that the contract is not a contract of adhesion and that the concept of construing contracts' terms against the drafter is inapplicable. The terms and conditions must be within the scope of the RFP and may not affect the Proposal evaluations. However, proposed alternate language to the Sample Contract (Attachment #1) by the bidder, must be included as an attachment to Exhibit B - Certifications and Assurances, as addressed on that Exhibit under paragraph 8.

If two or more organizations' joint proposal is the apparent successful proposal, **one organization must be designated as the Prime Bidder**. The Prime Bidder will be HCA's sole point of contact and will bear sole responsibility for performance under any resulting contract.

If the Apparent Successful Bidder refuses to sign the final contract within thirty (30) business days of delivery, HCA may cancel the selection and award the contract to the next-highest-ranked Bidder.

#### 4.13 Federal Funding Accountability and Transparency Act (FFATA)

The resulting contract may be supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how federal funds are spent.

To comply with the act and be eligible to enter into this contract, the Apparent Successful Bidder's organization must have a Data Universal Numbering System (DUNS®) number. A DUNS® number provides a method to verify data about Your

organization. If the organization does not already have one, it may receive a DUNS® number free of charge by contacting Dun and Bradstreet at [www.dnb.com](http://www.dnb.com)

The Apparent Successful Bidder may be required to complete a Federal Funding Accountability and Transparency Act (FFATA) Data Collection Form which must be returned with the signed contract. If applicable, the contract will not be executed until this form has been properly completed, executed, and received by the agency.

Required Information about the contracting organization and this contract will be made available on USASpending.gov by the Washington State Health Care Authority as required by P.L. 109-282. As a tool to provide the information, HCA encourages registration with the Central Contractor Registry (CCR) because less data entry and re-entry is required on behalf of both HCA and the contracting organization. Registration can be done with CCR on-line at <https://www.uscontractorregistration.com/>.

#### 4.14 Incorporation of RFP and Proposal in Contract

This RFP and the Bidder's response, including all promises, warranties, commitments, and representations made in the successful Proposal, are binding and incorporated by reference in HCA's contract with the Bidder.

#### 4.15 Most Favorable Terms

HCA reserves the right to make an award without further discussion of the Proposal submitted. Therefore, the Proposal should be submitted initially on the most favorable terms that the Bidder can offer. At its discretion, HCA reserves the right to request best and final offers from the RFP finalists. Bidder must be prepared to accept this RFP for incorporation into a contract resulting from this RFP. The contract may incorporate some of or the Bidder's entire Proposal. It is understood that the Proposal will become a part of the official file on this matter without obligation to HCA.

#### 4.16 Withdrawal of Proposals

Bidders may withdraw a Proposal that has been submitted at any time up to the Proposal due date and time listed in the Procurement Schedule. A written request to withdraw the proposal must be signed by an authorized representative of the Bidder and submitted to the RFP Coordinator by email. After withdrawing a previously submitted Proposal, the Bidder may submit another Proposal at any time up to the Proposal due date listed in the Procurement Schedule.

#### 4.17 Proposal Clarifications

HCA will make the sole determination of clarity and completeness in the Proposals to any of the provisions in this RFP. HCA reserves the right to require clarification, additional information and materials in any form relative to any or all of the provisions or conditions of this RFP. HCA reserves the right, at its sole discretion, to waive specific terms and conditions contained in this RFP.

#### 4.18 Waiver

Proposals are predicated upon acceptance of all terms and conditions contained in this RFP; the only exception to this is unless a Bidder has obtained a waiver of such proposal in writing from HCA prior to submission of the Proposal. Such a waiver, if granted, will be granted to all Bidders.

#### 4.19 Worker's Compensation Coverage

The Contractor will, at all times, comply with all applicable workers' compensation, occupational disease and occupational health and safety laws, statutes and regulations to the full extent applicable. Neither the state of Washington nor HCA will be held responsible in any way, for claims filed by the Contractor or their employees for service(s) performed under the terms of the contract awarded from this RFP.

#### 4.20 Minority and Women Owned and Veteran Owned Business Enterprises

In accordance with the legislative findings and policies set forth in chapter 39.19 RCW, and RCW 43.60A.200 and 39.22.240, the State of Washington encourages participation by veteran owned business enterprises and Minority & Women Owned Business Enterprises (MWBE), either self-identified or certified by, respectively, the Department of Veterans Affairs or the Office of Minority & Women's Business Enterprises (OMWBE). While the State does not give preferential treatment, it does seek equitable representation from the veteran owned business and minority and women's business communities.

Participation by veteran owned and MWBE contractors may be either on a direct basis in response to this RFP or as a subcontractor to a contractor. However, no preference will be given in the evaluation of Proposals, no minimum level of MWBE or veteran-owned business participation shall be required, and Proposals will not be evaluated, rejected or considered non-responsive on that basis.

Bidders may contact the Office of Minority & Women's Business Enterprises (OMWBE) at <http://www.omwbe.wa.gov/index.shtml> and/or the Department of Veterans Affairs at <http://www.dva.wa.gov/program/certified-veteran-and-servicemember-owned-businesses> to obtain information on certified firms for potential sub-contracting arrangements or for information on how to become certified.

#### 4.21 No Regulation by the Office of the Insurance Commissioner

HCA believes that the ASO will not be subject to Title 48 RCW and will not be subject to regulation by the Insurance commissioner (OIC).

#### 4.22 Right to Withdraw Award

HCA reserves the right to withdraw the letter of award if prior to executing the contract a receiver is appointed to take possession of the ASB's assets, the ASB makes a general assignment for the benefit of creditors, or the ASB becomes insolvent or takes or suffers action under the federal Bankruptcy Act. In such event, HCA may, in its sole judgment, issue a letter of award to the ASB ranked second as a result of the Proposal evaluation.

## 5 PROPOSAL CONTENT AND SUBMISSION

### 5.1 (M) Submission of Proposal

Bidders are required to submit portions of their Proposal in a hard copy format as well as an electronic (CD or flash drive) format. Both formats are to be submitted together at the same time, as one complete package.

Bidders must submit the hard copy formats as follows:

- 5.1.1 One (1) hard copy with original signatures of Exhibits A, B,
- 5.1.2 Five (5) identical copies of the Technical and Management Proposals (Exhibit C - Evaluation Questions).

Bidders must submit electronic copy formats, in Microsoft Office software 2003 or later of the below noted documents. The diskettes or flash drives are to be packaged with the original hard copy Proposal. Each response, as noted below, must be on a separate CD-RW/CD-ROM or flash drive:

- 5.1.3 One (1) electronic copy containing the following information:
  - 5.1.3.1 all of the responses and the execution of Exhibit A;
  - 5.1.3.2 the execution of Exhibit B, plus any stated exceptions pertaining to subparagraph 7 of exhibit B;
  - 5.1.3.3 all responses to the Management and Technical Proposal section (Exhibit C – Evaluation Questions).

All three exhibits may be included on the same diskette or flash drive, and must be labeled with the following identifying information, “Exhibit A – C / RFP #15-026,” and include the Bidder’s name.

- 5.1.4 Two (2) electronic copies of the Bidder’s proposed Network, via the Microsoft Excel format as used in Exhibit I. Each diskette or flash drive must be labeled with the following information: Exhibit I/ RFP #15-026 [include Bidder’s name].

NOTE: Exhibit I– Network Adequacy provides instructions and information for preparing the Geo-Coding Network documents.

The RFP Coordinator must receive the complete Proposal (both hardcopy and electronic formats) at the specified address (section 3.1) no later than the date and time specified in RFP Procurement Schedule (section 3.4).

For the Proposal to be considered complete, the Bidder must comply with all requirements of this RFP. Bidders must submit a single Proposal that responds to, and includes, all requirements of the RFP. Bidder’s failure to comply with any part of the RFP may result in the Bidder’s Proposal being disqualified as non-responsive. If Bidders have any questions or concerns with the requirements of this RFP, they are strongly advised to contact the RFP coordinator (by email) as early as possible.

## 5.2 Proposal Layout

- 5.2.1 Each Proposal should be prepared simply and economically, providing straightforward and concise descriptions of the Bidder's ability to meet each of the requested requirements of this RFP.
- 5.2.2 (M) Proposals must provide information in the same order as presented in this RFP with the same headings.
- 5.2.3 (M) Proposals must be prepared using 12-size font Arial or Times Roman and printed on single-side 8.5" x 11" inch paper using separators for each of the major sections of the Proposal. Each hardcopy of the proposal must be bound either by binder clips (one for each section, and one binding the entire hard copy) or in a 3-ring binder. **Do not use spiral binding.**
- 5.2.4 (M) The proposal must include proper completion of each section stated below. Responses must correspond to the Exhibit reference as used in this RFP.
  - 5.2.4.1 Letter of Submittal (Exhibit A);
  - 5.2.4.2 Certification and Assurances (Exhibit B);
  - 5.2.4.3 Management and Technical Specifications Proposal - Evaluation Questions. (Exhibit C). Responses to the Management and Technical Specifications section (Exhibit C), each bidder must restate the question number and text of the question as it appears in the RFP, and then provide the response.
  - 5.2.4.4 Network Adequacy (Exhibit H), GeoCoding. Responses must follow the instructions provided for this Exhibit.
- 5.2.5 (M) All written pages must be consecutively numbered, with the first page of each section starting off with the page number following the last page of the prior section. All pages must also contain the name of the Bidder. The firm name and the page number may be located at the top or bottom (header or footer) of each page, but the location must be consistent throughout.
- 5.2.6 (M) Attachments relating to written narrative for Exhibit C, must be properly labeled and include the question/number to which it corresponds
- 5.2.7 Evaluators will only evaluate materials provided in the Proposal that are responsive to the requirements. It is the Bidder's responsibility to fully articulate their response to each question. Bidders should not assume that the evaluators understand the business policies or practices of the Bidder's organization.
- 5.2.8 (M) Proposals must only be based on the material contained in this RFP, in an official amendment to this RFP. Bidders are to disregard any

previous draft material and any oral representations they may have previously received.

5.2.9 It is the bidder's responsibility to ensure all of the pages are included and properly formatted in the original, and in all of the copies that the Bidder provides. Evaluators will not have access to pages that were included in the original, but not in the copies.

5.2.10 (M) The Bidder must ensure that responses to each section requirement or questions stand alone and do not refer to or rely on responses in other sections. Each evaluator is assigned to a specific section of the proposal and will only review responses to the questions in that section. There is no ability for evaluators to cross-reference different sections.

### 5.3 (M) Letter of Submittal

The Letter of Submittal must be submitted using Exhibit A, "Letter of Submittal." Bidders must complete all sections of the Letter of Submittal and sign where indicated. Signing the Letter of Submittal, indicates the Bidder accepts the terms and conditions of the RFP. Failure to address all of the elements identified in the Letter of Submittal may result in disqualification.

It is important to fully read Exhibit A, Letter of Submittal, as there are additional pages that the bidder may have to attach, depending on the responses to the related questions.

### 5.4 (M) Certification and Assurances

The certification and assurances must be executed as written in Exhibit B. Failure to execute the exhibit in its official form will result in the Bidder's Proposal being disqualified.

## 6 PROPOSAL SPECIFICATIONS

### 6.1 (MS) Management and Technical Proposal Specifications

Exhibit C contains evaluation questions relating to management and technical specifications of a bidder's organization. The breakdown of the evaluation questions is as follows:

Category Sections	# of Questions per Section	Weighted Total Points
Organization and Experience	3-Scored & 2 P/F	50
Payment and Sanctions	3 - Scored	50
Crisis Response	8 - Scored	200
Access to Care	2 - Scored	50
QM	3- Scored	100
Information Systems/Claims	10-Scored	100
UM Program/Service Authorization	5 - Scored	100
Care Coordination	5 - Scored	100
Special Provisions for BH/Personnel	1-Scored	25
Implementation/Business Continuity	2 - Scored	25
Network Adequacy	4 - Scored	100

Some responses to the evaluation questions have page limits as set forth on each question in the exhibit; such page limits are absolute. Evaluators will not read beyond the stated limit for any question. Bidders who exceed the page limit multiple times may be disqualified as being non-responsive.

## 7 EVALUATION

### 7.1 Evaluation Process

The evaluation process is designed to award a Contract to the Bidder with the best combination of attributes based on the evaluation criteria. Bidders are also encouraged to submit Proposals which are consistent with State government efforts to conserve state resources.

Evaluations will only be based upon information provided in the Bidder's Proposal. Bidders should take every precaution to assure that all answers are clear, complete and directly responsive to each specific requirement. Proposals will be evaluated strictly in accordance with the requirements set forth in this RFP and any issued amendment.

### 7.2 Clarification

After the deadline for bid submissions, no Proposal will be altered or amended. However, HCA reserves the right, at the discretion of the evaluators, to contact a

Bidder for clarification of response contents if necessary. NOTE: this clarification process is only used to clarify information that was contained within the Proposal; it is not a means of providing or incorporating information that was otherwise not included in the original submission packet. Additionally, evaluators have no obligation to clarify, and may simply evaluate the response as provided.

### 7.3 Evaluation Procedures

All Proposals received by the stated deadline will first be reviewed by the RFP Coordinator to ensure that the Proposals contain all of the required information requested in the RFP. Only responsive Proposals that meet the requirements will be forwarded to the evaluation team for further review. Any bidder who does not meet the stated qualifications or any Proposal that does not contain all of the required information will be rejected as non-responsive.

The evaluation of Proposals will be accomplished by an evaluation team, to be designated by HCA. Cumulative scored results of the evaluations will determine the ranking of the Proposals.

Responsive Proposals will be reviewed and ranked by a selection committee using a point/weighted scoring system. The relative point total for each section is noted below in section 7.4.

The Bidder with the highest combined score will be invited to initiate contract negotiations. If an additional bidder has an equivalent score (within 2% of the total points), a determination will be made in accordance with section 7.10.

### 7.4 Evaluation Scoring

Mandatory Requirements marked by (M), and evaluation questions that are based on a pass/fail basis are not scored as part of the point total. The mandatory scored questions (marked as MS) and Network Adequacy factors are scored on a weighted point total basis.

The graph below provides an overview of the evaluation format and the weighted points assigned for section.

<b>Evaluation Criteria</b>	<b>Maximum Weighted Points Possible</b>
RFP Compliance	N/A - Pass/Fail basis
Mandatory Management Review	N/A - Pass/Fail basis
<ul style="list-style-type: none"> <li>• Letter of Submittal – Exhibit A</li> <li>• Certifications and Assurances – Exhibit B</li> </ul>	N/A - Pass/Fail basis N/A - Pass/Fail basis
Management and Technical Proposal – (Exhibit C)	900 pts
Network Adequacy Submission	100 pts
<b>Total</b>	<b>1,000</b>

## 7.5 Pass/Fail Evaluations

RFP Compliance and Mandatory questions (marked by [M]) of the Bidder's Proposal will be scored on a Pass/Fail basis.

Proposals not receiving a passing determination in regards to RFP Compliance may be deemed as being non-responsive and disqualified from further consideration.

Proposals not receiving a passing determination on Mandatory Management Review will be deemed as not meeting the minimum mandatory requirements and will be eliminated from further consideration.

Proposals not receiving a passing determination on Mandatory (M) evaluation questions (in Exhibit C), may be disqualified and removed from consideration at HCA's discretion based on an overall analysis of the entire proposal.

## 7.6 Mandatory Scored (MS) Requirements: Technical and Management Proposals (Exhibit C)

Evaluators will evaluate and assign a score to each Mandatory Scored (MS) requirement based on how well the Bidder's response satisfies the requirement.

Evaluators will assign scores on a scale of zero (0) to ten (10) where the end and midpoints are defined as follows:

- 0 (No value) = Response is missing, totally inadequate or does not fully comply with the requirement.
- 1-3 (Poor) = Response has not fully established the capability to perform the requirement or has marginally described its ability.
- 4-6 (Average) = Response shows an acceptable capability to meet the requirement and has shown sufficient detail to be considered as meeting the expectation stated in the requirement.
- 7-9 (Good) = Response indicates an above-average capability to meet the requirement and has provided a complete description of the capability.
- 10 (Excellent) = Response demonstrates far superior capability and clearly exceeds expectations.

A score of zero (0) on any scored requirement may cause the entire response to be eliminated from further consideration.

## 7.7 Weighting of Scores

Every question within the Technical and Management Specifications section will be graded on a 0 (low) to 10 (high) scale and carry the same single-question weight as every other question within that section. Because each section has an independent number of questions, and because each section has its own cumulative score, each section will carry a weighted multiplier so that the highest possible point

total equals the posted possible score for that section. The weighted multiplier for each section will be determined by taking the posted score for each section and then dividing that score by the number of questions within that section times ten (10). (Total Possible Points / [number of scored questions x ten] = the Multiplier).

Example 1: If by example a section has eight (8) scored questions and a posted total score of one-hundred (100) points, then the multiplier for that section will be one and twenty-five one-hundredths (1.25) -- derived as follows:  $100 / 80 = 1.25$ . Accordingly, if a bidder received a tallied score for that section of seventy (70), then the weighted score (determined as  $70 \times 1.25$ ) would equal eighty-seven and one-half (87.5). All weighted scores ending with .5 to .9 will be rounded up, and all weighted scores ending with .1 to .4 will be rounded down. Thus the final weighted score for would equal eighty-eight (88). If the Bidder received a tallied score of seventy-three (73), the final weighted score would be ninety-one (91) -- determined as  $73 \times 1.25 = 91.25$ ; rounded down to 91.

Example 2: If by example a section has seven (7) scored questions and a posted total score of fifty (50) points, then the tallied point total would be multiplied by a factor of .71 ( $50 / 70 = .71$ ). If a bidder received a tallied score of 60, then the final weighted score for that section would equal 43 ( $60 * .71 = 42.6$ ; rounded up to 43).

#### 7.8 Final Score and Selection of Apparent Successful Bidder

The RFP Coordinator will compute the Bidder's Final Score by totaling the weighted Section Scores from Bidder's Technical and Management Proposal, and the total scores from the Network Proposal.

Final Score = Total Technical/ Management Specifications Score + Network Proposal Score.

The top proposal, based on the highest cumulative score, will be selected as the Apparent Successful Bidder

#### 7.9 Substantially Equivalent Scores

Equivalent scores are scores separated by two (2.0) percent or less in total points. If multiple Proposals receive an equivalent score, HCA may, at its sole discretion, select as the Apparent Successful Bidder, the one whose Proposal is in HCA's best interest relative to the overall purpose and objective as stated in Section 2 of this RFP.

HCA's best interest will be determined by HCA managers and executive officers; the basis for such determination will be communicated in writing to all Bidders with equivalent scores.

#### 7.10 Contract Award

The Bidder with the highest Final Score will be selected as the Apparent Successful Bidder. HCA will notify the Apparent Successful Bidder of the award by the date identified in RFP Procurement Schedule.

### 7.11 Notification of Unsuccessful Bidders

Bidders, whose Proposals have not been selected will be notified via email.

### 7.12 Debriefing of Unsuccessful Bidders

Bidders who submitted a Proposal and were not selected will be given the opportunity for a debriefing conference. The RFP Coordinator must receive the request for a debriefing conference within three (3) business days after the notification of unsuccessful Bidder email is sent. The debriefing shall be held within three (3) business days of the request.

Discussion will be limited to a critique of the requesting Bidder's Proposal including the factors considered in the evaluation of that Proposal and the Bidder's performance with regard to the solicitation requirements. Comparisons between Proposals or evaluations of the other Proposals will not be allowed. Debriefing conferences may be conducted in person or on the telephone and will be scheduled for a maximum of thirty (30) minutes.

## **8 RESOLUTION OF PROTESTS**

### 8.1 Protests

Bidders protesting this procurement shall follow the procedures described in section 8.3 below. Protests that do not follow these procedures shall not be considered. This protest procedure constitutes the sole administrative remedy available to Bidder under this procurement.

HCA shall not accept any protest before the announcement of the Apparent Successful Bidder.

The protest procedure is only available to Bidders who submitted a response to this RFP **and** who have participated in a debriefing conference. HCA must receive a protest within five (5) business days of the debriefing.

### 8.2 Procurement Records Disclosure

A Bidder may request copies of solicitation and evaluation documents or may inspect solicitation and evaluation documents in order to make a decision about the efficacy of making a protest. Such a request must be in writing and sent to the RFP Coordinator. HCA will respond within five (5) Business Days of receipt of the request.

The requested documents will either be sent to or made available to the requesting Bidder, except for any portions of the documents that have been identified as Proprietary Information. HCA will follow the process set forth in Section 4.9 Proprietary Information/Public Disclosure before disclosing any portions of Proposals that have been identified as Proprietary Information.

If more time is needed, HCA will inform the requestor of the date the requested documents will be available.

### 8.3 Grounds for Protest

8.3.1 A protest may be made based on these grounds only:

8.3.1.1 A matter of bias, discrimination, or conflict of interest on the part of an evaluator;

8.3.1.2 Errors in computing the scores; or Non-compliance with procedures established in this RFP document, or

8.3.1.3 HCA protest process or DES requirements.

8.3.2 Protests not based on these grounds will not be considered. Protests will be rejected as without merit if they address issues such as: 1) An evaluator's professional judgment on the quality of a proposal, or 2) HCA's assessment of its own needs or requirements.

## 8.4 Protest Form and Content

8.4.1 A Protest must state all of the facts and arguments upon which the Protest is based, and the grounds for the Protest. It must be in writing and signed by a person authorized to bind the Bidder to a contractual relationship. At a minimum, the Protest must include:

8.4.1.1 The name of the protesting Bidder, mailing address and phone number, and the name of the individual responsible for submission of the Protest;

8.4.1.2 The RFP number and title

8.4.1.3 A detailed and complete statement of the specific action(s) by HCA under Protest;

8.4.1.4 The grounds for the Protest;

8.4.1.5 Description of the relief or corrective action requested.

8.4.2 Bidders may attach supporting documentation to their Protest as they deem necessary and proper.

## 8.5 Submitting a Protest

Protests must be in writing, must be signed by the Bidder and must be received by the HCA Contract Administrator at the address below within five (5) Business Days after the debriefing conference. Protests may be submitted by email.

All protests shall be emailed to Melanie Anderson, HCA Contract Administrator as follows:

Email: [contracts@hca.wa.gov](mailto:contracts@hca.wa.gov)

The subject Line must contain the RFP #15-026 – BH-AS0: Protest by [include Bidder's Organization's name].

Upon HCA's receipt of a protest, a review and investigation will be conducted by a neutral party that had no involvement in the evaluation and award process. The reviewer will conduct an objective review of the Protest, based on the contents of the written Protest and the RFP and any amendments, the Proposals, all documents showing evaluation and scoring of the Proposals record and any other pertinent information and issue a decision within ten (10) Business Days of receipt of the protest, unless additional time is needed. If additional time is needed, the protesting Bidder will be notified of the delay.

In the event a protest may affect the interest of another Bidder that submitted a Proposal, such Bidder will be given an opportunity to submit its views and any relevant information on the protest to the Contract Administrator.

HCA will make a final determination on the protest; in accordance with such findings, HCA will:

- Find the protest lacking in merit and uphold HCA's action.
- Find only technical or harmless errors in HCA's acquisition process and determine HCA to be in substantial compliance and reject the protest.
- Find merit in the protest and provide HCA options which may include:
  - that HCA correct the errors and re-evaluate all Proposals
  - that HCA reissue the RFP document and begin a new process
  - other courses of action as appropriate

If the reviewer determines that the protest is without merit, HCA will enter into a contract with the Apparent Successful Bidder. If the protest is determined to have merit, HCA will take the appropriate alternative as noted in the preceding paragraph.

**EXHIBIT A**  
**Letter of Submittal**  
**Request for Proposal #15-026**  
**Requirement of Section 5.3**

Bidder must provide all requested information in the space provided next to each numbered section below. Be advised that HCA retains review rights regarding subcontractors and may require copies of all subcontracts related to this project.

Many of the questions require information if you answer “yes”. Please provide your response in the space provided unless otherwise directed to submit on a separate page (note: the spaces provided can expand to allow for more text to be typed in if necessary). If you are directed to provide answers on a separate page, please identify the question and corresponding number that you are responding to, and attach that document to this Exhibit A.

**1. COMPANY INFORMATION:**

(a)	Firm Legal Name*			
	Street Address			
	Mailing Address:			
	Delivery Address			
	City, State, ZIP			

**\*Legal Name Verification:** Many companies use a “Doing Business As” name or a nickname in their daily business. However the State requires the legal name of your company as it is legally registered in the State of Washington or the state in which your company was registered. Enclose proof of the legal name of your company from the Secretary of State’s Office, Washington State Business Licensing Service (<http://bls.dor.wa.gov/>) or your state’s equivalent if not a Washington business.

(b)	DBA (if any)			
	Telephone Number			
	Area Code:	Number:	Extension:	

(c)	Toll Free Number			
	Area Code:	Number:	Extension:	

(d)	Email Address			

(e)	A list identifying which parties of the organization have the authority to sign contracts/amendments on behalf of the firm.			

(f)	Names, addresses, e-mail addresses and telephone numbers of the sole proprietor, partners, or principle officers as appropriate to the organization		
	Name & Title:		
	Address:		
	Email Address:		
	Telephone Number		
	Area Code:	Number:	Extension:

(g)	Primary Contact Person for Questions/Contract Negotiations, including address if different than above		
	Name & Title:		
	Address:		
	Email Address:		
	Telephone Number for Contact Person		
	Area Code:	Number:	Extension:

**Double-Click in checkbox to select**

(h)	Legal Status	<input type="checkbox"/> Partnership	<input type="checkbox"/> LLP	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC
		<input type="checkbox"/> Government	<input type="checkbox"/> Sole Proprietorship		
		<input type="checkbox"/> S-Corporation	<input type="checkbox"/> Non Profit (501(c)(3))*		

\*Organizations claiming status under Section 501(c)(3) of the Internal Revenue code must provide a copy of the determination letter that recognizes that status.

**Double-Click in checkbox to select**

(i)	WA State UBI	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Bidder must be licensed in the state of Washington before any resulting contract is executed. **If no current UBI** affirm on a separate page that your organization will obtain a business license before executing contract.

If the State of Washington has exempted your business from state licensing, submit proof of that exemption. (For example, some foreign companies are exempt and in some cases, the State waives licensing because the company does not have a physical presence in the State). All costs for any licenses, permits and associated tax payments due to the state as a result of licensing shall be borne by the vendor and not charged to the HCA.

**Double-Click in checkbox to select**

(j)	Statewide Vendor Number (SWV)	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Bidder must be registered with the Washington State Department of Enterprise Services as a statewide vendor. **If no current SWV number**, affirm that your organization will obtain a SWV number within ten (10) days of executing contract.

The state of Washington prefers to utilize electronic payment in its transactions. The successful contractor will be expected to register as a statewide vendor. This allows Contractors to receive payments from all participating state agencies by direct deposit, the State's preferred method of payment.

Forms necessary for registration can be obtained at:  
<http://des.wa.gov/services/IT/SystemSupport/Accounting/Pages/swps.aspx>.

(k)	Federal Tax Identification Number	
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(l)	Dun & Bradstreet Number (DUNS)	
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DUNS is a unique nine-digit sequence of numbers issued by Dun and Bradstreet to a business entity. Any organization that has a Federal contract or grant must have a DUNS Number. See also paragraph 4.14 of RFP #15-026 for more information

(m)	MWBE Certification Number	
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Proof of certification by the Washington State Office of Minority & Women's Business Enterprises for your business or for subcontractors must be attached to your letter of submittal. Proof of Federal certification as a Minority, Women-Owned, or Disadvantaged business is acceptable.

**Double-Click in checkbox to select**

(n)	Subcontractor (s)	<input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, then complete and provide information identified below for each subcontractor on a separate sheet of paper)
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A Bidder's failure to provide this information may cause the state to consider their proposal non-responsive and reject it. The substitution of one subcontractor for another may be made only at the discretion and prior written approval of the project director. The contractor is liable and responsible for all subcontractor work. All issues dealing with the subcontractor are the responsibility of the contractor.

**Please attach any subcontractor information to Exhibit A. Information needed for Subcontractors:**

- a. Legal Name, Address, Federal Employer Identification Number (FEIN)
- b. Contact Person Name, Title, Telephone Number, and E-mail Address
- c. Identify if subcontractor is a minority owned, women owned, veteran owned, or disadvantaged business. If yes, include the percentage and dollar amount of their participation.
- d. Services to be provided by subcontractor.
- e. Has the subcontractor had a contract terminated for default within the last five years?
- f. Has the subcontractor, including any of its officers or holder of controlling interest; presently or been previously debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in any federal contracts or grants by any federal department or agency?
- g. If the subcontractor's staff was an employee of the state of Washington during the past 24 months, or is currently a Washington State employee, identify the individual by name, the agency previously or currently employed by, job title or position held and separation date.

**2. TERMINATION FOR DEFAULT**

(a)	Has Bidder had a contract terminated for default within the last five years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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If yes, submit on a separate sheet of paper the full details including the other party's name, address, and telephone number. The Bidder must specifically grant HCA permission to contact any and all involved parties and access to any and all information HCA determines is necessary to satisfy its investigation of the termination. HCA will evaluate the circumstances and may, at its sole discretion bar the participation of the Bidder from this solicitation. *If discovered post contract award, failure to disclose any termination for default will result in termination of the contract with liquidated damages.*

### 3. CONTRACTS WITH HCA

(a)	Has the Bidder contracted with the HCA during the past 24 months?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Answer		

If yes, indicate in the text box above, the contract number and project description.

### 4. STATE OR FEDERAL DEBARMENT CERTIFICATION

(a)	Is the Bidder, including any of its officers or holder of controlling interest; presently or been previously debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in any federal contracts or grants by any federal department or agency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
-----	---	--

If yes, submit on a separate sheet of paper the full details surrounding the present or past debarment action (to minimally include all information necessary to identify the contract and other contracting parties). The Bidder must specifically grant HCA permission to contact any and all involved parties and access to any and all information HCA determines necessary to satisfy its investigation of the debarment action. HCA will evaluate the circumstances and may, at its sole discretion, decline the participation of the Bidder from this solicitation. *If discovered post contract award, failure to disclose any debarment matters will result in termination of the contract with liquidated damages.*

**5. CONFLICT OF INTEREST INFORMATION:** Failure to fully disclose any real or potential conflict of interest may result in disqualification of the Bidder or Termination for Default of any contract with the Bidder resulting from this solicitation if discovered post contract award.

(a)	Is/was any person on the Bidder's staff an employee of the state of Washington during the past 24 months, or currently a Washington State employee?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Answer		

If yes, identify in the above text box, the individual by name, the agency previously or currently employed by, job title or position held, and separation date.(if any); also state the person's positions within your organization, and proposed duties under any resulting contract from this RFP.

If applicable, indicate whether individual providing services retired using the 2008 Early Retirement Factors (ERF) or whether the company is owned by an individual who retired under the ERF and receiving compensation as a result of the contracted service.

(b)	Is any owner, key officer or key employee of the Bidder related by blood, marriage, or qualified domestic partner to an employee of HCA or has close personal relationship to the same?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Answer		

If yes, identify in the above text box, the parties, their current or proposed positions, and describe the nature of the relationship.

(c)	Is the Bidder aware of any other real or potential conflict of interest?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Answer		

If yes, disclose in the above text box the nature and circumstance of such potential conflict of interest. If after review of the information provided and the situation, HCA determines that a potential conflict of interest exists, HCA may, at its sole discretion, may request additional clarifying information, and may further disqualify the Bidder from participating in this procurement.

**6. ADMINISTRATIVE**

(a)	Include a list of all RFP amendments downloaded by the Bidder from the WEBS and list in order by amendment number and date. If there are no RFP amendments, the Bidder must include a statement to that effect below this question.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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**7. CONFIDENTIALITY**

(a)	Are there any pages in the proposal that the bidder has marked as “Confidential” or “Proprietary” (RFP Section 4.9)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
-----	--	--

If yes, any information in the proposal that the successful Bidder desires to claim as proprietary and exempt from disclosure under the provisions of Chapter 42.56 must be clearly designated. The page must be identified and the particular exception from disclosure upon which the Bidder is making the claim must be listed. Each page claimed to be exempt from disclosure must be clearly identified by the word “Confidential” printed on the lower right hand corner of the page.

Include a separate piece of paper attached to this **Exhibit A, Letter of Submittal** indicating the pages that have been marked “Confidential” and the particular exception from disclosure upon which the Bidder is making the claim.

**AUTHORIZED SIGNATURES:**

*By signing below you hereby certify that you are an authorized representative of your firm/company and empowered to negotiate, enter into, and execute, in the name and on behalf of your firm/company, any agreements or documents associated with this RFP and to bind your firm/company to the obligations stipulated therein.*

Name of Individual(s) Authorized to Bind the Organization	
Printed Name:	Title:

Signature ( <i>Individual must be authorized to Bind the Organization</i> )	
Signature:	Date:

## EXHIBIT B CERTIFICATION AND ASSURANCES

I, personally, and on behalf of the entity I represent named below, make the following certifications and assurances as a required element of the proposal to RFP #15-026. I further understand that the truthfulness of facts affirmed here and the continuing compliance with these requirements are conditions precedent to the award and continuation of the related contract:

1. I declare under the penalty of perjury, under the laws of the State of Washington, that all answers, statements, and documents included in the proposal are true and correct.
2. The attached proposal is a firm offer for a period of 120 days following receipt, and it may be accepted by the Health Care Authority (HCA) without further negotiation (except where required by lack of certainty in key terms) at any time within the 120-day period.
3. In preparing this proposal, I/we have not been assisted by any current or former employee of the state of Washington or of Clark or Skamania counties whose duties relate (or did relate) to this proposal or prospective contract, and who was assisting in other than his or her official, public capacity. Neither does such a person nor any member of his or her immediate family have any financial interest in the outcome of this proposal or bid. (Any exceptions to these assurances are described in full detail on a separate page and attached to this document.)
4. I/we understand that the HCA will not reimburse our entity for any costs incurred in the preparation of this proposal. All proposals become the property of the HCA, and I/we claim no proprietary right to the ideas, writings, items, or samples, unless so stated in this proposal.
5. I/we are willing to collaborate with DSHS and HCA, as well as members of the SWWA Implementation Team, in a readiness review if selected as the Apparently Successful Bidder (ASB).
6. I/we acknowledge that we fully understand all required elements as stated in section 3.6 of RFP #15-026, ("Minimum Requirements"), and that we currently meet all of the minimum required elements, and further that we agree to perform and maintain performance of all actions that may be required by us in accordance thereto.
7. I/we acknowledge and agree that submission of the proposal in response to RFP #15-026 constitutes acceptance of the solicitation contents, including the general terms and conditions of the sample contract electronically included with this RFP as *Attachment 1 – BH-ASO Sample Contract*. As for any exceptions that I/we may have to the contract terms, I/we have identified the same per the format noted below:

[ ] By noting the page and paragraph number relating to the non-accepted language of the draft contract, and stating such exceptions to that language in writing, and attached to this Exhibit B.

[ ] I/we have identified the exceptions by using editorial tracking comments on the Microsoft Word version of the sample contract document (incorporated into the RFP as Attachment 1), and have re-saved that document under the file name similar as follows: "Sample Draft BH-ASO Contract - Exceptions by [name of your entity/organization]" and have included that saved version as part of our electronic format of our proposal. (Per Section 5.1.3 of the RFP, it is saved on the same diskette or flash drive containing this Exhibit.)

8. I/We along have made no attempt, or will make any attempt, to induce any other person, entity, or bidder to submit or not to submit a proposal for the purpose of restricting competition.
9. I/we grant the HCA the right to contact references and others, who may have pertinent information concerning our prior experience and ability to perform the services contemplated in this procurement.

---

Signature of Proposer

---

Title

---

Date

---

Name of Entity/Organization Represented.

*Note: This Exhibit needs to be signed and submitted as part of the hardcopy format (RFP paragraph 5.1.1), and also submitted electronically (with signature included) as part of the electronic format (RFP paragraph 5.1.3).*

**EXHIBIT C – EVALUATION QUESTIONS**  
**Technical and Management Specifications**  
**STATE OF WASHINGTON - HEALTH CARE AUTHORITY**  
**REQUEST FOR PROPOSAL (RFP) No #15-026**

**Introduction:**

In accordance with RFP paragraph 7.4, the evaluation and scoring of the Technical and Management Specifications is worth a total of 900 points. There are eleven (11) categories covered in this section/exhibit. Below is a breakdown of the categories, the number of questions in each category (scored or determined pass/fail) and the total weighted amount of points that each category is worth.

Category Sections	# of Questions per Section	Weighted Total Points
Organization and Experience	3- Scored & 2 P/F	50
Payment and Sanctions	3 – Scored	50
Crisis Response	8 – Scored	200
Access to Care	1 – Scored	50
QM	3- Scored	100
Information Systems/Claims	7- Scored	100
UM Program/Service Authorization	5 - Scored	100
Care Coordination	5 - Scored	100
Special Provisions for BH/Personnel	1- Scored	25
Implementation/Business Continuity	1 - Scored	25
Network	4 - Scored	100

**Weighting:**

Each scored question (non-pass/fail questions) will be evaluated and scored on a scale of one (low) to ten (high). Each question within a given category will hold the same weight as every other question within that respective category. Each category, however, will be mathematically weighted so that the maximum possible score for that category is equal to the posted weight total for that category. Additional information on the mathematical calculations for the weighting can be found in section 7.7 of the RFP.

**Format Instructions:**

All answers and documents must be submitted in accordance with the requirements set forth in Section 5 (Proposal Content and Submission) of the RFP. It is each bidder’s responsibility to understand and follow the requirements as written. Strict compliance is necessary; failure to properly follow the requirements may lead to the bidder’s proposal being disqualified.

**EVALUATION QUESTIONS:**

**8.6 Organization and Experience**

**Question 1: (M) Pass/Fail:**

Using the grid provided below, list the proposed location(s) to administer each of the following required functions; include all information requested on the grid. For any subcontractor(s) that will perform functions, in whole or in part, fill in a grid for them separately as it relates to each subcontractor’s location. If hours of operation vary by function, or when multiple locations will be used to carry out the same functions, fill out a separate grid to cover each scenario.

- a. Customer service/information and referral.
- b. Utilization management (UM).
- c. Care management (CM).
- d. Network development and contracting.
- e. Provider relations.
- f. Quality management (QM).
- g. Information technology.
- h. Claims administration
- i. Staff and provider training.
- j. Government/community/tribal liaison.

Name of Location		
City, state, zip		
Date first operational at this location	Month/Year	
Hours of operation	<b>From</b>	<b>To</b>
<i>Monday – Friday</i>	<i>am/pm</i>	<i>am/pm</i>
<i>Saturday/Sunday/Holidays</i>	<i>am/pm</i>	<i>am/pm</i>
Listed functions provided by:	<input type="checkbox"/> Bidder	<input type="checkbox"/> Subcontractor
Functions to be provided at this location under these hours of operation. (List by corresponding letter from above).	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J	

*Page limit: NA. Bidders should copy and paste as many grids as needed to fully complete the response.*

**Question 2: (M) Pass / Fail**

For any service that You currently delegate, or expect to delegate to another entity, provide the following information: (If You do not intend to delegate any services simply write N/A.)

- a. Description of how You selected and qualified the delegated entity.
- b. Your plan, including timelines, for the monitoring and oversight of the delegated services.
- c. Acknowledgement of whether the delegated entity filed for bankruptcy in the most recent five (5) calendar years.
- d. Acknowledgement of whether the delegated entity has had any negative audit findings in the most recent two (2) years.

*No set page limit.*

### **Question 3: (MS) Scored**

Submit Your organizational chart(s) and attached a narrative that explains the chart(s) in regards to the following categories of information:

- a. Address each of the following functional areas.
  - i. Customer services/information and referral.
  - ii. Crisis response system, including crisis hotline and mobile outreach
  - iii. UM.
  - iv. CM.
  - v. Network development and contracting.
  - vi. Provider relations.
  - vii. QM.
  - viii. Information technology.
  - ix. Claims administration.
  - x. Staff and provider training.
  - xi. Government/community liaison.
- b. List the departments and reporting structure for all personnel, including behavioral health (BH) personnel.
- c. List key positions, managerial positions, and qualified operational staff.
  - i. Key personnel and managerial staff positions should be individually reflected in the organizational chart.
  - ii. Qualified operational staff should be rolled up by functional area.
- d. Include all lines of authority and responsibility for each of the functional areas listed in section a, above.
- e. If any services will be delegated, reflect the primary individuals responsible for oversight of each delegated entity.

*No set page limit.*

### **Question 4: (MS) Scored**

List up to two government/public sector customers for which You have managed comparable BH services in the most recent three (3) calendar years. Provide the following information separately for each customer listed. In addition to the information in the grids, provide a narrative on how the listed contract(s) best demonstrate your ability to fully satisfy the sample BH-ASO contract (Attachment #1).

Customer Name:		Contract #:		
Type of contract (e.g., carve-out, carve-in)				
Financial arrangement (e.g., full risk, partial risk, Administrative Services Organization [ASO])				
Service area (e.g., statewide, single county)				
Annual contract value for most recent contract year	Contract Year 20xx	Contract Value \$Xx,xxx,xxx		
Number of eligible members by populations and fund source		<b>TXIX/TXXI</b>	<b>SO/FBG</b>	<b>Other</b>
	<i>Child</i>	Xxx,xxx	Xxx,xxx	Xxx,xxx
	<i>Adult</i>	Xxx,xxx	Xxx,xxx	Xxx,xxx
	<i>Total</i>	Xxx,xxx	Xxx,xxx	Xxx,xxx
BH services provided by Bidder's Entity				
BH services provided by delegated entity				
Period of contract				
If terminated, date and reason for termination				

*Bidders may copy and paste additional grids as needed to fully complete the response. The narrative should be limited to two (2) additional Pages.*

**Question 5: (MS) Scored**

Describe the overall financial strength of your entity, and include in detail each of the following:

- a. Verify that your entity will be able to pay for all services required under the contract prior to receiving reimbursement from the state.
- b. Describe how much money you believe the BH-ASO will need to hold in reserve on a monthly basis to insure that all services are expenses are timely paid prior to reimbursement from the state.
- c. In conjunction with your answer to “b” above, describe and explain how many months your entity could remain fully solvent prior to receiving any reimbursement from the state.
- d. (*Production of Documents*) In addition to your written answers, provide a copy of your most recent financial audit.

*No set page limit*

## **Payment and Sanctions**

### **Question 6: (MS) Scored**

Indicate whether You have been subject to any remedial actions, including corrective action plans, withholding of funds, performance penalties or denial of incentive payments.

If yes, list each government/public sector customer(s) who imposed the remedial actions and provide the following information:

- a. The date of the remedial action.
- b. The type of remedial action or amount.
- c. The reason for each remedial action.
- d. The actions taken to improve performance.
- e. The time period elapsed to correct the deficiency that precipitated the remedial action.

*No page limit.*

### **Question 7: (MS) Scored**

Do You have accounting and reporting systems that track and identify expenditures by fund source?

- 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.
- If no, describe how these systems will be developed.

*Page limit: One (1) page.*

### **Question 8: (MS) Scored**

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.

*Page limit: two (2) pages.*

## **Crisis Response**

### **Question 9: (MS) Scored**

Provide an overview of how You intend to administer the following crisis services:

- a. Twenty-four/seven (24/7) mobile crisis outreach teams.
- b. Twenty-four/seven (24/7) availability of DMHPs
- c. Twenty four/seven (24/7) access to a CDP
- d. Access to a Designated Chemical Dependency Specialist to perform duties of 70.96A.140
- e. Comprehensive crisis screening.
- f. Crisis diversion services.
- g. Crisis stabilization services.
- h. Evaluation & treatment services for the non-Medicaid population
- i. Services provided in rural areas

*No set page limit.*

### **Question 10: (MS) Scored**

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:

- 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.
- 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
- 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.
- d. How the crisis hotline staff will assess the level of crisis (emergent, urgent or routine) and assure appropriate disposition for emergent situations.
- 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.

*Page limit: Four (4) pages.*

**Question 11: (MS) Scored**

Describe how your technology and reporting infrastructure will support the toll-free crisis services line. Address the following:

- a. How the crisis hotline will establish technical capacity to patch into or from 911.
- b. How the crisis hotline will utilize instant messaging technology to maximize call triage.
- c. Document the telephone capacity for warm-line transfer, live or recorded call monitoring, and other features.
- d. Document how the standards for call wait times are monitored and maintained.
- 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.

*Page limit: Three (3) pages.*

**Question 12: (MS) Scored**

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.

- 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:
  - i. Call volume.
  - ii. Speed of answer of crisis line.
  - iii. Percent of crisis calls answered within fifteen (15) seconds.
  - iv. Call abandonment percentage for the crisis line.

*Page limit: Two (2) pages*

**Question 13: (MS) Scored**

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.

*Page limit: Two (2) pages.*

**Question 14: (MS) Scored**

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.

*Page limit: Two (2) pages.*

**Question 15: (MS) Scored**

Provide an example of Your success in managing crisis system and emergency department (ED) utilization, including use of peers or recovery-focused crisis approaches.

*Page limit: Two (2) pages.*

**Question 16: (MS) Scored**

Describe how You will partner with the Accountable Community of Health (ACH), the MCOs, emergency departments, and first responders to:

- a. Develop protocols to engage and collaborate with local law enforcement in the provision of crisis services.
- 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.
- c. Participate with the ACH in a regional needs assessment and improvement strategy
- 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.
- e. Establish data sharing agreements with MCOs to ensure seamless care coordination for high-risk Consumers.
- 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).

*Page limit: Four (4) pages.*

## **Access to Care**

### **Question 17: (MS) Scored**

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:

- a. Include a description of the standard materials to be included in the communications program at no additional cost to the State.
- 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.
- b. Address how your process reflects the transient lifestyle of some BH consumers, and ensures cultural competency.
- c. Provide an example of the Responder's member communications that best reflect the system goals.

*Page limit: Three (3) plus up to five (5) pages of sample communication materials.*

## **QM**

### **Question 18: (MS) Scored**

Describe how the QM plan will be developed to address the following:

- a. Quality metrics.
- b. Necessary data sources and collection methods.
- c. Monitoring activities.
- d. How information will be shared

*Page limit: Four (4) pages.*

### **Question 19: (MS) Scored**

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

*Page limit: Two (2) pages.*

### **Question 20: (MS) Scored**

Describe at least one (1) QM initiative that You have implemented to transform the health care service delivery in its network. Identify the customer reference(s) that can verify the experience described.

*Page limit: Two (2) pages.*

## **Information Systems/Claims**

### **Question 21: (MS) Scored**

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.

*Page limit: Two (2) pages.*

### **Question 22: (MS) Scored**

Describe, on average, how many days it takes Your system to completely implement a new benefit, including procedures and supporting infrastructure to authorize benefits, load providers, pay claims, and report encounter data. Provide evidence of expediency in claims payment over the past year.

*Page limit: One (1) page.*

### **Question 23: (MS) Scored**

Describe Your plan to update procedures for coordination of benefits with other insurers to ensure State and federal programs are the payer of last resort. Address the following:

- a. How GFS/SAPT services will be administered for member's with other coverage.
- b. Details related to identification of other coverage, system edits, and reports.
- c. Experience with post-payment recoveries for third party liability.

*Page limit: Three (3) pages.*

### **Question 24: (MS) Scored**

Describe Your experience with timely submitting comprehensive encounter data to a State system. Include corrective processes for encounters that did not pass the State system, and further include your plan for working with providers to correct encounters that did not pass the State system.

*Page limit: Two (2) pages.*

### **Question 25: (MS) Scored**

Describe Your experience with implementing a comprehensive fraud and abuse monitoring program for a BH contract with a government/public sector customer. Include two (2) examples of fraud or abuse You have detected for government/public sector managed BH program and what You did upon detection. If you have not had this experience, please indicate.

*Page limit: Three (3) pages.*

**Question 26: (MS) Scored**

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:

- a. How to access GFS/SAPT/MHBG/CJTA services, including crisis contact information and toll-free crisis telephone numbers.
- b. An overview of the range of BH services being provided.
- c. Website content that provides comprehensive information and practical recommendations related to mental illness, addiction and recovery, life events, and daily living skills.
- d. The development tools that will be utilized to create the website as well as the proposed security protocols that will be used.
- e. Provide access to an active website that has been developed for a State agency, including the URL, log-in identification, and password.

*Page limit: Three (3) pages, not including any attached materials.*

**Question 27: (MS) Scored**

Describe Your experience in conducting eligibility validation processes and use of Medicaid IDs. Also include whether you have been required to take corrective action in response to a verified HIPAA complaint during the most recent five (5) years.

*Page limit: Two (2) pages.*

## **UM Program/Service Authorization**

### **Question 28: (MS) Scored**

Describe Your experience and planned approach to conducting eligibility assessments for non-crisis behavioral health services. Include the following:

- a. Developing and implementing financial and program eligibility criteria.
- b. Selecting, training, and monitoring the staff who will conduct the eligibility assessments.
- c. The protections available to the individual being assessed to ensure that determinations are based on established criteria and protocols and in conjunction with availability of resources to serve the individual.
- d. The process the Responder will use to inform the applicant of his or her right to appeal the determination.

*Page limit: Three (3) pages.*

### **Question 29: (MS) Scored**

How will You monitor expenditures? Specify:

- a. How the Responder will ensure that non-crisis behavioral health services are available to priority populations.
- 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.
- 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.

*Page limit: Three (3) pages.*

### **Question 30: (MS) Scored**

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:

- a. Which levels of care or populations will be targeted.
- b. The types of data, guidelines, of clinical decision support tools to be used, differentiating between mental health and substance use disorder.
- c. The interventions that will be utilized with any case or provider outlier.

*Page limit: Two (2) pages.*

**Question 31: (MS) Scored**

Describe Your proposed approach to training BH UM/CM staff. Address the following:

- a. Who will be trained.
- b. The nature of the training.
- c. The incorporation of recovery principles and EBPs into the utilization review/CM process.

*Page limit: Two (2) pages.*

**Question 32: (MS) Scored**

Describe how You intend to conduct outreach and CM to manage high needs, high cost, or disconnected populations. Include the following:

- a. How the Responder defines high needs, high cost, or disconnected Consumers
- b. How outreach and CM will be conducted.
- c. Provide an example of a successful outreach program
- d. How You will prioritize and identify individuals who have frequently accessed the crisis system, emergency department, detox facilities, or sobering center.
- e. How you will manage the needs of a rural population.

*Page limit: Two (2) pages.*

## **Care Coordination**

### **Question 33: (MS) Scored**

Describe how You will develop care coordination approaches specifically tailored to the needs of special populations including, but not limited to:

- a. Adults with serious mental illness or SUD conditions ;
- b. Children with serious mental illness or SUD conditions;
- c. Cross-system involved children and youth;
- d. Individuals with co-occurring mental health and SUD condition/s; and
- e. Individuals with co-occurring BH and physical health conditions.
- f. Priority SAPT populations, including pregnant and parenting women, and intravenous drug users.

*Page limit: Three (3) pages.*

### **Question 34: (MS) Scored**

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:

- 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.
- b. How the Responder will share confidential information pursuant to a court order.
- c. How the Responder will incorporate a written and signed disclosure with consent for SUD treatment, in compliance with State and federal regulations.

*Page limit: Three (3) pages.*

### **Question 35: (MS) Scored**

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.

*Page limit: Two (2) pages.*

**Question 36: (MS) Scored**

Describe the strategies You will use to facilitate cross-agency systems collaboration. Separately address the following:

- a. Collaboration with the HCA, the Department of Social and Health Services, and MCOs and Accountable Community of Health.
- b. Collaboration with the statewide foster care plan serving the foster children population.
- c. Collaboration with other member serving agencies (e.g., criminal justice, child welfare, juvenile justice).
- d. Collaboration with Tribal Authorities to offer tribal-centric BH services.
- 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.

*Page limit: Three (3) pages.*

**Question 37: (MS) Scored:**

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.

**Special Provisions for BH/Personnel**

**Question 38: (MS) Scored**

Provide the planned full-time equivalent (FTE) for key positions, managerial personnel, and operational staff required under the Contract using the format provided.

Current FTE means: a person who is currently working with/employed by your entity – this may include being employed for one position, but expanding into a new position.

NEW FTE means: an outside person who will be hired to fill one or more respective positions.

% of Time means: The expected amount of time a person is expected to work at the specified position. If one FTE is filling multiple positions, note the relative percentage of time expected for each different position. By example, if one person is working three positions, the time may be allocated as 50/25/25 ...33/33/34, or any other equivalent combination.

Personnel Requirements				
Position	Current FTE	% of Time	New FTE	% of Time
<b>Key Positions</b>				
1. BH Medical Director				
2. BH Clinical Director				
<b>Managerial Personnel</b>				
3. BH Children’s Administrator				
4. BH Addiction’s Administrator				
5. BH UM/CM Manager				
6. BH Network Development Manager				
7. BH Provider Relations				
8. Other — please list				
<b>Operational Staff</b>				
9. BH UM/CM Staff				
10. BH Clinical Peer Reviewers				
11. BH QM Specialists				
12. BH Provider Relations				
13. BH Network Development				
14. BH Data Mgmt Reporting Specialists				
15. BH Community Liaison				
16. BH Training				
17. Customer Services				
18. Grievance and Appeal				
19. Claims/Encounter Processing				
20. Data/Financial Reporting Analysts				
21. Other — please list (e.g., crisis)				

In addition to the above grid, for any key personnel or managerial staff positions that are less than full-time, provide the rationale for the time allocation for that position

*Page limit: Use the grid plus up to two (2) additional pages for any narrative.*

## **Implementation/Business Continuity**

### **Question 39: (MS) Scored**

Provide a copy of the Responder's Business Continuity, Disaster Recovery, and Emergency Response Plan. The plan must address:

- a. Disaster recovery timelines and processes for the customer service and crisis line operations.
- b. At a minimum, back-up power, communication linkage, strategies to preserve service delivery and other disaster recovery processes.
- c. How the Responder will participate in disaster recovery when a disaster occurs and a state of emergency is declared by the Governor.

*Page limit: NA.*

## **Network**

### **Question 40: (MS) Scored**

Provide a detailed plan describing your mental health crisis system network that demonstrates the following:

- a. The network is or will be supported by signed contracts.
- 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.
- 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.
- d. Is sufficient to provide crisis services to Clark and Skamania counties within 2 hours for emergent situations, and 24 hours for urgent situations. Include signed agreements with providers who will participate in mobile crisis outreach.
- 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.
- 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.
- 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

*Page limit: Three (3) pages*

### **Question 41: (MS) Scored**

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:

- a. Signed agreements or arrangements in place to ensure access to a Designated Chemical Dependency Specialist to conduct involuntary commitments.
- 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.

*Page limit: Two (2) pages*

**Question 42: (MS) Scored**

Describe how You will assess ongoing network adequacy and develop annual network plans. Address how data will be tracked, trended, and used to identify and close network gaps.

*Page limit: Two (2) pages.*

**Question 43: (MS) Scored**

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:

- a. Plans for tracking providers who are not accepting new patients;
- b. All levels of care (e.g., SUD, Involuntary Treatment Act, Evaluation, and Treatment); and
- c. Any plans for establishing capacity outside of SWWA, including bordering States and other Counties.

*Page limit: Four (4) pages.*

EXHIBIT D -- SWBH Investigations and Detentions

				2013	2014	2015	Total
Clark	ADULT FAMILY HOME	98661	Investigation Cnt Detention Cnt % to Detention	1.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	1.00 0.00 0.00
		<b>Total</b>	Investigation Cnt Detention Cnt % to Detention	1.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	1.00 0.00 0.00
		ADULT RESIDENTIAL REHABILITATION CENTER	98660	Investigation Cnt Detention Cnt % to Detention	0.00 0.00 0.00	2.00 0.00 0.00	0.00 0.00 0.00
	<b>Total</b>		Investigation Cnt Detention Cnt % to Detention	0.00 0.00 0.00	2.00 0.00 0.00	0.00 0.00 0.00	2.00 0.00 0.00
	CLARK COUNTY CRISIS SERVICES		98661	Investigation Cnt Detention Cnt % to Detention	1.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00
		98663	Investigation Cnt Detention Cnt % to Detention	1.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	1.00 0.00 0.00
		98684	Investigation Cnt Detention Cnt % to Detention	1.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	1.00 0.00 0.00
		<b>Total</b>	Investigation Cnt Detention Cnt % to Detention	3.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	3.00 0.00 0.00
	CLUBHOUSE/ CONSUMER RUN FACILITY	98661	Investigation Cnt Detention Cnt % to Detention	0.00 0.00 0.00	2.00 0.00 0.00	0.00 0.00 0.00	2.00 0.00 0.00
		98665	Investigation Cnt Detention Cnt % to Detention	0.00 0.00 0.00	1.00 0.00 0.00	0.00 0.00 0.00	1.00 0.00 0.00
		<b>Total</b>	Investigation Cnt Detention Cnt % to Detention	0.00 0.00 0.00	3.00 0.00 0.00	0.00 0.00 0.00	3.00 0.00 0.00
	COMMUNITY MENTAL HEALTH CENTER	98606	Investigation Cnt Detention Cnt % to Detention	0.00 0.00 0.00	1.00 0.00 0.00	0.00 0.00 0.00	1.00 0.00 0.00
		98661	Investigation Cnt Detention Cnt % to Detention	4.00 0.00 0.00	5.00 0.00 0.00	0.00 0.00 0.00	9.00 0.00 0.00
		98662	Investigation Cnt Detention Cnt % to Detention	2.00 0.00 0.00	1.00 0.00 0.00	1.00 0.00 0.00	4.00 0.00 0.00
		98665	Investigation Cnt Detention Cnt % to Detention	1.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	1.00 0.00 0.00
		98682	Investigation Cnt Detention Cnt % to Detention	1.00 0.00 0.00	2.00 0.00 0.00	2.00 0.00 0.00	5.00 0.00 0.00
		98683	Investigation Cnt Detention Cnt % to Detention	0.00 0.00 0.00	1.00 0.00 0.00	0.00 0.00 0.00	1.00 0.00 0.00

				2013	2014	2015	Total
Clark	COMMUNITY MENTAL HEALTH CENTER	98684	Investigation Cnt	0.00	2.00	0.00	2.00
			Detention Cnt	0.00	0.00	0.00	0.00
			% to Detention	0.00	0.00	0.00	0.00
		98685	Investigation Cnt	0.00	0.00	1.00	1.00
			Detention Cnt	0.00	0.00	0.00	0.00
			% to Detention	0.00	0.00	0.00	0.00
		Total	Investigation Cnt	8.00	12.00	4.00	24.00
			Detention Cnt	0.00	0.00	0.00	0.00
			% to Detention	0.00	0.00	0.00	0.00
	COMPREHENSIVE OP REHAB FACILITY	98663	Investigation Cnt	0.00	0.00	1.00	1.00
			Detention Cnt	0.00	0.00	0.00	0.00
			% to Detention	0.00	0.00	0.00	0.00
		98671	Investigation Cnt	0.00	1.00	0.00	1.00
			Detention Cnt	0.00	0.00	0.00	0.00
			% to Detention	0.00	0.00	0.00	0.00
		Total	Investigation Cnt	0.00	1.00	1.00	2.00
			Detention Cnt	0.00	0.00	0.00	0.00
			% to Detention	0.00	0.00	0.00	0.00
	CRISIS SERVICES OFFICE	97070	Investigation Cnt	0.00	1.00	0.00	1.00
			Detention Cnt	0.00	0.00	0.00	0.00
			% to Detention	0.00	0.00	0.00	0.00
		97105	Investigation Cnt	0.00	0.00	1.00	1.00
			Detention Cnt	0.00	0.00	1.00	1.00
			% to Detention	0.00	0.00	1.00	1.00
		97214	Investigation Cnt	0.00	1.00	0.00	1.00
			Detention Cnt	0.00	0.00	0.00	0.00
			% to Detention	0.00	0.00	0.00	0.00
97240		Investigation Cnt	0.00	1.00	0.00	1.00	
		Detention Cnt	0.00	0.00	0.00	0.00	
		% to Detention	0.00	0.00	0.00	0.00	
98601		Investigation Cnt	0.00	1.00	0.00	1.00	
	Detention Cnt	0.00	0.00	0.00	0.00		
	% to Detention	0.00	0.00	0.00	0.00		
98604	Investigation Cnt	2.00	5.00	2.00	9.00		
	Detention Cnt	0.00	1.00	0.00	1.00		
	% to Detention	0.00	0.20	0.00	0.11		
98606	Investigation Cnt	0.00	2.00	0.00	2.00		
	Detention Cnt	0.00	0.00	0.00	0.00		
	% to Detention	0.00	0.00	0.00	0.00		
98607	Investigation Cnt	3.00	4.00	2.00	9.00		
	Detention Cnt	0.00	0.00	0.00	0.00		
	% to Detention	0.00	0.00	0.00	0.00		
98610	Investigation Cnt	0.00	0.00	1.00	1.00		
	Detention Cnt	0.00	0.00	0.00	0.00		
	% to Detention	0.00	0.00	0.00	0.00		
98611	Investigation Cnt	0.00	1.00	0.00	1.00		
	Detention Cnt	0.00	1.00	0.00	1.00		
	% to Detention	0.00	1.00	0.00	1.00		
98629	Investigation Cnt	2.00	2.00	0.00	4.00		
	Detention Cnt	0.00	2.00	0.00	2.00		
	% to Detention	0.00	1.00	0.00	0.50		

		2013	2014	2015	Total		
Clark	CRISIS SERVICES OFFICE	98632	Investigation Cnt Detention Cnt % to Detention	1.00 0.00 0.00	1.00 0.00 0.00	1.00 0.00 0.00	3.00 0.00 0.00
		98642	Investigation Cnt Detention Cnt % to Detention	5.00 0.00 0.00	2.00 1.00 0.50	1.00 0.00 0.00	8.00 1.00 0.13
		98660	Investigation Cnt Detention Cnt % to Detention	6.00 5.00 0.83	7.00 0.00 0.00	4.00 0.00 0.00	17.00 5.00 0.29
		98661	Investigation Cnt Detention Cnt % to Detention	44.00 16.00 0.36	59.00 15.00 0.25	25.00 2.00 0.08	128.00 33.00 0.26
		98662	Investigation Cnt Detention Cnt % to Detention	16.00 6.00 0.38	13.00 5.00 0.38	6.00 1.00 0.17	35.00 12.00 0.34
		98663	Investigation Cnt Detention Cnt % to Detention	10.00 2.00 0.20	2.00 0.00 0.00	4.00 0.00 0.00	16.00 2.00 0.13
		98664	Investigation Cnt Detention Cnt % to Detention	2.00 0.00 0.00	4.00 1.00 0.25	4.00 0.00 0.00	10.00 1.00 0.10
		98665	Investigation Cnt Detention Cnt % to Detention	13.00 1.00 0.08	7.00 2.00 0.29	3.00 0.00 0.00	23.00 3.00 0.13
		98671	Investigation Cnt Detention Cnt % to Detention	1.00 0.00 0.00	4.00 1.00 0.25	2.00 0.00 0.00	7.00 1.00 0.14
		98674	Investigation Cnt Detention Cnt % to Detention	0.00 0.00 0.00	1.00 0.00 0.00	0.00 0.00 0.00	1.00 0.00 0.00
		98675	Investigation Cnt Detention Cnt % to Detention	0.00 0.00 0.00	2.00 0.00 0.00	1.00 0.00 0.00	3.00 0.00 0.00
		98682	Investigation Cnt Detention Cnt % to Detention	9.00 3.00 0.33	12.00 1.00 0.08	4.00 1.00 0.25	25.00 5.00 0.20
		98683	Investigation Cnt Detention Cnt % to Detention	9.00 1.00 0.11	3.00 1.00 0.33	3.00 1.00 0.33	15.00 3.00 0.20
		98684	Investigation Cnt Detention Cnt % to Detention	9.00 1.00 0.11	4.00 2.00 0.50	3.00 2.00 0.67	16.00 5.00 0.31
		98685	Investigation Cnt Detention Cnt % to Detention	1.00 0.00 0.00	4.00 1.00 0.25	1.00 0.00 0.00	6.00 1.00 0.17
		98686	Investigation Cnt Detention Cnt % to Detention	0.00 0.00 0.00	2.00 0.00 0.00	2.00 1.00 0.50	4.00 1.00 0.25
		<b>Total</b>	Investigation Cnt Detention Cnt % to Detention	133.00 35.00 0.26	145.00 34.00 0.23	70.00 9.00 0.13	348.00 78.00 0.22

		2013	2014	2015	Total		
Clark	E+T - TELECARE CLARK COUNTY	97203	Investigation Cnt Detention Cnt % to Detention	2.00 2.00 1.00	0.00 0.00 0.00	0.00 0.00 0.00	2.00 2.00 1.00
		97212	Investigation Cnt Detention Cnt % to Detention	2.00 2.00 1.00	0.00 0.00 0.00	0.00 0.00 0.00	2.00 2.00 1.00
		98604	Investigation Cnt Detention Cnt % to Detention	0.00 0.00 0.00	0.00 0.00 0.00	2.00 1.00 0.50	2.00 1.00 0.50
		98607	Investigation Cnt Detention Cnt % to Detention	1.00 1.00 1.00	2.00 1.00 0.50	0.00 0.00 0.00	3.00 2.00 0.67
		98610	Investigation Cnt Detention Cnt % to Detention	2.00 0.00 0.00	1.00 0.00 0.00	0.00 0.00 0.00	3.00 0.00 0.00
		98632	Investigation Cnt Detention Cnt % to Detention	0.00 0.00 0.00	0.00 0.00 0.00	1.00 0.00 0.00	1.00 0.00 0.00
		98660	Investigation Cnt Detention Cnt % to Detention	0.00 0.00 0.00	0.00 0.00 0.00	1.00 1.00 1.00	1.00 1.00 1.00
		98661	Investigation Cnt Detention Cnt % to Detention	2.00 1.00 0.50	6.00 3.00 0.50	4.00 1.00 0.25	12.00 5.00 0.42
		98662	Investigation Cnt Detention Cnt % to Detention	1.00 1.00 1.00	1.00 0.00 0.00	2.00 0.00 0.00	4.00 1.00 0.25
		98663	Investigation Cnt Detention Cnt % to Detention	2.00 0.00 0.00	0.00 0.00 0.00	1.00 1.00 1.00	3.00 1.00 0.33
		98664	Investigation Cnt Detention Cnt % to Detention	0.00 0.00 0.00	2.00 1.00 0.50	0.00 0.00 0.00	2.00 1.00 0.50
		98665	Investigation Cnt Detention Cnt % to Detention	1.00 1.00 1.00	1.00 1.00 1.00	0.00 0.00 0.00	2.00 2.00 1.00
		98671	Investigation Cnt Detention Cnt % to Detention	0.00 0.00 0.00	2.00 0.00 0.00	0.00 0.00 0.00	2.00 0.00 0.00
		98682	Investigation Cnt Detention Cnt % to Detention	2.00 2.00 1.00	1.00 0.00 0.00	0.00 0.00 0.00	3.00 2.00 0.67
		98683	Investigation Cnt Detention Cnt % to Detention	0.00 0.00 0.00	1.00 0.00 0.00	1.00 0.00 0.00	2.00 0.00 0.00
		98684	Investigation Cnt Detention Cnt % to Detention	1.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	1.00 0.00 0.00
		<b>Total</b>	Investigation Cnt Detention Cnt % to Detention	16.00 10.00 0.63	17.00 6.00 0.35	12.00 4.00 0.33	45.00 20.00 0.44

				2013	2014	2015	Total
Clark	ELAHAN PLACE	98642	Investigation Cnt Detention Cnt % to Detention	3.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	3.00 0.00 0.00
		98661	Investigation Cnt Detention Cnt % to Detention	2.00 0.00 0.00	5.00 1.00 0.20	2.00 0.00 0.00	9.00 1.00 0.11
		98662	Investigation Cnt Detention Cnt % to Detention	2.00 0.00 0.00	2.00 0.00 0.00	1.00 0.00 0.00	5.00 0.00 0.00
		98664	Investigation Cnt Detention Cnt % to Detention	1.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	1.00 0.00 0.00
		98665	Investigation Cnt Detention Cnt % to Detention	0.00 0.00 0.00	2.00 0.00 0.00	0.00 0.00 0.00	2.00 0.00 0.00
		<b>Total</b>	Investigation Cnt Detention Cnt % to Detention	8.00 0.00 0.00	9.00 1.00 0.11	3.00 0.00 0.00	20.00 1.00 0.05
		HOME	97223	Investigation Cnt Detention Cnt % to Detention	2.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00
	98119		Investigation Cnt Detention Cnt % to Detention	0.00 0.00 0.00	1.00 1.00 1.00	0.00 0.00 0.00	1.00 1.00 1.00
	98601		Investigation Cnt Detention Cnt % to Detention	2.00 0.00 0.00	1.00 0.00 0.00	0.00 0.00 0.00	3.00 0.00 0.00
	98604		Investigation Cnt Detention Cnt % to Detention	2.00 0.00 0.00	0.00 0.00 0.00	1.00 0.00 0.00	3.00 0.00 0.00
	98606		Investigation Cnt Detention Cnt % to Detention	2.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	2.00 0.00 0.00
	98607		Investigation Cnt Detention Cnt % to Detention	1.00 0.00 0.00	3.00 0.00 0.00	0.00 0.00 0.00	4.00 0.00 0.00
	98629		Investigation Cnt Detention Cnt % to Detention	0.00 0.00 0.00	0.00 0.00 0.00	1.00 0.00 0.00	1.00 0.00 0.00
	98642		Investigation Cnt Detention Cnt % to Detention	2.00 0.00 0.00	2.00 0.00 0.00	0.00 0.00 0.00	4.00 0.00 0.00
	98660		Investigation Cnt Detention Cnt % to Detention	6.00 0.00 0.00	4.00 0.00 0.00	2.00 0.00 0.00	12.00 0.00 0.00
	98661		Investigation Cnt Detention Cnt % to Detention	11.00 0.00 0.00	12.00 0.00 0.00	9.00 0.00 0.00	32.00 0.00 0.00
	98662		Investigation Cnt Detention Cnt % to Detention	4.00 0.00 0.00	5.00 0.00 0.00	2.00 0.00 0.00	11.00 0.00 0.00

				2013	2014	2015	Total	
Clark	HOME	98663	Investigation Cnt Detention Cnt % to Detention	2.00 0.00 0.00	2.00 0.00 0.00	1.00 0.00 0.00	5.00 0.00 0.00	
		98664	Investigation Cnt Detention Cnt % to Detention	0.00 0.00 0.00	1.00 0.00 0.00	0.00 0.00 0.00	1.00 0.00 0.00	
		98665	Investigation Cnt Detention Cnt % to Detention	5.00 0.00 0.00	1.00 0.00 0.00	4.00 0.00 0.00	10.00 0.00 0.00	
		98671	Investigation Cnt Detention Cnt % to Detention	3.00 0.00 0.00	2.00 0.00 0.00	0.00 0.00 0.00	5.00 0.00 0.00	
		98675	Investigation Cnt Detention Cnt % to Detention	0.00 0.00 0.00	0.00 0.00 0.00	1.00 0.00 0.00	1.00 0.00 0.00	
		98682	Investigation Cnt Detention Cnt % to Detention	1.00 0.00 0.00	0.00 0.00 0.00	1.00 0.00 0.00	2.00 0.00 0.00	
		98683	Investigation Cnt Detention Cnt % to Detention	7.00 0.00 0.00	2.00 0.00 0.00	2.00 0.00 0.00	11.00 0.00 0.00	
		98684	Investigation Cnt Detention Cnt % to Detention	4.00 0.00 0.00	1.00 0.00 0.00	1.00 0.00 0.00	6.00 0.00 0.00	
		98685	Investigation Cnt Detention Cnt % to Detention	1.00 0.00 0.00	5.00 0.00 0.00	3.00 0.00 0.00	9.00 0.00 0.00	
		98686	Investigation Cnt Detention Cnt % to Detention	2.00 0.00 0.00	0.00 0.00 0.00	1.00 0.00 0.00	3.00 0.00 0.00	
		<b>Total</b>	Investigation Cnt Detention Cnt % to Detention	57.00 0.00 0.00	42.00 1.00 0.02	29.00 0.00 0.00	128.00 1.00 0.01	
		HOSPITAL - COMMUNITY PSYCH	97002	Investigation Cnt Detention Cnt % to Detention	1.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	1.00 0.00 0.00
			97080	Investigation Cnt Detention Cnt % to Detention	0.00 0.00 0.00	0.00 0.00 0.00	1.00 1.00 1.00	1.00 1.00 1.00
			97086	Investigation Cnt Detention Cnt % to Detention	0.00 0.00 0.00	0.00 0.00 0.00	1.00 1.00 1.00	1.00 1.00 1.00
97218	Investigation Cnt Detention Cnt % to Detention		1.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	1.00 0.00 0.00		
97231	Investigation Cnt Detention Cnt % to Detention		0.00 0.00 0.00	2.00 1.00 0.50	0.00 0.00 0.00	2.00 1.00 0.50		
98328	Investigation Cnt Detention Cnt % to Detention		2.00 1.00 0.50	0.00 0.00 0.00	0.00 0.00 0.00	2.00 1.00 0.50		

				2013	2014	2015	Total		
Clark	HOSPITAL - COMMUNITY PSYCH	98604	Investigation Cnt Detention Cnt % to Detention	2.00 1.00 0.50	2.00 0.00 0.00	0.00 0.00 0.00	4.00 1.00 0.25		
		98606	Investigation Cnt Detention Cnt % to Detention	0.00 0.00 0.00	2.00 1.00 0.50	0.00 0.00 0.00	2.00 1.00 0.50		
		98629	Investigation Cnt Detention Cnt % to Detention	0.00 0.00 0.00	1.00 1.00 1.00	0.00 0.00 0.00	1.00 1.00 1.00		
		98660	Investigation Cnt Detention Cnt % to Detention	0.00 0.00 0.00	4.00 2.00 0.50	0.00 0.00 0.00	4.00 2.00 0.50		
		98661	Investigation Cnt Detention Cnt % to Detention	14.00 5.00 0.36	4.00 1.00 0.25	10.00 5.00 0.50	28.00 11.00 0.39		
		98662	Investigation Cnt Detention Cnt % to Detention	3.00 1.00 0.33	5.00 4.00 0.80	0.00 0.00 0.00	8.00 5.00 0.63		
		98663	Investigation Cnt Detention Cnt % to Detention	3.00 0.00 0.00	4.00 3.00 0.75	0.00 0.00 0.00	7.00 3.00 0.43		
		98664	Investigation Cnt Detention Cnt % to Detention	3.00 1.00 0.33	1.00 0.00 0.00	0.00 0.00 0.00	4.00 1.00 0.25		
		98665	Investigation Cnt Detention Cnt % to Detention	0.00 0.00 0.00	2.00 1.00 0.50	1.00 1.00 1.00	3.00 2.00 0.67		
		98671	Investigation Cnt Detention Cnt % to Detention	0.00 0.00 0.00	1.00 1.00 1.00	0.00 0.00 0.00	1.00 1.00 1.00		
		98674	Investigation Cnt Detention Cnt % to Detention	2.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	2.00 0.00 0.00		
		98682	Investigation Cnt Detention Cnt % to Detention	4.00 0.00 0.00	0.00 0.00 0.00	1.00 0.00 0.00	5.00 0.00 0.00		
		98683	Investigation Cnt Detention Cnt % to Detention	2.00 2.00 1.00	0.00 0.00 0.00	2.00 1.00 0.50	4.00 3.00 0.75		
		98684	Investigation Cnt Detention Cnt % to Detention	2.00 2.00 1.00	1.00 0.00 0.00	2.00 1.00 0.50	5.00 3.00 0.60		
		98685	Investigation Cnt Detention Cnt % to Detention	3.00 0.00 0.00	0.00 0.00 0.00	1.00 0.00 0.00	4.00 0.00 0.00		
		<b>Total</b>	Investigation Cnt Detention Cnt % to Detention	42.00 13.00 0.31	29.00 15.00 0.52	19.00 10.00 0.53	90.00 38.00 0.42		
			HOSPITAL - ER	63435	Investigation Cnt Detention Cnt % to Detention	0.00 0.00 0.00	0.00 0.00 0.00	1.00 0.00 0.00	1.00 0.00 0.00

			2013	2014	2015	Total	
Clark	HOSPITAL - ER	80501	Investigation Cnt	0.00	2.00	0.00	2.00
			Detention Cnt	0.00	1.00	0.00	1.00
			% to Detention	0.00	0.50	0.00	0.50
		84070	Investigation Cnt	0.00	1.00	0.00	1.00
			Detention Cnt	0.00	0.00	0.00	0.00
			% to Detention	0.00	0.00	0.00	0.00
		85004	Investigation Cnt	0.00	1.00	0.00	1.00
			Detention Cnt	0.00	0.00	0.00	0.00
			% to Detention	0.00	0.00	0.00	0.00
		87124	Investigation Cnt	0.00	0.00	2.00	2.00
			Detention Cnt	0.00	0.00	1.00	1.00
			% to Detention	0.00	0.00	0.50	0.50
		89113	Investigation Cnt	0.00	1.00	0.00	1.00
			Detention Cnt	0.00	0.00	0.00	0.00
			% to Detention	0.00	0.00	0.00	0.00
		94403	Investigation Cnt	0.00	0.00	1.00	1.00
			Detention Cnt	0.00	0.00	0.00	0.00
			% to Detention	0.00	0.00	0.00	0.00
		95542	Investigation Cnt	0.00	1.00	0.00	1.00
			Detention Cnt	0.00	0.00	0.00	0.00
	% to Detention	0.00	0.00	0.00	0.00		
97003	Investigation Cnt	0.00	0.00	1.00	1.00		
	Detention Cnt	0.00	0.00	0.00	0.00		
	% to Detention	0.00	0.00	0.00	0.00		
97013	Investigation Cnt	0.00	1.00	0.00	1.00		
	Detention Cnt	0.00	0.00	0.00	0.00		
	% to Detention	0.00	0.00	0.00	0.00		
97024	Investigation Cnt	0.00	1.00	0.00	1.00		
	Detention Cnt	0.00	0.00	0.00	0.00		
	% to Detention	0.00	0.00	0.00	0.00		
97030	Investigation Cnt	0.00	1.00	0.00	1.00		
	Detention Cnt	0.00	0.00	0.00	0.00		
	% to Detention	0.00	0.00	0.00	0.00		
97045	Investigation Cnt	0.00	4.00	0.00	4.00		
	Detention Cnt	0.00	2.00	0.00	2.00		
	% to Detention	0.00	0.50	0.00	0.50		
97070	Investigation Cnt	0.00	2.00	0.00	2.00		
	Detention Cnt	0.00	0.00	0.00	0.00		
	% to Detention	0.00	0.00	0.00	0.00		
97080	Investigation Cnt	0.00	1.00	0.00	1.00		
	Detention Cnt	0.00	0.00	0.00	0.00		
	% to Detention	0.00	0.00	0.00	0.00		
97105	Investigation Cnt	0.00	0.00	1.00	1.00		
	Detention Cnt	0.00	0.00	0.00	0.00		
	% to Detention	0.00	0.00	0.00	0.00		
97203	Investigation Cnt	0.00	2.00	0.00	2.00		
	Detention Cnt	0.00	1.00	0.00	1.00		
	% to Detention	0.00	0.50	0.00	0.50		
97204	Investigation Cnt	0.00	1.00	0.00	1.00		
	Detention Cnt	0.00	1.00	0.00	1.00		
	% to Detention	0.00	1.00	0.00	1.00		

		2013	2014	2015	Total		
Clark	HOSPITAL - ER	97206	Investigation Cnt Detention Cnt % to Detention	1.00 0.00 0.00	1.00 1.00 1.00	0.00 0.00 0.00	2.00 1.00 0.50
		97209	Investigation Cnt Detention Cnt % to Detention	2.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	2.00 0.00 0.00
		97217	Investigation Cnt Detention Cnt % to Detention	0.00 0.00 0.00	3.00 0.00 0.00	0.00 0.00 0.00	3.00 0.00 0.00
		97218	Investigation Cnt Detention Cnt % to Detention	1.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	1.00 0.00 0.00
		97220	Investigation Cnt Detention Cnt % to Detention	0.00 0.00 0.00	0.00 0.00 0.00	2.00 1.00 0.50	2.00 1.00 0.50
		97223	Investigation Cnt Detention Cnt % to Detention	2.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	2.00 0.00 0.00
		97230	Investigation Cnt Detention Cnt % to Detention	2.00 2.00 1.00	0.00 0.00 0.00	0.00 0.00 0.00	2.00 2.00 1.00
		97231	Investigation Cnt Detention Cnt % to Detention	0.00 0.00 0.00	1.00 0.00 0.00	0.00 0.00 0.00	1.00 0.00 0.00
		97240	Investigation Cnt Detention Cnt % to Detention	0.00 0.00 0.00	1.00 0.00 0.00	0.00 0.00 0.00	1.00 0.00 0.00
		97267	Investigation Cnt Detention Cnt % to Detention	2.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	2.00 0.00 0.00
		97283	Investigation Cnt Detention Cnt % to Detention	0.00 0.00 0.00	1.00 0.00 0.00	0.00 0.00 0.00	1.00 0.00 0.00
		97322	Investigation Cnt Detention Cnt % to Detention	1.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	1.00 0.00 0.00
		97338	Investigation Cnt Detention Cnt % to Detention	0.00 0.00 0.00	1.00 0.00 0.00	1.00 0.00 0.00	2.00 0.00 0.00
		97378	Investigation Cnt Detention Cnt % to Detention	0.00 0.00 0.00	1.00 0.00 0.00	0.00 0.00 0.00	1.00 0.00 0.00
		97420	Investigation Cnt Detention Cnt % to Detention	0.00 0.00 0.00	1.00 0.00 0.00	0.00 0.00 0.00	1.00 0.00 0.00
		97701	Investigation Cnt Detention Cnt % to Detention	1.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	1.00 0.00 0.00
		98119	Investigation Cnt Detention Cnt % to Detention	0.00 0.00 0.00	1.00 1.00 1.00	0.00 0.00 0.00	1.00 1.00 1.00

		2013	2014	2015	Total		
Clark	HOSPITAL - ER	98198	Investigation Cnt Detention Cnt % to Detention	1.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	1.00 0.00 0.00
		98247	Investigation Cnt Detention Cnt % to Detention	2.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	2.00 0.00 0.00
		98366	Investigation Cnt Detention Cnt % to Detention	0.00 0.00 0.00	1.00 0.00 0.00	0.00 0.00 0.00	1.00 0.00 0.00
		98513	Investigation Cnt Detention Cnt % to Detention	0.00 0.00 0.00	0.00 0.00 0.00	2.00 1.00 0.50	2.00 1.00 0.50
		98601	Investigation Cnt Detention Cnt % to Detention	5.00 2.00 0.40	7.00 1.00 0.14	1.00 1.00 1.00	13.00 4.00 0.31
		98604	Investigation Cnt Detention Cnt % to Detention	16.00 4.00 0.25	25.00 5.00 0.20	7.00 0.00 0.00	48.00 9.00 0.19
		98606	Investigation Cnt Detention Cnt % to Detention	0.00 0.00 0.00	7.00 1.00 0.14	5.00 2.00 0.40	12.00 3.00 0.25
		98607	Investigation Cnt Detention Cnt % to Detention	22.00 1.00 0.05	32.00 7.00 0.22	5.00 1.00 0.20	59.00 9.00 0.15
		98610	Investigation Cnt Detention Cnt % to Detention	4.00 1.00 0.25	3.00 0.00 0.00	0.00 0.00 0.00	7.00 1.00 0.14
		98611	Investigation Cnt Detention Cnt % to Detention	0.00 0.00 0.00	1.00 0.00 0.00	0.00 0.00 0.00	1.00 0.00 0.00
		98616	Investigation Cnt Detention Cnt % to Detention	2.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	2.00 0.00 0.00
		98625	Investigation Cnt Detention Cnt % to Detention	0.00 0.00 0.00	1.00 0.00 0.00	1.00 0.00 0.00	2.00 0.00 0.00
		98626	Investigation Cnt Detention Cnt % to Detention	1.00 0.00 0.00	1.00 0.00 0.00	0.00 0.00 0.00	2.00 0.00 0.00
		98629	Investigation Cnt Detention Cnt % to Detention	0.00 0.00 0.00	8.00 1.00 0.13	1.00 0.00 0.00	9.00 1.00 0.11
		98632	Investigation Cnt Detention Cnt % to Detention	1.00 1.00 1.00	0.00 0.00 0.00	0.00 0.00 0.00	1.00 1.00 1.00
		98639	Investigation Cnt Detention Cnt % to Detention	0.00 0.00 0.00	2.00 0.00 0.00	0.00 0.00 0.00	2.00 0.00 0.00
		98642	Investigation Cnt Detention Cnt % to Detention	26.00 9.00 0.35	12.00 4.00 0.33	13.00 5.00 0.38	51.00 18.00 0.35

				2013	2014	2015	Total
Clark	HOSPITAL - ER	98648	Investigation Cnt	1.00	5.00	1.00	7.00
			Detention Cnt	1.00	1.00	1.00	3.00
			% to Detention	1.00	0.20	1.00	0.43
		98660	Investigation Cnt	25.00	29.00	18.00	72.00
			Detention Cnt	9.00	11.00	4.00	24.00
			% to Detention	0.36	0.38	0.22	0.33
		98661	Investigation Cnt	193.00	294.00	131.00	618.00
			Detention Cnt	41.00	76.00	32.00	149.00
			% to Detention	0.21	0.26	0.24	0.24
		98662	Investigation Cnt	54.00	85.00	27.00	166.00
			Detention Cnt	14.00	19.00	5.00	38.00
			% to Detention	0.26	0.22	0.19	0.23
		98663	Investigation Cnt	31.00	27.00	18.00	76.00
			Detention Cnt	7.00	3.00	4.00	14.00
			% to Detention	0.23	0.11	0.22	0.18
		98664	Investigation Cnt	26.00	34.00	12.00	72.00
			Detention Cnt	7.00	6.00	4.00	17.00
			% to Detention	0.27	0.18	0.33	0.24
		98665	Investigation Cnt	46.00	54.00	21.00	121.00
			Detention Cnt	15.00	14.00	9.00	38.00
% to Detention	0.33		0.26	0.43	0.31		
98666	Investigation Cnt	0.00	1.00	2.00	3.00		
	Detention Cnt	0.00	0.00	0.00	0.00		
	% to Detention	0.00	0.00	0.00	0.00		
98668	Investigation Cnt	0.00	1.00	0.00	1.00		
	Detention Cnt	0.00	0.00	0.00	0.00		
	% to Detention	0.00	0.00	0.00	0.00		
98671	Investigation Cnt	17.00	30.00	9.00	56.00		
	Detention Cnt	3.00	2.00	2.00	7.00		
	% to Detention	0.18	0.07	0.22	0.13		
98672	Investigation Cnt	0.00	1.00	0.00	1.00		
	Detention Cnt	0.00	0.00	0.00	0.00		
	% to Detention	0.00	0.00	0.00	0.00		
98674	Investigation Cnt	3.00	4.00	6.00	13.00		
	Detention Cnt	0.00	1.00	2.00	3.00		
	% to Detention	0.00	0.25	0.33	0.23		
98675	Investigation Cnt	0.00	6.00	4.00	10.00		
	Detention Cnt	0.00	2.00	1.00	3.00		
	% to Detention	0.00	0.33	0.25	0.30		
98682	Investigation Cnt	58.00	85.00	41.00	184.00		
	Detention Cnt	13.00	21.00	9.00	43.00		
	% to Detention	0.22	0.25	0.22	0.23		
98683	Investigation Cnt	24.00	37.00	19.00	80.00		
	Detention Cnt	3.00	6.00	3.00	12.00		
	% to Detention	0.13	0.16	0.16	0.15		
98684	Investigation Cnt	43.00	40.00	12.00	95.00		
	Detention Cnt	10.00	10.00	2.00	22.00		
	% to Detention	0.23	0.25	0.17	0.23		
98685	Investigation Cnt	14.00	32.00	10.00	56.00		
	Detention Cnt	2.00	9.00	4.00	15.00		
	% to Detention	0.14	0.28	0.40	0.27		

				2013	2014	2015	Total
Clark	HOSPITAL - ER	98686	Investigation Cnt	4.00	24.00	7.00	35.00
			Detention Cnt	0.00	6.00	1.00	7.00
			% to Detention	0.00	0.25	0.14	0.20
		98687	Investigation Cnt	0.00	1.00	0.00	1.00
	Detention Cnt		0.00	0.00	0.00	0.00	
	% to Detention		0.00	0.00	0.00	0.00	
	No Zip Reported	Investigation Cnt	0.00	0.00	3.00	3.00	
		Detention Cnt	0.00	0.00	2.00	2.00	
		% to Detention	0.00	0.00	0.67	0.67	
	Total	Investigation Cnt	631.00	920.00	385.00	1,936.00	
		Detention Cnt	145.00	213.00	97.00	455.00	
		% to Detention	0.23	0.23	0.25	0.24	
	HOSPITAL - OTHER MEDICAL	14514	Investigation Cnt	1.00	0.00	0.00	1.00
			Detention Cnt	0.00	0.00	0.00	0.00
			% to Detention	0.00	0.00	0.00	0.00
		97015	Investigation Cnt	0.00	1.00	0.00	1.00
			Detention Cnt	0.00	0.00	0.00	0.00
			% to Detention	0.00	0.00	0.00	0.00
		97338	Investigation Cnt	0.00	1.00	0.00	1.00
			Detention Cnt	0.00	0.00	0.00	0.00
% to Detention			0.00	0.00	0.00	0.00	
98105		Investigation Cnt	0.00	0.00	1.00	1.00	
		Detention Cnt	0.00	0.00	0.00	0.00	
		% to Detention	0.00	0.00	0.00	0.00	
98604		Investigation Cnt	5.00	4.00	0.00	9.00	
		Detention Cnt	2.00	1.00	0.00	3.00	
		% to Detention	0.40	0.25	0.00	0.33	
98606		Investigation Cnt	0.00	0.00	1.00	1.00	
	Detention Cnt	0.00	0.00	0.00	0.00		
	% to Detention	0.00	0.00	0.00	0.00		
98607	Investigation Cnt	3.00	0.00	0.00	3.00		
	Detention Cnt	2.00	0.00	0.00	2.00		
	% to Detention	0.67	0.00	0.00	0.67		
98611	Investigation Cnt	0.00	1.00	0.00	1.00		
	Detention Cnt	0.00	0.00	0.00	0.00		
	% to Detention	0.00	0.00	0.00	0.00		
98622	Investigation Cnt	0.00	1.00	0.00	1.00		
	Detention Cnt	0.00	0.00	0.00	0.00		
	% to Detention	0.00	0.00	0.00	0.00		
98629	Investigation Cnt	0.00	2.00	0.00	2.00		
	Detention Cnt	0.00	0.00	0.00	0.00		
	% to Detention	0.00	0.00	0.00	0.00		
98632	Investigation Cnt	0.00	1.00	0.00	1.00		
	Detention Cnt	0.00	1.00	0.00	1.00		
	% to Detention	0.00	1.00	0.00	1.00		
98639	Investigation Cnt	0.00	0.00	1.00	1.00		
	Detention Cnt	0.00	0.00	0.00	0.00		
	% to Detention	0.00	0.00	0.00	0.00		
98660	Investigation Cnt	0.00	0.00	2.00	2.00		
	Detention Cnt	0.00	0.00	1.00	1.00		
	% to Detention	0.00	0.00	0.50	0.50		

				2013	2014	2015	Total		
Clark	HOSPITAL - OTHER MEDICAL	98661	Investigation Cnt Detention Cnt % to Detention	14.00 6.00 0.43	20.00 5.00 0.25	6.00 2.00 0.33	40.00 13.00 0.33		
		98662	Investigation Cnt Detention Cnt % to Detention	3.00 2.00 0.67	3.00 1.00 0.33	2.00 0.00 0.00	8.00 3.00 0.38		
		98663	Investigation Cnt Detention Cnt % to Detention	5.00 2.00 0.40	4.00 1.00 0.25	1.00 0.00 0.00	10.00 3.00 0.30		
		98664	Investigation Cnt Detention Cnt % to Detention	0.00 0.00 0.00	3.00 0.00 0.00	0.00 0.00 0.00	3.00 0.00 0.00		
		98665	Investigation Cnt Detention Cnt % to Detention	1.00 0.00 0.00	7.00 1.00 0.14	0.00 0.00 0.00	8.00 1.00 0.13		
		98671	Investigation Cnt Detention Cnt % to Detention	0.00 0.00 0.00	1.00 0.00 0.00	0.00 0.00 0.00	1.00 0.00 0.00		
		98674	Investigation Cnt Detention Cnt % to Detention	0.00 0.00 0.00	1.00 0.00 0.00	0.00 0.00 0.00	1.00 0.00 0.00		
		98682	Investigation Cnt Detention Cnt % to Detention	10.00 1.00 0.10	12.00 3.00 0.25	4.00 1.00 0.25	26.00 5.00 0.19		
		98683	Investigation Cnt Detention Cnt % to Detention	0.00 0.00 0.00	1.00 0.00 0.00	1.00 0.00 0.00	2.00 0.00 0.00		
		98684	Investigation Cnt Detention Cnt % to Detention	1.00 0.00 0.00	1.00 0.00 0.00	1.00 0.00 0.00	3.00 0.00 0.00		
		98685	Investigation Cnt Detention Cnt % to Detention	4.00 0.00 0.00	3.00 0.00 0.00	1.00 0.00 0.00	8.00 0.00 0.00		
		98686	Investigation Cnt Detention Cnt % to Detention	0.00 0.00 0.00	5.00 0.00 0.00	0.00 0.00 0.00	5.00 0.00 0.00		
		<b>Total</b>	Investigation Cnt Detention Cnt % to Detention	47.00 15.00 0.32	72.00 13.00 0.18	21.00 4.00 0.19	140.00 32.00 0.23		
			HOSPITAL - OUTPATIENT	98661	Investigation Cnt Detention Cnt % to Detention	0.00 0.00 0.00	1.00 0.00 0.00	0.00 0.00 0.00	1.00 0.00 0.00
				98662	Investigation Cnt Detention Cnt % to Detention	0.00 0.00 0.00	1.00 0.00 0.00	0.00 0.00 0.00	1.00 0.00 0.00
		98685		Investigation Cnt Detention Cnt % to Detention	2.00 2.00 1.00	0.00 0.00 0.00	0.00 0.00 0.00	2.00 2.00 1.00	
		<b>Total</b>		Investigation Cnt Detention Cnt % to Detention	2.00 2.00 1.00	2.00 0.00 0.00	0.00 0.00 0.00	4.00 2.00 0.50	

				2013	2014	2015	Total
Clark	HOTEL/MOTE L/CAMPGROU ND/HOSTEL	98660	Investigation Cnt	1.00	0.00	0.00	1.00
			Detention Cnt	0.00	0.00	0.00	0.00
			% to Detention	0.00	0.00	0.00	0.00
		98662	Investigation Cnt	0.00	1.00	0.00	1.00
			Detention Cnt	0.00	0.00	0.00	0.00
			% to Detention	0.00	0.00	0.00	0.00
		Total	Investigation Cnt	1.00	1.00	0.00	2.00
			Detention Cnt	0.00	0.00	0.00	0.00
			% to Detention	0.00	0.00	0.00	0.00
	INDEPENDEN T CLINIC	98629	Investigation Cnt	0.00	1.00	0.00	1.00
			Detention Cnt	0.00	0.00	0.00	0.00
			% to Detention	0.00	0.00	0.00	0.00
		98661	Investigation Cnt	0.00	0.00	1.00	1.00
			Detention Cnt	0.00	0.00	0.00	0.00
			% to Detention	0.00	0.00	0.00	0.00
		Total	Investigation Cnt	0.00	1.00	1.00	2.00
			Detention Cnt	0.00	0.00	0.00	0.00
			% to Detention	0.00	0.00	0.00	0.00
	JAIL OR PLACE OF DETENTION	97116	Investigation Cnt	0.00	1.00	0.00	1.00
			Detention Cnt	0.00	0.00	0.00	0.00
			% to Detention	0.00	0.00	0.00	0.00
		97206	Investigation Cnt	0.00	1.00	0.00	1.00
			Detention Cnt	0.00	0.00	0.00	0.00
			% to Detention	0.00	0.00	0.00	0.00
		97217	Investigation Cnt	0.00	1.00	0.00	1.00
			Detention Cnt	0.00	0.00	0.00	0.00
			% to Detention	0.00	0.00	0.00	0.00
97301		Investigation Cnt	0.00	2.00	0.00	2.00	
		Detention Cnt	0.00	0.00	0.00	0.00	
		% to Detention	0.00	0.00	0.00	0.00	
98601		Investigation Cnt	2.00	0.00	0.00	2.00	
	Detention Cnt	0.00	0.00	0.00	0.00		
	% to Detention	0.00	0.00	0.00	0.00		
98607	Investigation Cnt	2.00	0.00	0.00	2.00		
	Detention Cnt	0.00	0.00	0.00	0.00		
	% to Detention	0.00	0.00	0.00	0.00		
98626	Investigation Cnt	0.00	1.00	0.00	1.00		
	Detention Cnt	0.00	0.00	0.00	0.00		
	% to Detention	0.00	0.00	0.00	0.00		
98629	Investigation Cnt	2.00	1.00	0.00	3.00		
	Detention Cnt	0.00	0.00	0.00	0.00		
	% to Detention	0.00	0.00	0.00	0.00		
98642	Investigation Cnt	0.00	0.00	1.00	1.00		
	Detention Cnt	0.00	0.00	0.00	0.00		
	% to Detention	0.00	0.00	0.00	0.00		
98660	Investigation Cnt	0.00	1.00	0.00	1.00		
	Detention Cnt	0.00	0.00	0.00	0.00		
	% to Detention	0.00	0.00	0.00	0.00		
98661	Investigation Cnt	20.00	41.00	27.00	88.00		
	Detention Cnt	1.00	0.00	1.00	2.00		
	% to Detention	0.05	0.00	0.04	0.02		

				2013	2014	2015	Total
Clark	JAIL OR PLACE OF DETENTION	98662	Investigation Cnt	2.00	1.00	1.00	4.00
			Detention Cnt	0.00	0.00	0.00	0.00
			% to Detention	0.00	0.00	0.00	0.00
		98663	Investigation Cnt	0.00	1.00	0.00	1.00
			Detention Cnt	0.00	0.00	0.00	0.00
			% to Detention	0.00	0.00	0.00	0.00
		98665	Investigation Cnt	0.00	3.00	1.00	4.00
			Detention Cnt	0.00	0.00	0.00	0.00
	% to Detention		0.00	0.00	0.00	0.00	
	98671	Investigation Cnt	0.00	1.00	0.00	1.00	
		Detention Cnt	0.00	0.00	0.00	0.00	
		% to Detention	0.00	0.00	0.00	0.00	
	98682	Investigation Cnt	0.00	3.00	2.00	5.00	
		Detention Cnt	0.00	0.00	0.00	0.00	
		% to Detention	0.00	0.00	0.00	0.00	
	98684	Investigation Cnt	2.00	2.00	1.00	5.00	
		Detention Cnt	0.00	0.00	0.00	0.00	
		% to Detention	0.00	0.00	0.00	0.00	
	98685	Investigation Cnt	0.00	1.00	0.00	1.00	
		Detention Cnt	0.00	0.00	0.00	0.00	
		% to Detention	0.00	0.00	0.00	0.00	
	<b>Total</b>	Investigation Cnt	30.00	61.00	33.00	124.00	
		Detention Cnt	1.00	0.00	1.00	2.00	
		% to Detention	0.03	0.00	0.03	0.02	
	JUVENILE DETENTION CENTER	98661	Investigation Cnt	2.00	0.00	0.00	2.00
			Detention Cnt	0.00	0.00	0.00	0.00
			% to Detention	0.00	0.00	0.00	0.00
98675		Investigation Cnt	0.00	0.00	1.00	1.00	
	Detention Cnt	0.00	0.00	0.00	0.00		
	% to Detention	0.00	0.00	0.00	0.00		
<b>Total</b>	Investigation Cnt	2.00	0.00	1.00	3.00		
	Detention Cnt	0.00	0.00	0.00	0.00		
	% to Detention	0.00	0.00	0.00	0.00		
ON THE STREET	98606	Investigation Cnt	0.00	1.00	0.00	1.00	
		Detention Cnt	0.00	0.00	0.00	0.00	
		% to Detention	0.00	0.00	0.00	0.00	
	98607	Investigation Cnt	1.00	0.00	0.00	1.00	
		Detention Cnt	0.00	0.00	0.00	0.00	
		% to Detention	0.00	0.00	0.00	0.00	
98661	Investigation Cnt	0.00	4.00	1.00	5.00		
	Detention Cnt	0.00	0.00	0.00	0.00		
	% to Detention	0.00	0.00	0.00	0.00		
98662	Investigation Cnt	0.00	1.00	0.00	1.00		
	Detention Cnt	0.00	0.00	0.00	0.00		
	% to Detention	0.00	0.00	0.00	0.00		
98665	Investigation Cnt	0.00	2.00	0.00	2.00		
	Detention Cnt	0.00	0.00	0.00	0.00		
	% to Detention	0.00	0.00	0.00	0.00		
98683	Investigation Cnt	0.00	1.00	0.00	1.00		
	Detention Cnt	0.00	0.00	0.00	0.00		
	% to Detention	0.00	0.00	0.00	0.00		

				2013	2014	2015	Total
Clark	ON THE STREET	98684	Investigation Cnt	0.00	1.00	0.00	1.00
			Detention Cnt	0.00	0.00	0.00	0.00
			% to Detention	0.00	0.00	0.00	0.00
		<b>Total</b>	Investigation Cnt	1.00	10.00	1.00	12.00
		Detention Cnt	0.00	0.00	0.00	0.00	
		% to Detention	0.00	0.00	0.00	0.00	
	OTHER PLACE OF SERVICE	98642	Investigation Cnt	0.00	0.00	1.00	1.00
			Detention Cnt	0.00	0.00	0.00	0.00
			% to Detention	0.00	0.00	0.00	0.00
		98661	Investigation Cnt	1.00	1.00	2.00	4.00
			Detention Cnt	0.00	0.00	0.00	0.00
		% to Detention	0.00	0.00	0.00	0.00	
		98665	Investigation Cnt	2.00	0.00	0.00	2.00
			Detention Cnt	0.00	0.00	0.00	0.00
			% to Detention	0.00	0.00	0.00	0.00
		<b>Total</b>	Investigation Cnt	3.00	1.00	3.00	7.00
			Detention Cnt	0.00	0.00	0.00	0.00
			% to Detention	0.00	0.00	0.00	0.00
	SCHOOL	98662	Investigation Cnt	1.00	0.00	0.00	1.00
			Detention Cnt	0.00	0.00	0.00	0.00
			% to Detention	0.00	0.00	0.00	0.00
		98682	Investigation Cnt	0.00	1.00	1.00	2.00
			Detention Cnt	0.00	0.00	0.00	0.00
		% to Detention	0.00	0.00	0.00	0.00	
		98686	Investigation Cnt	0.00	2.00	0.00	2.00
			Detention Cnt	0.00	0.00	0.00	0.00
			% to Detention	0.00	0.00	0.00	0.00
	<b>Total</b>	Investigation Cnt	1.00	3.00	1.00	5.00	
		Detention Cnt	0.00	0.00	0.00	0.00	
		% to Detention	0.00	0.00	0.00	0.00	
SUBSTANCE ABUSE TX FACILITY NON-RESIDENT	98661	Investigation Cnt	0.00	2.00	0.00	2.00	
		Detention Cnt	0.00	0.00	0.00	0.00	
		% to Detention	0.00	0.00	0.00	0.00	
	98684	Investigation Cnt	0.00	0.00	1.00	1.00	
		Detention Cnt	0.00	0.00	0.00	0.00	
	% to Detention	0.00	0.00	0.00	0.00		
	98685	Investigation Cnt	0.00	1.00	0.00	1.00	
		Detention Cnt	0.00	0.00	0.00	0.00	
		% to Detention	0.00	0.00	0.00	0.00	
	<b>Total</b>	Investigation Cnt	0.00	3.00	1.00	4.00	
		Detention Cnt	0.00	0.00	0.00	0.00	
		% to Detention	0.00	0.00	0.00	0.00	
	<b>Total</b>	Investigation Cnt	986.00	1,334.00	585.00	2,905.00	
		Detention Cnt	221.00	283.00	125.00	629.00	
		% to Detention	0.22	0.21	0.21	0.22	

				2015	Total
Skamania	COMMUNITY MENTAL HEALTH CENTER	98648	Investigation Cnt	1.00	1.00
			Detention Cnt	0.00	0.00
		% to Detention	0.00	0.00	
	<b>Total</b>	Investigation Cnt	1.00	1.00	
		Detention Cnt	0.00	0.00	
		% to Detention	0.00	0.00	
	<b>Total</b>		Investigation Cnt	1.00	1.00
			Detention Cnt	0.00	0.00
			% to Detention	0.00	0.00

## Exhibit E

### Substance Use Disorder Service Utilization in Clark and Skamania County

Note: clients may receive Medicaid and non-Medicaid funded services in a given year, therefore the sum of Medicaid and non-Medicaid clients may not equal the count of clients in the "Total" column

FY	type	unit	Medicaid			non-Medicaid			Total		
			clients	units	avg per client	clients	units	avg per client	clients	units	avg per
2014	Assessment	event	1,553	1,657.00	1.1	1,090	1,132.00	1	2,566	2,789.00	1.1
2014	Detox	days	60	136.00	2.3	53	144.00	2.7	112	280.00	2.5
2014	Intensive Inpatient	days	274	4,700.00	17.2	176	2,583.00	14.7	440	7,283.00	16.6
2014	Long Term Res	days	30	1,893.00	63.1	15	681.00	45.4	42	2,574.00	61.3
2014	OP: Case Management	hours	908	2,145.25	2.4	647	1,021.50	1.6	1,335	3,166.75	2.4
2014	OP: Conjoint	hours	68	144.25	2.1	16	18.75	1.2	84	163.00	1.9
2014	OP: Family	hours	18	14.75	0.8	4	4.25	1.1	22	19.00	0.9
2014	OP: Group	hours	1,334	43,677.50	32.7	928	32,267.25	34.8	1,910	75,944.75	39.8
2014	OP: Individual	hours	1,215	4,066.25	3.3	827	2,445.75	3	1,757	6,512.00	3.7
2014	Opiate Substitution	days	302	69,114.00	228.9	74	9,491.00	128.3	314	78,605.00	250.3
2014	Recovery House	days	6	252.00	42	2	7.00	3.5	8	259.00	32.4
	<b>Total</b>		<b>2,558</b>			<b>1,802</b>			<b>3,702</b>		
2015	Assessment	event	2,172	2,341.00	1.1	437	444.00	1	2,593	2,785.00	1.1
2015	Detox	days	109	249.00	2.3	9	20.00	2.2	118	269.00	2.3
2015	Intensive Inpatient	days	384	7,485.00	19.5	13	267.00	20.5	396	7,752.00	19.6
2015	Long Term Res	days	58	2,699.00	46.5	4	169.00	42.3	62	2,868.00	46.3
2015	OP: Case Management	hours	1,412	4,415.50	3.1	294	1,019.25	3.5	1,635	5,434.75	3.3
2015	OP: Conjoint	hours	48	84.25	1.8	4	7.50	1.9	52	91.75	1.8
2015	OP: Family	hours	10	7.25	0.7	1	0.50	0.5	11	7.75	0.7
2015	OP: Group	hours	1,766	67,766.75	38.4	316	11,328.25	35.8	1,996	79,095.00	39.6
2015	OP: Individual	hours	1,626	5,948.75	3.7	307	1,108.75	3.6	1,861	7,057.50	3.8
2015	Opiate Substitution	days	312	85,068.00	272.7	7	886.00	126.6	314	85,954.00	273.7
2015	Recovery House	days	4	79.00	19.8	0	0.00	0	4	79.00	19.8
	<b>Total</b>		<b>3,324</b>			<b>675</b>			<b>3,842</b>		

AHQa reference: Clark Skamania SUD services fy14 15 9 28 15.sas

#### SUD/CD Involuntary Commitments in Clark/Skamania Counties:

In 2014, ninety-two (92) individuals in Clark County received SUD involuntary commitment services, per RCW 70.96A.140 via Pioneer Human Services. Fifty-two (52) of these Consumers were served in Pioneer Center North and forty (40) were served in Pioneer Center East. In the past seven years, two (2) people from Skamania County have received SUD involuntary commitment services, per RCW 70.96A.140.

## Exhibit F

### SFY 2014~2015 Mental Health Outpatient Service Utilization of DBHR Clients by Medicaid Eligible Status and Modality Clark County and Skamania County only

As of 9/28/2015

Service Type / Modality	SFY 2014							
	Client Eligible Status							
	Medicaid				Non-Medicaid			
	Number of Clients	Service Minutes	Service Hours	Average Service Hours per Client	Number of Clients	Service Minutes	Service Hours	Average Service Hours per Client
Medicaid State Plan Services	8,382	9,020,274	150,338	18.0	1,229	555,061	9,251	8.0
Crisis Services	785	160,890	2,682	3.0	490	82,386	1,373	3.0
Day Support	212	352,500	5,875	28.0	37	43,560	726	20.0
Family Treatment	2,398	802,654	13,378	6.0	77	16,856	281	4.0
Group Treatment Services	712	545,699	9,095	13.0	98	33,037	551	6.0
High Intensity Treatment	174	1,440	24	0.0	19	0	0	0.0
Individual Treatment Services	7,100	5,169,271	86,155	12.0	672	217,248	3,621	5.0
Intake	5,479	676,094	11,268	2.0	325	36,137	602	2.0
Involuntary Tx Investigation	264	502,920	8,382	32.0	72	85,920	1,432	20.0
Medication Management	3,269	337,833	5,631	2.0	277	17,238	287	1.0
Medication Monitoring	106	17,565	293	3.0	8	380	6	1.0
Peer Support	506	190,275	3,171	6.0	67	10,530	176	3.0
Psychological Assessment	1	60	1	1.0	0	0	0	0.0
Rehabilitation Case Management	246	23,625	394	2.0	62	4,647	77	1.0
CPT Codes falling into multiple Modalities	449	3,640	61	0.0	58	0	0	0.0
Special Population Evaluation	36	2,460	41	1.0	0	0	0	0.0
Stabilization Services	3	0	0	0.0	2	0	0	0.0
Therapeutic Psychoeducation	403	233,348	3,889	10.0	20	7,122	119	6.0
State-funded non-Medicaid Services	1,016	142,457	2,374	2.0	358	47,333	789	2.0
Care Coordination Services	4	1,245	21	5.0	0	0	0	0.0
Case Management	0	0	0	0.0	0	0	0	0.0
Co-occurring Treatment	5	530	9	2.0	8	1,055	18	2.0
Community Transition	230	31,020	517	2.0	216	37,920	632	3.0
Engagement and Outreach	213	12,613	210	1.0	45	3,125	52	1.0
Hearing for Involuntary Tx	125	3,674	61	0.0	74	2,131	36	0.0
Integrated Sub Abuse MH Screen	115	694	12	0.0	22	190	3	0.0
Integrated Sub. Abuse MH Assmt	69	547	9	0.0	8	72	1	0.0
Interpreter Services	181	50,985	850	5.0	6	780	13	2.0
Mental Health Clubhouse	4	0	0	0.0	0	0	0	0.0
CPT Codes falling into multiple Modalities	198	31,339	522	3.0	2	260	4	2.0
Supported Employment	22	9,810	164	7.0	4	1,800	30	8.0
<b>TOTAL</b>	<b>8,533</b>	<b>9,162,731</b>	<b>152,712</b>	<b>18.0</b>	<b>1,400</b>	<b>602,394</b>	<b>10,040</b>	<b>7.0</b>

Note: Clients may be counted twice due to their changing eligible status by month.

AHQa reference: HCA\_MCO\_ASO.sas

Note: CPT codes falling into multiple modalities includes the following codes: '90785', 'H0032', 'H0043', 'H2011', 'M0064', 'S9484'

SFY 2014-2015 Mental Health Outpatient Service Utilization of DBHR Clients by Medicaid Eligible Status and Modality

Service Type / Modality	SFY 2015							
	Client Eligible Status							
	Medicaid				Non-Medicaid			
	Number of Clients	Service Minutes	Service Hours	Average Service Hours per Client	Number of Clients	Service Minutes	Service Hours	Average Service Hours per Client
Medicaid State Plan Services	8,569	12,243,003	204,050	24.0	628	274,352	4,573	7.0
Crisis Services	843	172,187	2,870	3.0	267	40,275	671	3.0
Day Support	193	250,500	4,175	22.0	1	1,440	24	24.0
Family Treatment	2,312	924,692	15,412	7.0	81	24,596	410	5.0
Group Treatment Services	895	1,024,029	17,067	19.0	22	7,735	129	6.0
High Intensity Treatment	84	0	0	0.0	11	0	0	0.0
Individual Treatment Services	7,629	7,002,324	116,705	15.0	307	117,160	1,953	6.0
Intake	6,174	808,976	13,483	2.0	135	14,027	234	2.0
Involuntary Tx Investigation	257	500,640	8,344	32.0	22	47,820	797	36.0
Medication Management	3,749	436,593	7,277	2.0	130	9,260	154	1.0
Medication Monitoring	142	124,794	2,080	15.0	6	1,367	23	4.0
Peer Support	770	379,965	6,333	8.0	9	1,605	27	3.0
Psychological Assessment	2	600	10	5.0	1	120	2	2.0
Rehabilitation Case Management	425	32,809	547	1.0	41	2,767	46	1.0
CPT Codes falling into multiple Modalities	431	3,665	61	0.0	20	0	0	0.0
Special Population Evaluation	32	2,040	34	1.0	2	120	2	1.0
Stabilization Services	6	0	0	0.0	0	0	0	0.0
Therapeutic Psychoeducation	571	579,189	9,653	17.0	15	6,060	101	7.0
State-funded non-Medicaid Services	1,308	288,439	4,807	4.0	189	27,519	459	2.0
Care Coordination Services	76	27,660	461	6.0	2	1,245	21	10.0
Case Management	1	390	7	7.0	1	540	9	9.0
Co-occurring Treatment	45	17,564	293	7.0	1	270	5	5.0
Community Transition	286	36,180	603	2.0	103	14,160	236	2.0
Engagement and Outreach	310	26,207	437	1.0	32	2,100	35	1.0
Hearing for Involuntary Tx	104	2,513	42	0.0	35	715	12	0.0
Integrated Sub Abuse MH Screen	88	443	7	0.0	5	20	0	0.0
Integrated Sub. Abuse MH Assmt	45	181	3	0.0	3	11	0	0.0
Interpreter Services	205	69,630	1,161	6.0	10	4,785	80	8.0
Mental Health Clubhouse	1	0	0	0.0	0	0	0	0.0
CPT Codes falling into multiple Modalities	312	98,206	1,637	5.0	5	1,723	29	6.0
Supported Employment	44	9,465	158	4.0	2	1,950	33	16.0
<b>TOTAL</b>	<b>8,755</b>	<b>12,531,442</b>	<b>208,857</b>	<b>24.0</b>	<b>730</b>	<b>301,871</b>	<b>5,031</b>	<b>7.0</b>

Note: Clients may be counted twice due to their changing eligible status by month.

AHQuA reference: HCA\_MCO\_ASO.sas

Note: CPT codes falling into multiple modalities includes the following codes: '90785', 'H0032', 'H0043', 'H2011', 'M0064', 'S9484'

SFY 2014-2015 Mental Health Inpatient Service Utilization of DBHR Clients by Medicaid Eligible Status and Location  
 Clark County and Skamania County only  
 As of 9/28/2015

SFY 2014						
Service Location	Client Eligible Status					
	Medicaid			Non-Medicaid		
	Number of Clients	Length of Stay (Days)	Average Length of Stay (Days)	Number of Clients	Length of Stay (Days)	Average Length of Stay (Days)
Community Hospitals	234	3,041	13	47	495	11
Evaluation & Treatment	120	1,681	14	56	897	16
Other MH Residential Settings	111	4,657	42	3	191	64
<b>TOTAL</b>	<b>392</b>	<b>9,379</b>	<b>24</b>	<b>103</b>	<b>1,583</b>	<b>15</b>

SFY 2015						
Service Location	Client Eligible Status					
	Medicaid			Non-Medicaid		
	Number of Clients	Length of Stay (Days)	Average Length of Stay (Days)	Number of Clients	Length of Stay (Days)	Average Length of Stay (Days)
Community Hospitals	204	3,090	15	12	119	10
Evaluation & Treatment	221	2,600	12	22	231	11
Other MH Residential Settings	22	907	41	0	0	0
<b>TOTAL</b>	<b>398</b>	<b>6,597</b>	<b>17</b>	<b>33</b>	<b>350</b>	<b>11</b>

Note: Clients may be counted twice due to their changing eligible status by month.

AHQa reference: HCA\_MCO\_ASO.

SAMPLE MENTAL HEALTH BLOCK GRANT PLAN  
FOR INFORMATIONAL PURPOSES ONLY

**Mental Health Block Grant Contract**

**Regional Support Network (RSN) Project Plan**  
*SFY 2015 (7/1/14 – 6/30/15)*

**Introduction**

Washington State's Mental Health strategies to further the goals of the 2014 – 2015 Combined Federal Block Grant will rely on service delivery through RSNs. Contracts with RSNs continue to support flexibility to meet the needs of populations based on local planning efforts and goals as identified in this Project Plan. Our collective overarching "Goal" is to ensure effective services are provided across populations with measurable outcomes and performance indicators.

**Instructions:**

Please complete this document and submit electronically to Tom Gray no later than 5:00 P. M. **April 15, 2014**. DBHR will contact the RSN Contact Person identified below if there are any questions.

**Note:**

**This Plan is for the 2<sup>nd</sup> year of Your Current Contract (SFY 2015).** All Mental Health Block Grant funds contractually allocated for services provided in SFY 2014, but not expended for services actually provided by June 30, 2014, may not be used or carried forward into SFY 2015.

**RSN: Southwest Washington Behavioral Health**

**Current Date: April 6, 2014**

**RSN Contact Person:**

**Total SFY 2015 Contract Amount (see note immediately below):**  
**\$532,657**

**Unless notified otherwise, SFY 2015 funding is identical to the SFY 2014 allocation.**

**Section 1**

**Local Board Involvement**

**Instructions:**

Please attach a copy of a letter of support from the local RSN Advisory Board Chair for the RSN's Project Plan. In addition, provide a short narrative that describes how consumers and their families participated in planning the proposed RSN services and programs.

**Consumer and Family Participation Narrative (no more than 2 paragraphs):**

Our Consumer Advisory Committee (formerly called the Enrollee and Stakeholder Services Committee) provides input regarding service delivery based on data they have reviewed. The committee helps identify gaps in our system, many of which are addressed by the services in our plan—services the committee has supported.

In addition, all of the services provided by Southwest Washington Behavioral Health take into account the feedback gathered through our annual satisfaction survey which is completed by individuals and family members currently receiving services funded by SWBH. Our Quality Review Team also provides input on the services we provide, as does our Consumer Partnerships Manager.

**Section 2**

**Project Summary List**

**Instructions:**

- Do not modify or delete parts of this Template.
- New Federal REQUIREMENT for SFY 2015 – A minimum of 5% of allocated funding must be expended on Evidence Based Practices noted within the Template below as (Qualifies as EBP); EBPs for SFY 2015 do not have to be provided at the level of Fidelity (Fidelity Reviews are not required).
- Insert Contractual Amount Allocated by Category under column “Proposed Category Allocation Amount.” The Total at bottom of column must equal total contract amount for SFY 2015. Do not include RSN’s specific amounts being allocated by Sub Category.
- The Project Names can be very short; please include short descriptions of anticipated range of services.
- Insert the projected number of Adults and Children anticipated to be served during SFY 2015.
- The column “Proposed # Other Non-Direct Services” is to allow RSNs to list anticipated projects; and, to count numbers served indirectly. This is to help document projects that do not easily “fit” into projects serving adults with SMI and/or Children with SED.
- In the space labeled “Narrative” provided on the left at the bottom of each Category, provide a short, clear summary how services noted within the Category support adults, older adults (65 and over), youth (10 -17) , and transitional age youth (18-21); and, are in alignment with the State’s Behavioral Health Priority Outcomes noted as follows:
  - Improve health status and wellness.
  - Increase meaningful activities, including employment and education.
  - Reduce involvement with criminal justice systems, including jails and prisons.
  - Reduce avoidable costs in hospitals, emergency rooms, crisis services, and jails/prisons.
  - Increase stable housing in the community.
  - Improve satisfaction with quality of life, including measures of recovery and resilience.
  - Decrease population-level disparities.
  - Enhance safety and access to treatment for forensic patients.

**Note:** Only complete Categories/Sub Categories that align with local plans. There is no requirement to provide services in each Category.

<b>Category/Sub Category</b>	<b>Insert Project Names &amp; Description (2-4 short sentences, per project); may include more than 1 project per Sub Category.</b>	<b>Proposed # Adults with SMI Served</b>	<b>Proposed # Children with SED Served</b>	<b>Proposed # "Other" Non-Direct Services (Add short narrative in "Notes")</b>	<b>Proposed Category Allocation Amount</b>	<b>Notes</b>
<b>Prevention &amp; Wellness</b>					<b>\$31,300</b>	
<b>(Qualifies as EBP) Screening, Brief Intervention and Referral to Treatment (SBIRT)</b>						
<b>(Qualifies as EBP) Brief Motivational Interviews</b>						
<b>Parent Training</b>						
<b>Facilitated Referrals</b>						
<b>Relapse Prevention/Wellness Recovery Support</b>	<b>Triple Point</b> Provides support, education, and counseling for youth and transition-age youth who identify as GLBTQ	<b>115</b>				

Warm Line						
Narrative	Triple Point serves youth and transition-age youth. Triple Point aligns with bullets 1, 2, 3, 4, 6 and 7 of the Behavioral Health Priority Outcomes by providing a welcoming means of support and helping with problem-solving that can prevent episodes of crisis which could lead to hospitalization or incarceration. Triple Point works with the youth it serves to increase their quality of life, including assisting with education and employment. Because Triple Point serves any youth who identify as GLBTQ regardless of Medicaid or insurance status, they reduce population-level disparities.					
Engagement Services					\$3,000	
Assessment						
Specialized Evaluations (Psychological and Neurological)						
Service Planning (including crisis planning)						
Consumer/Family Education	<u>Training for individuals, families, and/or Peer Support Counselors</u> which may include: <ul style="list-style-type: none"> <li>• Training that supports recovery, empowerment, and/or advocacy</li> <li>• Continuing education for Peer Support Counselors</li> </ul>					
Outreach						
Narrative	Education and training to individuals, their families, and Peer Supports aligns with bullets 1234 and 6 with bullets 1, 2, 3, 4, and 6 of the Behavioral Health Priority Outcomes by giving individuals and their families the information they need to be empowered and knowledgeable about recovery and what <b>they</b> can do to improve their lives.					
Outpatient Services					\$176,787	
(Qualifies as EBP) Individual Evidenced Based Therapies	<u>The Free Clinic</u> Provides services to adults who are uninsured or underinsured, comprised of short-term therapy, peer counseling, and case management. Services may also include outreach to and case management for individuals needing support to access any type of community service or resources, including Medicaid and other government benefits, primary care, substance abuse treatment, housing, and employment.	400				
		400				
	<u>The Wellness Project</u> Provides services to adults				\$173,787	

	<p>who are uninsured or underinsured, comprised of short-term therapy, peer counseling, and case management. Services may also include outreach to and case management for individuals needing support to access any type of community service or resources, including Medicaid and other government benefits, primary care, substance abuse treatment, housing, and employment.</p> <p><b><u>Cultural Competency Training</u></b> Provides training for SWBH provider network for ongoing improvement to cultural competency, which increases the quality of services provided by our contracted providers.</p>				500		
<b>Group Therapy</b>							
<b>Family Therapy</b>							
<b>Multi-Family Counseling Therapy</b>							
<b>Consultation to Caregivers</b>							
<b>Narrative</b>	<p>Both the Free Clinic and the Wellness Project serve adults and transition-age youth. The Cultural Competency Training indirectly benefits people of all ages. All three programs align with all of the state priorities because they either improve or deliver holistic counseling that addresses overall health, education and employment goals, quality of life, housing, and crisis planning (which helps people avoid outcomes such as hospitalization or incarceration in a crisis). Because the Free Clinic and Wellness Project serve only those who do not qualify for Medicaid or insurance, or who are underinsured, they help decrease population-level disparities and provide access to services for those coming out of jail, prison, or forensic units at the state hospitals. Cultural Competency Training allows all of these services to be delivered in a way that will most benefit the people receiving them, which increases the effectiveness of the services.</p>						
<b>Medication Services</b>						<b>\$3,583</b>	
<b>Medication Management</b>	<p><b><u>Skamania County</u></b> Improve health and wellness and decrease health disparities for patients who are not covered by Medicaid and need psychiatric medication management.</p>	10					
<b>(Qualifies as EBP) Pharmacotherapy (including MAT)</b>							

<b>Laboratory Services</b>	<b>Skamania County</b> Improve health and wellness and decrease health disparities for patients who are not covered by Medicaid and need labs due to psychiatric medication prescriptions.	10					
<b>Narrative</b>	This program serves adults, older adults, and transition-age youth. It aligns with state priority bullets 1, 3, 4, 5, 6, and 7 by providing medication management and laboratory services to individuals who would otherwise not have access. This impacts all areas of a person's life and functioning and also reduces population-level disparities by providing medication services to those without insurance or Medicaid.						
<b>Community Support Services</b>						<b>\$70,000</b>	
<b>Parent/Caregiver Support</b>	<b>NAMI Southwest Washington</b> Provides support and education to families of people with mental illness, support groups for adults and children with mental health issues, information and referral, and community outreach and education.	350	15				
<b>Skill Building (social, daily living, cognitive)</b>							
<b>Case Management</b>							
<b>Continuing Care</b>							
<b>Behavior Management</b>							
<b>(Qualifies as EBP) Supported Employment</b>							
<b>(Qualifies as EBP) Permanent Supported Housing</b>							
<b>Recovery Housing</b>							
<b>Therapeutic Mentoring</b>							
<b>Traditional Healing Services</b>							
<b>Narrative</b>	NAMI serves primarily adults and the parents of adult children, with very few youth and transition-age youth as well. Their services align with all 8 state priority outcomes because NAMI educates and empowers family members to take an active role in supporting their loved ones who are living with mental health issues. In turn, these families can help in every aspect of their family member's recovery, including helping them access services which can address population-level disparities and access to services for people coming out of jails, prisons, and forensic wards.						
<b>Recovery Support Services</b>						<b>\$90,987</b>	
<b>Peer Support</b>							
<b>Recovery Support Coaching</b>							

<b>(Qualifies as EBP) Recovery Support Center Services</b>	<b>CVAB REACH and Val Ogden Centers</b> Provide self-directed and supported services for wellness, recovery, employment, education and empowerment. Also provide a pre/post crisis warm line for recovery and wellness.	2,050				\$90,987	This qualifies as an EBP, defined by SAMHA as Consumer Operated Services
<b>Supports for Self Directed Care</b>							
<b>Narrative</b>	CVAB's REACH and Val Ogden Centers serve adults and older adults. The agency aligns with all 8 bullets by providing a welcoming means of support and helping with problem-solving that can prevent episodes of crisis which could lead to hospitalization or incarceration. CVAB works with the people they serve to increase their quality of life, including assisting with education and employment. Because CVAB serves any adult who wishes to participate, regardless of Medicaid or insurance status, they reduce population-level disparities. CVAB provides support groups, classes, and leisure activities that can benefit people involved in the criminal justice system or who have been committed to the forensic unit of either state hospital. They can also help these individuals get hooked up with other services and access community resources as needed.						
<b>Other Supports</b>						<b>\$0</b>	
<b>Personal Care</b>							
<b>Respite</b>							
<b>Supported Education</b>							
<b>Transportation</b>							
<b>Assisted Living Services</b>							
<b>Recreational Services</b>							
<b>Trained Behavioral Health Interpreters</b>							
<b>Interactive Communication Technology Devices</b>							
<b>Narrative</b>							
<b>Intensive Support Services</b>						<b>\$0</b>	
<b>(Qualifies as EBP) Assertive Community Treatment</b>							
<b>Intensive Home Based Services</b>							
<b>(Qualifies as EBP) Multi-systemic Therapy</b>							
<b>Intensive Case Management</b>							
<b>Narrative</b>							
<b>Out of Home Residential Services</b>						<b>\$157,000</b>	
<b>Crisis Residential/ Stabilization</b>	<b>Skamania County</b> Skamania County does not have a hospital and or inpatient services and therefore has access to Clark County stabilization. Access to this service	10	5				

	reduces costs in hospitals, emergency rooms and jails for adults and youth.					
<b>Adult Mental Health Residential</b>	<b>Skamania County</b> Provides residential services to adults utilizing other providers within the SWBH provider network  <b>Elahan Place</b> Assists with the costs of board and care for adult receiving residential services.	5				
<b>Children's Residential Mental Health Services</b>						
<b>Therapeutic Foster Care</b>						
<b>Narrative</b>	This combination of programs serves citizens of all ages. They align with state priority bullets 3 and 4 by providing safe places for people in crisis that help them avoid hospitalization n or incarceration.					
<b>Acute Intensive Services.</b>					<b>\$0</b>	
<b>Mobile Crisis</b>						
<b>Peer Based Crisis Services</b>						
<b>Urgent Care</b>						
<b>23 Hr. Observation Bed</b>						
<b>24/7 Crisis Hotline Services</b>						
<b>Narrative</b>						
<b>Grand Totals</b>		<b>3360</b>	<b>20</b>	<b>500</b>	<b>\$532,657</b>	

### Section 3

## Age, Cultural and Linguistic Competence

#### Instructions:

Please provide a short narrative summarizing how cultural competence, overall, is incorporated within proposed projects. Identify what anticipated efforts will be taken to measure progress.

**Please Note:** It is not necessary for each project to focus specifically on cultural competence. However, there should be a clear statement within each of the RSN's implemented subcontracts that one of the goals is to provide services in alignment with multiple factors, such as language, culture, emerging populations and age.

**Cultural Competence Definition:** "Cultural Competence" means a set of congruent behaviors, attitudes and policies that come together in a system, or agency, and enables that system or agency to work effectively in cross-cultural situations. A culturally competent system of care acknowledges and incorporates at all levels the importance of language and culture, assessment of cross-cultural relations, knowledge and acceptance of dynamics of cultural differences, and expansion of cultural knowledge and adaptation of services, to meet culturally unique needs.

Cultural Competence Narrative (no more than 4 paragraphs):

All of the providers included in our plan are required to participate in SWBH RSN's cultural competency efforts, including ongoing training. The SWBH Cultural Competency Committee, which includes representatives from provider agencies, makes recommendations to our Quality Management Committee regarding improving the cultural competency of our mental health system. Providers delivering these services are working within a system and an agency that highly values cultural competency.

In addition, a number of the programs included in our plan are specifically designed to address the unique needs of minority populations—such as Triple Point which addresses the needs of GLBTQ youth and our free mental health clinics that work with individuals who are often homeless which requires an understanding of the unique cultural needs of that population.

Progress towards improved cultural competency will be measured by participation in SWBH efforts to provide ongoing opportunities for education and conversations on cultural competency as well as by responses on surveys collected at cultural competency trainings.

# **EXHIBIT H:**

## **HCA Behavioral Health-Administrative Service Organization (BH-ASO) Funding Allocation Model**

### SUMMARY

The proposed model will allocate General Fund State (GFS), Substance Abuse and Prevention and Treatment (SAPT) Block Grant, Mental Health Block Grant (MHBG) Criminal Justice Treatment Account (CJTA ) and Juvenile Drug Court (JDC) dollars to the Apparently Successful Bidder (ASB) of RFP #15-026.

In total, the Southwest Washington Regional Service Area (RSA) has been allocated \$9,026,522 of GFS, SAPT, MHBG, CJTA and JDC funds by the Department of Social and Health Services (DSHS), for the provision of crisis services and non-crisis behavioral health services for the Medicaid and non-Medicaid populations.

Of that total regional allocation, the GFS, SAPT, MHBG and CJTA and JDC funding allocated to the BH-ASO ASB to provide crisis services, administer the Involuntary Treatment Act (RCW 71.05; RCW 71.34), the Involuntary Commitment Act (70.96.A.140) and provide services to certain individuals who are not eligible for Medicaid in the Southwest Washington Regional Service Area (RSA) will be \$6,028,622. The BH-ASO will be paid State funds (GFS, CJTA and JDC) in monthly installments. There is a 10% administrative cap on all State funds (GFS, CJTA and JDC). Federal block grant funds (SAPT and MHBG) are prohibited from pre-payment. As such, the BH-ASO will receive monthly payments of SAPT and MHBG funds upon receipt of expenditure reports.

HCA developed a methodology, described in this memorandum to allocate the Southwest Washington RSA non-Medicaid funds between the Apple Health Fully Integrated Managed Care Organizations and the BH-ASO. Service and utilization data was used to determine the proportion of GFS and SAPT funding that has historically been expended on the Medicaid and Non-Medicaid populations. The BH-ASO will administer the MHBG, CJTA and JDC funds, thus all MHBG, CJTA and JDC funds allocated to SWWA by DSHS will be provided to the BH-ASO for administration.

Data was provided from the Department of Social and Health Services' (DSHS), Behavioral Health and Services Integration Administration (BHSIA).

### DATA

#### *Identifying State-Funded MH Services*

State-funded MH services for the Medicaid enrolled clients include services listed below that were received during months where the client resided in Clark or Skamania. These services were identified in CIS using Procedure Codes and Modified Codes listed in the Service Encounter Reporting Instructions.

Insufficient information was available in CIS to identify "Requests for Services" and "Telehealth". It is believed that RSN's do not always report modifier codes; therefore, "other services" identified through the use of modifier codes may be undercounted by some unknown amount.

Table 1

**OTHER SERVICES**

**NOTE: SERVICES THAT MAY BE PROVIDED PRIOR TO INTAKE ARE LISTED IN BOLD**

Care Coordination Services .....	73
Child and Family Team Meeting .....	75
Co-occurring Treatment .....	77
<b>Engagement and Outreach .....</b>	<b>82</b>
<b>Housing And Recovery through Peer Services (HARPS) .....</b>	<b>84</b>
Interpreter Services .....	87
<b>Involuntary Treatment Investigation.....</b>	<b>89</b>
Mental Health Clubhouse .....	91
<b>Request for Services .....</b>	<b>93</b>
Respite Care Services .....	95
Supported Employment .....	97
Telehealth .....	99
<b>Testimony for Involuntary Treatment Services .....</b>	<b>100</b>

State-funded MH services for those not enrolled in Medicaid include all RSN OP/Crisis services, E&T services, and Community Hospital services that were received during months where the client resided in Clark or Skamania.

*Identifying State-Funded ITA Services*

ITA services for both Medicaid Enrolled and those not enrolled in Medicaid were identified in CIS where the date of the investigation or hearing was during a month where the client resided in Clark or Skamania Counties. Investigation outcomes of “Detained” and Hearing outcomes of “Commitment” are broken out and reported separately.

*Identifying State-Funded Substance Use Disorder (SUD) Services*

State-funded SUD services for Medicaid enrolled include services received from IMD facilities (detox, intensive inpatient, and long-term residential) during months where the client resided in Clark or Skamania.

State-funded SUD services for those not enrolled in Medicaid include all SUD services (assessment, detox, OP, and residential) received during months where the client resided in Clark or Skamania.

*Summarizing State-Funded MH & SUD Services and MH ITA services*

Data is reported using the metric of “client\months”.

For example, if a client was Medicaid Enrolled for three months in CY2014 and received State-funded MH service in each of those months, the client would be counted three times in the Medicaid summary.

If that same client received a MH service in five months where the client was not Medicaid enrolled, the client would be counted five times in the non-Medicaid summary. The client would be counted eight times in the Total.

**Table 2**

**CY2014: State-Funded SUD, Mental Health, and ITA Services for Residents of Clark and Skamania  
Unit = Client/month**

Medicaid	State-Funded Services		ITA Services				
	SUD Service	MH Service	Hearings	Investigations	Detentions	Commitments	Any ITA
Medicaid	831	2056	202	470	174	141	530
Non-Medicaid	2368	1934	86	222	80	60	249
<b>Total</b>	<b>3199</b>	<b>3990</b>	<b>288</b>	<b>692</b>	<b>254</b>	<b>201</b>	<b>779</b>

#### ALLOCATION METHODOLOGY

This data provided by DSHS regarding Medicaid and Non-Medicaid service utilization was used to establish a methodology to allocate funds to the SWBH RSA according to historical eligibility and the services provided to clients in the RSA. Funding was allocated between the BH-ASO and the Fully Integrated MCOs based upon the above SUD and MH State-Funded Services, and ITA services. Funds for SUD services were allocated among the ASO and Fully Integrated MCOs proportionate to the utilization. ITA services were aggregated to the ASO with the Non-Medicaid Mental Health services utilization, as the ASO will provide the ITA services. Based on these adjusted totals, the proportion of utilization established the method for allocating funds.

Table 3 displays the utilization percentages and adjusted Mental Health amounts and percent's, taking into account ITA services.

**Table 3**

	State-Funded Services						ITA Services (ALL ASO)				
	SUD Services	%	Mental Health	%	MH Adj for ITA	%	Hearings	Investigations	Detentions	Commitments	Any ITA
MCO	831	26%	2056	52%	2056	43%	202	470	174	141	530
ASO	2368	74%	1934	48%	2713	57%	86	222	80	60	249
<b>Total</b>	<b>3199</b>		<b>3990</b>		<b>4769</b>		<b>288</b>	<b>692</b>	<b>254</b>	<b>201</b>	<b>779</b>

The Mental Health Block Grant, Criminal Justice Treatment Account and Juvenile Drug Court funds will be administered by the BH-ASO in accordance with the locally approved plans. Thus, all MHBG, CJTA and JDC funds will be provided directly to the BH-ASO for sub-contracting.

Table 4 illustrates the amount of funding to ASO and MCOs in the SWWA RSA by treatment type and by funding source.

**Table 4**

Treatment type	ASO Total	MCO Total	SW Total
Mental Health	\$ 2,903,249	\$ 2,200,177	\$ 5,103,426
SUD Treatment	\$ 2,273,176	\$ 797,723	\$ 3,070,899
MHBG	\$ 428,547	\$ -	\$ 428,547
CJTA	\$ 287,450		\$ 287,450
JDC	\$ 136,200		\$ 136,200
<b>Total</b>	<b>\$ 6,028,622</b>	<b>\$ 2,997,900</b>	<b>\$ 9,026,522</b>

  

Funding Source	ASO Total	MCO Total	SW Total
GF-S	\$ 4,535,624	\$ 2,624,353	\$ 7,159,977
SAPT	\$ 1,064,451	\$ 373,547	\$ 1,437,998
MHBG	\$ 428,547	\$ -	\$ 428,547
<b>Total</b>	<b>\$ 6,028,622</b>	<b>\$ 2,997,900</b>	<b>\$ 9,026,522</b>

Funding amounts based on state fiscal year 2017.