

## EXHIBIT C-1

### Evaluation Questions

P/F: Pass/Fail. Question is not scored but is reviewed on either having the requirements or not.

S: Scored. Questions are scored based on RFP Section 4, Evaluation of the RFP.

#### A. **Management (Max 100 points):**

HCA is interested in all delegated relationships. Please interpret the question as broadly as necessary to report on all subcontracts in place for these functions.

1. [P/F] Using Table 1 below, list the proposed location(s) to administer the following required administrative functions that apply to all services in these contracts. For each function, include all of the following: 1) hours of operation by location; 2) the date the function was first provided at the location; 3) the location(s) for any subcontractor(s) that will perform the function in whole or in part; and 4) any separate locations for after-hours services. When multiple locations will be used, repeat the table and number each location as 1, 2, 3, etc.

- a. Information and referral.
- b. Utilization management.
- c. Care management.
- d. Network development.
- e. Network credentialing.
- f. Network contracting.
- g. Provider relations.
- h. Quality management.
- i. Claims administration.
- j. Information technology.
- k. Staff and provider training.
- l. Government/ community/ tribal liaison.

Table 1

Name of Location		
City, state, zip		
functions to be provided at this location under the Contracts		
Date first operational at this location	Month/Year	
Hours of operation	From	To
Monday – Friday	am/pm	am/pm
Saturday/Sunday/Holidays	am/pm	am/pm

Page limit: five (5) pages, not counting exhibits needed to repeat tables.

2. [S, Max 40 points] The following are considered essential Behavioral Health Administrative functions. For each function as applied to behavioral health services, indicate whether the function will be: 1) provided in-house, meaning provided by employees of the Bidder, and reporting to the Washington State health plan CEO; or 2) delegated to a subsidiary, affiliate, or subcontractor through a partnership or subcontract. Submit the following information regarding each proposed delegated entity using Table 2 below. Repeat the grid when multiple delegated entities will be used.
- a. Utilization management;
  - b. Grievance and appeals;
  - c. Network development and management;
  - d. Provider relations, provider training, and clinical oversight;
  - e. Quality management;
  - f. Data management and reporting; and
  - g. Claims and financial management.

*\*Note:* Evaluators will award additional points for functions that are provided in-house and for those provided locally in North Central Washington (NCWA).

*Table 2*

Function	In-house	Location if not in-house	If planning to bring in- house, by what date	If delegated, to what organization
Utilization management				
Grievance and appeals				
Network development and management,				
Provider relations				
Quality management				
Data management and reporting				
Claims and financial management				

*Page limit: five (5) pages, unless exhibits needed for detail in table.*

3. [P/F] For any delegated entity listed in Question 2 provide all of the following:
- a. Description of how the Bidder selected and deemed qualified the delegated entity before contracting with the entity to provide services.
  - b. The Bidder's plan, including timelines, for monitoring and oversight of delegated essential Behavioral Health functions.

- c. Two professional references for the delegated entity (including name, title, organization, address, telephone number, email address, scope of services provided to reference, quality of service provided to reference on a scale of 1 to 10 with 1 being really poor and 10 being exceptional services, and time period services were provided).
- d. Indicate whether the delegated entity filed for bankruptcy in the most recent five (5) calendar years.

*Page limit: five (5) pages per subcontractor or partnership arrangement.*

- 4. [S, Max 10 points] Are all Essential Behavioral Health Administrative functions provided in-house? If not, describe the Bidder's plan to bring them in-house, or subcontracted to the same organizations as any subcontracted physical health administrative functions, no later than March 30, 2019. Specifically, identify the steps the Bidder will take to develop and coordinate the plan with HCA.

*Page limit: two (2) pages.*

- 5. [S, Max 10 points] Submit the Bidder's organizational chart(s) and attach a narrative to explain the chart(s). The chart(s) and narrative shall address how the below functions, a. through i., will be accomplished. List the departments and reporting structure for all personnel, including behavioral health personnel. List key positions, managerial positions, and qualified operational staff.

Key personnel and managerial staff positions should be individually reflected in the organizational chart while qualified operational staff should be rolled up by functional area. Include all lines of authority and responsibility that indicate how physical and behavioral health functions will be integrated for each of the following functional areas:

- a. Children's System Administrator;
- b. Addictions Administrator;
- c. Customer service/ call center;
- d. Utilization Management;
- e. Care Management;
- f. Network development, management, and provider relations;
- g. Training of staff and providers;
- h. Quality Management;
- i. Information technology;
- j. Claims Administration; and
- k. Government/community/Tribal liaison.

If any services will be delegated, reflect the primary individuals responsible for oversight of each delegated entity.

*Page limit: five (5) pages, not counting any attachments.*

6. [S, Max 10 points] Describe how the existing toll-free customer services line will be augmented to provide screening, information, and referral for Behavioral Health services. Please differentiate the Bidders answers between business hours and after hours, as well as in-state and out-of-state operations. Address the following:
- a. How the customer service line will be staffed 24 hours a day, 7 days a week, 365 days a year.
  - b. How the Bidder will augment customer services to address anticipated higher call volume.
  - 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.
  - f. Describe how the Bidder will assure that call center staff are trained in behavioral health services, crisis triage, and the geography of the state and region. Include services provided by non-Medicaid funding sources in the Bidder's training proposal.
  - g. How the Bidder will train provider staff on how to use and promote the customer services line.
  - h. How the Bidder will ensure community awareness, including how the Bidder will ensure that providers and consumers are aware of the line and what it is used for.

*Page limit: three (3) pages.*

7. [S, Max 10 points] Describe the human resources and staffing plan for essential Behavioral Health Administrative functions required under the RFP. Include a discussion of the Bidder's staff recruitment, orientation, and training plans. Also, specifically address:
- a. Plan for ensuring staff are trained on the Washington State Behavioral Health delivery system including services, local service systems (including Tribal and urban Indian health programs), local populations (including American Indians/Alaska Natives), payment methods for behavioral health services, and crisis services.
  - b. The plan to ensure that staff have routine training and access to educational materials to remain current with culturally and age-appropriate, evidence-based treatment of behavioral health conditions.

*Page limit: two (2) pages.*

8. [S, Max 10 points] Submit the Bidder's work plan for implementing this contract. Include the following:
- a. A detailed timeline with a description of tasks and deliverables to ensure compliance with the Contracts by January 1, 2018.
  - b. Staff assigned to be accountable for completing tasks and deliverables.
  - c. Mitigation strategies for tasks not completed in time for implementation.

*Page limit: one (1) page, excluding the sample implementation plan*

9. [S, Max 10 points] How will you support providers through the credentialing process to reduce the burden as much as possible? Include a description of how you will implement credentialing at the provider agency level.

*Page limit: two (2) pages*

**B. Behavioral Health Access (Max 130 points)**

10. [S, Max 40 points] For question [910](#), base the Bidder's responses on the following vignette.

Justin, 25, has a diagnosis that includes schizoaffective and Substance Use Disorders. He has a history of cycling from county jails to the state hospital, and has been subsequently released to homeless shelters. Justin does not have any social supports to turn to in the community, and needs help to secure housing and employment. Justin often goes off meds when not under supervision, and is resistant to using "the system" as he calls it. Most recently, Justin was discharged from the state hospital and enrolled in the Bidder's health plan. Under the discharge plan, Justin, agreed to be connected with mental health services, and Substance Use Disorder (SUD) treatment. At the time of enrollment, he has not completed the intake evaluations or assessments and prefers to live under a bridge, where he feels safe. Since he has already run out of the prescriptions given to him on discharge, Justin has not been taking his medications.

- a. Create a detailed case management file on the actions the Bidder would take for this client. The file must include:
  - i. Outreach and engagement strategies;
  - ii. Referrals to behavioral health services;
  - iii. Collaborative processes and methods taken to reduce his need to share his history and concerns more than once while being referred to and between behavioral health providers;
  - iv. Facilitation of information sharing among providers, including primary medical providers;
  - v. Follow-up to ensure that Justin received services, including needed medication(s); and
  - vi. Mitigation strategies for barriers to access, including if Justin refuses treatment.
- b. Describe the Bidder's planned approach and experience with implementing requirements for person-centered care plans that integrate physical health, and behavioral health for an enrollee like Justin; and
- c. Given the limitations of Medicaid, describe how the Bidder will utilize other funding sources to address Justin's care needs. What innovative strategies will be used to identify and address gaps in his care, including loss of Medicaid eligibility?

*Page limit: five (5) pages*

11. [S, Max 15 points] Describe how the Bidder will ensure access to necessary evaluation, treatment and inpatient psychiatric services, specifically addressing:
- a. Referral processes and any current contracts with facilities;
  - b. Policies and procedures for the management of locating beds;

- c. Transportation of clients to Evaluation and Treatment (E&T) services; and
- d. Use of single bed certification.

*Page limit: two (2) pages*

12. [S, Max 20 points] Describe how the Bidder will ensure clients have:

- a. Access to mental health evaluations and SUD assessments in all living situations, including adult family homes, assisted living facilities, or skilled nursing facilities; and
- b. Access to medically necessary behavioral and physical health services wherever the individual resides, including residential SUD facilities for youth and adults and SUD treatment for individuals supervised by the Washington State Department of Corrections.

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13. [S, Max 10 points] Please describe how the Bidder will assess and facilitate discharge for individuals who are being discharged from a State Hospital or similar treatment facilities to community-based settings.

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14. [S, Max 35 points] Individuals with SUD may have significant functional deficits and may require frequent and/or long-term access to detoxification services, medication assisted therapies, residential, and rehabilitative services. Please describe the Bidder's approach to managing these enrollees, including those with co-occurring disorders.

- a. Address how the Bidder will conduct outreach, refer, coordinate, and follow-up on engagement and retention with all of the following services;
- b. Opiate substitution treatment delivery models, such as:
  - i. Methadone clinics and/or mobile methadone delivery models; or
  - ii. Office-based medication assisted therapies (e.g. buprenorphine, naltrexone, acamprosate, disulfiram);
- c. Residential care to successfully support members in their recovery from SUDs;
- d. Supportive housing and case management to foster recovery and resiliency;
- e. Other outpatient services to foster recovery and resiliency;
- f. Ongoing recovery support services; and
- g. Other innovative services, utilizing non-Medicaid funding sources, to address gaps in the care provided through Medicaid funding.

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15. [S, Max 10 points] Describe the bidder's approach to build capacity for recovery support services, e.g. supportive housing, supportive employment, peer support, and services needed to divert members from crises.

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**C. Network Description (Max 100 points)**

16. [S, Max 25 points] Describe the approach to contracting with essential behavioral health providers across the region, and provider organizations not currently in the Bidder's network to ensure timely access to behavioral health benefits. Address all of the following:

- a. Ensuring access to the full continuum of BH services for men, women, children, and youth;
- b. Plans for contracting with I/T/U Providers;
- c. Plans for establishing capacity outside of North Central, including in bordering counties;
- d. Ensuring that the network includes providers who can address the needs of individuals who have either been referred through the Washington State Department of Corrections, juvenile rehabilitation, or identified through activities funded by the Criminal Justice Treatment Account; and
- e. Ensuring access to crisis stabilization.

*Page limit: four (4) pages.*

17. [S, Max 15 points] Describe the Bidder's plan for providing support and technical assistance to behavioral health providers, related to the vignette below, and the following elements:

- a. Provider A in North Central Washington delivers SUD outpatient services and has been reimbursed on a sub-capitation model and has not submitted claims or encounters to the Behavioral Health Organization (BHO). MyAvatar is the EHR system used in this provider practice, and this system is currently funded by the BHO. Provider A does not use the practice management functionality of the MyAvatar system.
  - i. Describe the Bidders plan for training Provider A to submit HIPAA-compliant encounters before go live.
  - ii. Describe how the Bidder will work with Provider A to rapidly resolve rejected encounters, to quickly identify and resolve errors in encounter submission before they become widespread and systemic, and to address other billing issues post go-live.
- b. Checking eligibility for other coverage;
- c. Using level of care guidelines and utilization management protocols for mental health and SUD services.

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18. [S, Max 15 points] Propose the Bidders methodology to ensure prompt payment to the BH providers, including:

- a. The contingency plan for paying mental health and SUD providers if they cannot submit on an 837; and
- b. Any tools and reports the Bidder will share with providers to help them with claims management.

*Page limit: two (2) pages.*

19. [S, Max 15 points] Provide documentation of the Bidder's current accreditations standards that directly or indirectly support the provision of Culturally and Linguistically Appropriate Services (CLAS) and procedures, and the Bidder's proposal to modify the Bidder's network and internal operations, in regards to compliance with Title VI and the National CLAS standards for behavioral health benefits. Address the following areas:
- a. Network development to assure the Bidder's behavioral health network reflects the cultural diversity of the region, and includes sufficient CLAS providers to meet the needs of the Bidder's enrollees;
  - b. Staff and provider training to increase behavioral health cultural competence and the delivery of linguistically appropriate services;
  - c. Hiring practices to address the behavioral health cultural needs of the Bidder's enrollees for culturally appropriate services;
  - d. How member materials and the website reflect the cultural diversity of the Bidder's enrollees;
  - e. How the Bidder's organization addresses the range of languages the Bidder's enrollees use:
    - i. In the Bidder's call center; and
    - ii. In the Bidder's behavioral health networks;
  - f. How quality assurance protocols evaluate the Bidder's success in addressing and providing cultural diversity in the following areas:
    - i. Data collection and metrics;
    - ii. Satisfaction surveys;
    - iii. Network monitoring; and
    - iv. Corrective action.

*Page limit: three (3) pages.*

20. [S, Max 30 points] Describe the Bidder's planned strategies for using incentives or alternative payment arrangements to achieve network transformation goals. Specifically address the following:
- a. Fostering the development of clinical integration through provider co-location, improved coordination across clinics/agencies, or use of collaborative care models including elements in the Bree Collaborative model;
  - b. Rewarding providers willing to engage with complex and high-risk clients, and those who use evidence-based (EBPs), research-based, and promising practices;
  - c. The Bidders plans to increase the proportion of both physical and behavioral health provider payments in a value-based purchasing model; and
  - d. How the Bidders performance measurement strategies address the unique challenge of rural providers who may see a low volume of patients.

*Page limit: four (4) pages.*



**D. Community Linkages (Max 65-80 points) (please see new question 53 below)**

21. [S, Max 20 points] Describe the Bidder's planned approach to working with a third party Behavioral Health Administrative Services Organization (BH-ASO), who will administer comprehensive crisis screening, diversion, stabilization, and referral system with access to telephonic, mobile, and site-based services.
- a. Describe the Bidder's plan for data exchange, and monitoring of services delivered to enrollees by the BH-ASO; and
  - b. Describe the Bidder's plan for care coordination for people who have accessed the crisis system or are under an Involuntary Treatment Act (ITA), providing preventive services, and interventions to follow up receipt of crisis services.

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22. [S, Max 15 points] Describe how the Bidder will collaborate with other selected Apple Health Integrated Care and ASO payers to align administrative processes, including but not limited to:
- a. Authorization requirements;
  - b. Level of care guidelines;
  - c. Use of codes for payment or encounter submissions;
  - d. Centralized care coordination referrals;
  - e. Clinical guidelines;
  - f. Auditing; or
  - g. Other administrative processes.

*Page limit: three (3) pages*

23. [S, Max 20 points] The Health Care Authority (HCA) anticipates a growing relationship and mutually reinforcing incentives for Managed Care Organizations (MCOs) to engage as active members of the regional Accountable Community of Health (ACH), especially in the North Central Washington Mid Adopter region.
- a. Describe key elements for a regional early warning system that would expedite identification and resolution of critical problems for Medicaid enrollees and behavioral health care providers during the first six (6) months of the Mid Adopter contract.
  - b. Include the Bidder's strategy for collaboration with ACH members, other MCOs, and the BH-ASO to identify and resolve issues quickly so that Medicaid enrollees receive necessary care, providers are paid promptly for delivering services, and viability of community services (e.g., jails) are not jeopardized.
  - c. Describe how the Bidder will collaborate with the ACH to support transformation among medical and behavioral health providers.

- d. Describe how the Bidder will collaborate with the ACH to implement selected Medicaid Transformation Demonstration projects including a centralized care coordination system similar to the Pathways Hub, if adopted as a model by the ACH.

*Page limit: two (2) pages*

- 24. [S, Max 10 points] Ceasing the operations of the BHO means that there will no longer be a single entity in the region responsible for payment and coordination of the behavioral health delivery system. Please describe the Bidder's approach to coordinating with other payers in the region including but not limited to the county, other MCOs, and the BH-ASO, to ensure there is a coordinated, regional, and strategic approach to supporting, resourcing, improving and transforming the delivery system in the North Central region.

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**E. Quality Assessment and Performance Improvement (QAPI) (Max 40 points)**

- 25. [S, Max 10 points] Describe how the Bidder's Quality Improvement Program ~~description~~ will address Behavioral Health requirements. Address the following:
  - a. A listing of all quality-related committee(s);
    - i. Description of committee responsibilities;
    - ii. Contractor staff and practicing provider committee participant titles;
    - iii. Meeting frequency;
  - b. Proposed methods to evaluate and report performance measurement results that distinguish enrollees who have or need Mental Health (MH) and/or Substance Use Disorder (SUD) treatment; and
  - c. A sufficient number of physical health and behavioral health staff members to completely implement all Quality Assurance & Performance Improvement (QAPI) program requirements on a timely basis.

*Page limit: three (3) pages.*

- 26. [S, Max 15 points] For the following HEDIS measures below, as reported in the 2016 WA State Apple Health Annual Report, please respond to the following questions:

For HEDIS measures, please use the thresholds below to determine if you are required to respond on individual HEDIS measures. For example, if your Hemoglobin A1c testing rate is lower than 87.3, you are required to respond to the question. (Obviously, for Poor HbA1c control, only respond if your result is HIGHER than 46.5).

		NQQA 60th Percentile (CY 2015)	WA State Average (CY 2015)
Adult Measures	Comprehensive Diabetes Care - Hemoglobin A1c (HbA1c) Testing	87.3	88.3
	Comprehensive Diabetes Care - Poor HbA1c Control (>9%)*	46.5	49.9
	Comprehensive Diabetes Care - Control (<8%)	48.8	39.0
	Comprehensive Diabetes Care - Eye Exam	56.1	55.5
	Comprehensive Diabetes Care - Medical Attention for Nephropathy	90.9	88.9
	Comprehensive Diabetes Care - Blood Pressure Control (<140/90)	62.2	63.0
Access Measures	Antidepressant Medication Management - Effective Acute Phase Treatment	55.9	54.2
	Antidepressant Medication Management - Effective Continuation Phase Treatment (6 Months)	40.1	39.4
	Adults' Access to Preventive/Ambulatory Health (AAP), 20-44 Years	81.5	71.8
	Adults' Access to Preventive/Ambulatory Health (AAP), 45-65 Years	88.1	80.4
	Adults' Access to Preventive/Ambulatory Health (AAP), Total	84.0	74.8
	Children's Access to Primary Care Practitioners (CAP), 12-24 Months	96.4	92.7
	Children's Access to Primary Care Practitioners (CAP), 25 Months - 6 Years	89.0	81.9
	Children's Access to Primary Care Practitioners (CAP), 7-11 Years	91.7	87.5
	Children's Access to Primary Care Practitioners (CAP), 12-19 Years	90.4	87.5

\*Lower numbers indicate better performance for this measure

For CAHPS submit a quality improvement plan to HCA aimed at improving CAHPS responses. MCO improvement plans must address, at a minimum, the following two measures, thought to have the most impact on improvement efforts to positively impact all eight measures:

- Getting Needed Care
- Getting Care Quickly

- a. Adult access to preventive and ambulatory health services;
- b. Children and adolescents' access to primary care services;
- c. Comprehensive diabetes care;
- d. Antidepressant medication management, acute phase and continuation phase;
- e. CAHPS ratings results, including:
  - i. Were any of these measures below 60% for the national average rate for Medicaid MCOs? (HEDIS only)
  - ii. If so, what is the Bidder doing to improve on these results statewide? (HEDIS and CAHPS)
  - iii. What would the Bidder do to improve on these results locally in the North Central Region, especially for people with behavioral health issues? (HEDIS and CAHPS)

*Page limit: four (4) pages.*

27. [S, Max 15 points] Describe the Bidder's procedures and approach to monitoring and lowering emergency department and inpatient readmission rates for enrollees with complex physical and behavioral health conditions. Include an example where the Bidder has had success in reducing readmissions for these enrollees. What specific interventions did the Bidder employ to address outlier utilization patterns?

*Page limit: two (2) pages.*

#### **F. Information Systems/Claims (Max 50 points)**

28. [S, Max 5 points] Describe how the Bidders, or if delegated, the Bidder's subcontractor's information systems will be updated to support:
- a. How authorization for services will be automated and clinical review completed;
  - b. How determination for use of State Only funds will be tracked and maintained for reporting purposes; and
  - c. How separate service use accounting by fund source will be maintained.

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29. [S, Max 10 points] How many days, on average, does it take the Bidder's system to implement a minor change to a benefit payment, such as U/As for SUD treatment?

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30. [S, Max 5 points] How many days, on average, does it take the Bidder's system to completely implement a new benefit, including:

- a. New policies for authorizing benefits;
- b. Paying claims; and
- c. Encounter data reporting.

*Page limit: one (1) page.*

31. [S, Max 5 points] Describe the Bidder's plan to update its procedures for coordination of benefits with other insurers to ensure state and federal programs, including the Indian Health Service, are the payer of last resort. Address all of the following:

- a. Details related to identification of other coverage, system edits, and reports;
- b. Experience with post-payment recoveries for third party liability;
- c. How the Bidder will address third party liability in managed care;
- d. How the Bidder will address full dual eligible clients enrolled as BHSO; and
- e. How the Bidder will comply with 42 C.F.R. 434.6 by specifying those TPL functions that the MCO will carry out and those that will be subcontracted by the MCO to network providers as provided for in 42 C.F.R. 434.6(a)(9) and (10).

*Page limit: three (3) pages.*

32. [S, Max 5 points] Propose how the Bidder will implement Behavioral Health content on the Bidder's secure website to be utilized by enrollees and family members, providers, stakeholders, and state agencies. Include the following:

- a. A searchable provider directory;
- b. Website content that provides educational materials and advocacy information and promotes holistic health and wellness, taking into account culturally appropriate communication and resources. The content itself will be reviewed during readiness review; and

c. Contact information for the regional crisis hotline and behavioral health ombuds services.

*Page limit: two (2), not including any attached materials.*

33. [S, Max 5 points] Describe how the Bidder will modify their information system to process behavioral health encounters via the HIPAA-compliant 837 transactions for Encounter Data Reporting. Include validation processes, use of identifiers, timeliness of the submission files, and support for claims/encounters for providers new to managed care.

*Page limit: one (1) page.*

34. [S, Max 10 points] Propose a reimbursement methodology to ensure prompt payment to the regional BH-ASO for crisis services delivered to Medicaid-eligible enrollees. Explain how the Bidder intends to ensure adequate funding is provided to the BH-ASO for the administration of a 24/7 crisis hotline and a 24/7 mobile crisis outreach team that will serve the Bidder's Medicaid enrollees. (Maximum score requires a prepaid capitated arrangement).

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35. [S, Max 5 points] Describe the Bidder's methods and experience with behavioral health data exchange. How will the Bidder incorporate a written and signed disclosure with consent for SUD treatment in compliance with state and federal regulations? How will the Bidder share confidential information between medical and behavioral health providers for the purposes of care integration?

*Page limit: two (2) pages.*

**G. Utilization Management Program and Authorization of Services (Max 50 points)**

36. [S, Max 10 points] Describe the workflow for utilization management decision-making for behavioral health services and programs. Address how the process will differ for:

- a. Residential treatment services;
- b. Inpatient treatment services;
- c. Involuntary treatment services;
- d. Ambulatory or outpatient;
- e. Rehabilitation and habilitation levels of care;
- f. PACT;
- g. WISE; and
- h. Special populations who receive behavioral health only benefits in the Apple Health Integrated Managed Care Program.

*Page limit: three (3) pages, plus policies and procedures.*

37. [S, Max 5 points] Describe the level of care guidelines utilized by the Bidder's organization in making authorization decisions for behavioral health services and programs. Address all of the following:

- a. The name of the level of care guideline the Bidder will use;

- b. The behavioral health services that are currently covered by the guidelines;
- c. How the Bidder will update the guidelines, or use supplemental guidelines, to include Washington State specific services that are not currently addressed by the guideline;
- d. Provide assurance that the Bidder will incorporate American Society of Addiction Medicines (ASAM) or comparable guidelines to make authorization decisions for SUD services; and
- e. If using comparable guidelines, demonstrate mapping to ASAM Placement criteria.

*Page limit: one (1) page, plus cross-walk to ASAM criteria if needed.*

38. [S, Max 5 points] Describe the methodology for identifying over- and under-utilization of behavioral health services. Provide sample reports and explain how the information will be used.

*Page limit: two (2) exclusive of report samples.*

39. [S, Max 10 points] Describe how the Bidder's Utilization Management program uses data to identify quality concerns that generate a referral to the Quality Management program for further investigation and action.

*Page limit: two (2) pages.*

40. [S, Max 10 points] How will the Bidder monitor the Bidder's non-Medicaid expenditures? Specify:

- a. How the Bidder will manage the expenditures of the Bidder's Non-Medicaid funds to ensure that the Bidder can, at a minimum, continue to provide medically necessary Medicaid-covered services that required supplementation by non-Medicaid funds (e.g. room and board in an E&T facility) through the life of the contract?
- b. How the Bidder will ensure that all state funds are expended in a calendar year, rather than being returned to the State?

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41. [S, Max 5 points] Provide details on the Bidder's Utilization Management protocols. The response must include, at a minimum, compliance with Non-Quantitative Treatment Limitations under the Mental Health Parity and Addiction Equity Act of 2008.

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42. [S, Max 5 points] Describe Behavioral Health peer reviewer resources with clinical specialty areas and how these resources will be expanded to address increased Behavioral Health responsibilities under the Contract (including where each individual is licensed to practice).

*Page limit: one (1) page.*

#### **H. Care Coordination (Max 160 points)**

43. [S, Max 40 points] Describe how the Bidder will develop Systems Of Care (SOC) and support providers in utilizing community-based practice-level approaches, including care coordination and recovery support services, that are tailored to the needs of specific populations including, but not limited to:

- a. Adults with serious mental illness;

- b. Children with serious mental illness;
- c. Adults with a substance use disorder;
- d. Youth with a substance use disorder;
- e. Cross-system involved children and youth;
- f. Individuals with co-occurring Mental Health and SUD condition(s);
- g. Individuals with co-occurring Behavioral Health and physical health conditions; and
- h. Individuals residing in rural or frontier areas.

*Page Limit: Five (5) pages*

44. [S, Max 15 points] Describe your participation and support for implementing clinical integration in the North Central region. The Bidder's strategic plan must include a description of a plan and timeline for restructuring health care service delivery for enrollees with complex, high risk, and both behavioral/physical health conditions through assignment of enrollees to one of the following settings that offers integrated care through models:

- a. Patient-Centered Medical Home (PCMH)  
<http://www.ncqa.org/programs/recognition/practices/patient-centered-medical-home-pcmh>.
- b. Collaborative Care Model  
<http://aims.uw.edu/collaborative-care>
  - i. The Collaborative Care Model is a team-based model that adds a behavioral health care manager and a psychiatric consultant to support the primary care provider's management of individual patients' behavioral health needs.
  - ii. The model can be either practice-based or telemedicine-based, so it can be used in both rural and urban areas.
  - iii. The model can be used to treat a wide range of behavioral health conditions, including depression, substance use disorders, bipolar disorder, PTSD and other conditions.
- c. Approaches described in the report "Integrating Primary Care into Behavioral Health Settings."

Select at least one of the three approaches described in the report: "*Integrating Primary Care into Behavioral Health Settings: What Works for Individuals with Serious Mental Illness*"  
<http://www.milbank.org/wp-content/files/documents/papers/Integrating-Primary-Care-Report.pdf>.

- i. Off-site, Enhanced Collaboration;
- ii. Co-located, Enhanced Collaboration;
- iii. Co-located, Integrated; and
- iv. Regardless of the approach(es), Apply core principles of the Collaborative Care Model (see above) to integration into the Behavioral Health setting.

*Page Limit: Three (3) pages*

45. [S, Max 10 points] How will the Bidder implement alternative care options, including but not limited to:
- a. Use of telemedicine, telepsychiatry, telepsychology, and remote psychiatric case review and consultation to the primary care team for rural, urban or geographically isolated communities for:
    - i. Clients with physical, functional or behavioral disabilities who are unable to travel to co-located or full-scope medical and specialty behavioral health services;
    - ii. Clients who do not require specialty behavioral health services, but who have moderate symptoms of depression and other common mental health concerns that can be treated in a primary care setting.
  - b. Provision of care to enrollees in community-based settings (e.g., in homeless serving agencies or temporary housing, schools, permanent supported housing, nursing homes, and adult or child group homes).

*Page Limit: Two (2) pages*

46. [S, Max 15 points] Regardless of the setting of care, describe how the Bidder will ensure that enrollees have access to care in settings that include, or are working towards including, the elements and minimum standards described in the Bree Collaborative model for integrated care. Include:
- a. Availability on an integrated care team;
  - b. Access to behavioral health as a routine part of care;
  - c. Accessibility and sharing of patient information;
  - d. Practice access to psychiatry services through referral or consultation;
  - e. Operational systems and workflows to support population-based care;
  - f. Evidence-based treatments;
  - g. Patient Involvement in Care;
  - h. Data for quality improvement; and
  - i. Description of financial methods that support development of integrated clinical care. Including:
    - i. How will the proposed financial methods result in continual improvement in quality and efficiency of care over a multi-year period of time?
    - ii. What financial measures or quality outcomes will be used to support ongoing reporting and improvement in performance measures?

*Page Limit: Six (6) pages*

47. [S, Max 10 points] Describe the Bidder's screening and stratification processes for care coordination, specifically:



- a. How will the Bidder determine which enrollees receive Level I care coordination services?
- b. How will the Bidder ensure that enrollees who need care coordination are able to access these services and/or move between care coordination Levels I and II if necessary?
- c. How will the Bidder identify enrollees who have had no utilization within the first six (6) months of enrollment, and what strategies the Bidder will use to contact and assess these enrollees?

*Page limit: two (2) pages*

48. [S, Max 15 points] How will the Bidder manage and measure transitions of care for both physical health and behavioral health conditions? In the Bidder's response, consider the needs of enrollees as they:

- a. Transition from institutional settings to the community, including transitions from the criminal justice system;
- b. Transition between non-I/T/U Providers and I/T/U Providers;
- c. Move in and out of the Regional Services Area (RSA);
- d. Frequently transition in and out of Medicaid eligibility; and
- e. Transition from SUD treatment to the community, hospitals and Skilled Nursing Facilities?

*Page limit: three (3) pages.*

49. [S, Max 5 points] Describe the Bidder's staffing plan that will be used to manage transitions of care from Eastern State Hospital.

*Page limit: one (1) pages*

50. [S, Max 10 points] How will the Bidder ensure that enrollee healthcare information is available to Primary Care Providers, specialists, Behavioral Health Providers, care managers and other appropriate parties (caregivers, family) who need the information to ensure the enrollee is receiving needed services and care coordination? Include the Bidder's methodology to ensure that confidentiality standards under 42 C.F.R. Part 2 are maintained.

*Page limit: one (1) page*

51. [S, Max 10 points] How will the Bidder ensure that the enrollee has timely access to medications, providers and treatments and that all of the enrollee's immediate healthcare needs are met? What processes will be put in place to ensure continuing access to medications, supplies, and services authorized by HCA, plans, or BHOs for dates of service after the implementation of the integrated contract?

*Page limit: one (1) page.*

52. [S, 10 points per vignette, max 30 points] Refer to the attached vignettes below. Describe the Bidder's approach to initial care planning for the clients in each vignette, providing:

- a. A brief summary of elements of the care plan;
- b. Treatment goals; and

- c. How to incorporate non-Medicaid benefits, including Medicare, as applicable.

*Page limit: six (6) pages*

53. [S, Max 15 points, this question will be included in the Section D, Community Linkages scoring]

Historically, the BHO and Regional Support Networks (RSN) have supported capacity-building of the behavioral health delivery system through the use of resources for provider infrastructure development and start-up funding, including but not limited to the use of non-Medicaid resources. For example: start-up funds to support initial salaries for a provider that wanted to open a new behavioral health clinical might be provided through the RSN/BHO. In an integrated care model, these resources are contracted to the MCOs and BH-ASO. Please describe an approach you will use to work collaboratively in the region to ensure continued investment in behavioral health provider capacity building by responding to the following questions:

- a. What would your commitment be to assist in assuring adequate capacity in a region, and what resources would you use to achieve that?
- b. What process would you use to monitor expenditures of MCO non-Medicaid funds and establish a budget for capacity-building investment?
- c. How would you collaborate with other regional payers and stakeholders on regional investment opportunities?
- d. How would you evaluate proposals for start-up funding or infrastructure development from behavioral health providers?

*Page limit: three (3) pages*

VIGNETTES for question 5452

Vignette	Elements of Care Plan
<p><b>Adults:</b> Harry, 52, is a veteran, but is not interested in engaging with the Veteran's Administration or Social Security. He lives in a rural area. His diagnoses includes: Major Depression, PTSD, Opiate Dependency, Type II Diabetes (poorly controlled), spinal cord injury and is wheelchair bound. He has chronic catheter-related urinary tract infections (UTIs). He has called 911 for emergencies forty (40) times in fifteen (15) months for various medical symptoms. His only Mental Health services have been crisis contacts in the Emergency Department when experiencing symptoms of psychosis while intoxicated. He has not connected with a primary care physician, Chemical Dependency Professional, or on-going Mental Health provider. He says his primary problem is that he needs housing and denies that he needs BH treatment.</p>	<p>(<del>1</del> page 2 pages)</p>
<p><b>Older Adults:</b> Thomas, 67, is on both Medicaid and Medicare and has end-stage kidney failure as a result of diabetes and has been in recovery from alcoholism for the past fourteen (14) years. His partner is a paid caregiver under the regional Area Agency on Aging. She drives him to a kidney center three (3) times a week to receive dialysis. He is on a transplant list. He carefully follows his diabetes care regimen, but his blood sugar remains difficult to control. He has diabetic retinopathy and lower extremity nerve impairment and so no longer drives, but he is otherwise functional in the home. He sees his Primary Care Provider and diabetes educator at least every three (3) months for routine care and monitoring and his nephrologist every six (6) months. He takes a renal dose-adjusted antianxiety medication to help sleep better, but has been experiencing panic attacks and minor depression. In the past month, he has expressed hopelessness about ever returning to his previous good health, an increase in his craving to drink and a motivation to buy alcohol. He has been admitted to the hospital in the past week due to chest pain, which was determined to be panic-related in origin and Panic Disorder was his primary discharge diagnosis.</p>	<p>(<del>1</del> page 2 pages)</p>

**Transition Age Youth:** Maria, 18, has anorexia, altered body image, and depression. She is transitioning from the Foster Care system and is currently enrolled in the Foster Care MCO. She has been using heroin. She has low bone density, lack of menses, mouth ulcers, and minor electrolyte imbalances. She has recently begun using laxatives to loose even more weight. If her electrolyte balance does not improve, she is at risk for developing a fatal cardiac arrhythmia. Maria has been diagnosed with Borderline Personality Disorder in the past, has a history of multiple incarcerations for drug possession, and has utilized the sobering center fifty (50) times in the last year. English is Maria's second language and she is a first generation American.

(~~1~~page2 pages)