

STATE OF WASHINGTON

**HEALTH CARE AUTHORITY**

 626 8th Avenue • P.O. Box 42702 • Olympia, Washington 98504-2702

**RFA NO. 3189**

**Amendment #1**

**PROJECT TITLE:** Integrated Care for Kids (InCK) Model Project

**SUBJECT:** HCA’s Response to Bidder Questions, Schedule Revision, and Additional Information

**DATE ISSUED:** November 9, 2018

The purpose of Amendment #1 is to answer Bidder questions, provide additional information and clarification, and to revise the RFA schedule as follows:

**HCA’s Response to Bidder Questions**

**Question 1:** (Pg. 17) In our review of Section #5 RFA Exhibits, we did not find a sample MOU.  Is HCA planning to add a sample MOU to the RFA documents?

**Answer 1:** HCA is still in the process of drafting the MOU and will be sent to the selected ASB for signature.

**Question 2:** How will the InCK project intermingle with the current Integrated Managed Care activities underway in WA?

**Answer 2:** HCA is waiting on the forthcoming notice of funding opportunity (NOFO) and supplemental guidance regarding the service delivery model and payment model. It is anticipated that the payment model will align with the Integrated Managed Care system and related transformation efforts where possible.

**Question 3:** Given the myriad of resource intensive activities surrounding Integrated Managed Care and the 2019 Go Live, is there a possibility of pushing this CMS project out at least one year?

**Answer 3:** HCA does not anticipate flexibility regarding the CMS timeline for this model. However, it is important to note there is a two year planning phase prior to actual implementation.

**Question 4:** Is it fair to assume, when thinking about services that a lead organization might provide or coordinate, that the financing plan/payment model developed by the state would be designed to pay for these services to the extent that they are not already covered by Washington Medicaid/CHIP?

**Answer 4:** HCA is waiting on the forthcoming NOFO and supplemental guidance regarding the service delivery model and payment model. It is anticipated that the payment model and arrangements will cover the identified services to the extent possible, within existing Medicaid authority.

**Question 5:** Is there any plan for support during the two-year planning phase that might cover any additional activity related to building partnerships, extending HIEs, or other activities that might be necessary to prepare for the implementation phase?

**Answer 5:** HCA anticipates funds will be available to support these types of activities and investments, although the timing and nature of financial support is to be determined.

**Question 6:** A third question regards the possibility of proposing variant models for more urban/suburban areas of the state and for more rural areas. Is there any thought being given to having two pairs of geographically-defined areas, one that is more rural and one that is more urban?

**Answer 6:** HCA will look to the forthcoming NOFO, but current guidance suggests that only one service area can be identified and not both a rural and urban service area.

**Question 7:** Please further delineate the definition of Lead Organization.  Can a lead organization be a large stand-alone pediatric clinic, with a network of contracted partners who link the clinic with community-based child serving organizations?  Or must the lead organization be the network of partners?

**Answer 7:** HCA’s current understanding is that the lead organization must have or develop a network, but that the nature and structure of the network is flexible.

**Question 8:** Please further delineate the definition of Equivalent Geographic Service Area to serve as a comparable service area to support the demonstration?  Should the geographic service area be equivalent as far as rural poor health outcomes, or equivalent in size, number of lives covered, or equivalent in lack of workforce, or all of the above?  And in the definition, is "equivalent" and "comparable" somewhat the same, or what is the exact definition of comparable?

**Answer 8:** Equivalent and comparable are used interchangeably in this context. The NOFO may provide more guidance, but HCA’s understanding is that significant comparability will benefit the application. Demographics, health outcomes, service and access barriers, geographic size and covered lives are all factors to consider.

**Question 9:** Please expand on the meaning of "an example of prior risk management experience."  For example, does that mean, having a Value Based Contract with an MCO, or does it mean a contract with an organization that has prior risk management experience?

**Answer 9:** Risk management in this context refers to identifying and mitigating risks, not necessarily financial risk related to VBP arrangements. “Risk management experience” was used in the context of staffing, managing partnerships and the ability to be nimble and course correct as needed.

**Question 10:** What other organizations have submitted questions related to this RFA?

**Answer 10:** To receive that information you would need to send a public disclosure request to https://www.hca.wa.gov/about-hca/public-disclosure-requests.

**Question 11:** *(Sections 1.1 and 1.5)*  In Section 1.1, the RFA indicates that CMS will release the Notice of Funding Opportunity (NOFO) in Q4 2018, which is consistent with the CMS website. However, Section 1.5 indicates that CMS will release the NOFO in Q2 of 2019. If possible, please clarify the intended release date of the NOFO.

**Answer 11:** Q4 2018 is the anticipated NOFO release. The references to Q2 of 2019 relates to the anticipated award and launch of the planning phase.

**Question 12:** *(Section 1.1)*The InCK program description from CMS appears to suggest that the Lead Organization will have responsibility to coordinate the full spectrum of healthcare services afforded to the identified sub-population.  Under IMC, MCOs currently hold that responsibility.

**Question 12 a.** How does HCA envision the InCK Lead Organization’s care coordination responsibilities interacting with the MCOs’ care coordination responsibilities?

**Answer 12 a.** HCA anticipates alignment, but the nature of this alignment and partnership will depend on the development of the service delivery model and payment model. This will be an ongoing discussion between HCA and the partners in this effort.

**Question 12 b.** Is there any overlap of financial responsibilities between the InCK Lead Organization and the IMC MCOs?

**Answer 12 b.** HCA is waiting on the forthcoming NOFO and supplemental guidance regarding the service delivery model and payment model. It is anticipated that the payment model will align with the Integrated Managed Care system and related transformation efforts where possible.

**Question 12 c.** Will the identified sub-population be carved out of all managed care products (Apple Health, IMC, CHIP, Foster Care) for the duration of the program?

**Answer 12 c.** HCA is waiting on the forthcoming NOFO and supplemental guidance regarding the service delivery model and payment model. It is anticipated that the payment model will align with the Integrated Managed Care system and related transformation efforts where possible.

**Question 13:** *(Section 1.3)*Can a provider- network entity be a Lead Organization?

**Answer 13:** Yes, if all other requirements are met. The RFA defines “lead organization” as a local HIPAA covered entity accountable for population health outcomes for the children covered by Medicaid and CHIP within the defined service area. Lead organizations must collaborate with other organizations to establish appropriate integration and care coordination activities, services, and protocols. The network of partners will also include organizations that address social needs, and the specific partners will depend on the service area and needs of the population.

**Question 14:** *(Section 2.2)* The submission deadline for the RFA is Thursday, November 22 at 2:00 pm.  As November 22 and 23 are holidays for State agencies, please confirm that this is the due date for the RFA response.

**Answer 14:** Please see the revised RFA timeline in this Amendment #1.

**Question 15:** *(Section 3.1.1.4)* This section does not indicate a look back period for their employment with the state. Please clarify the lookback period for the information requested in Section 3.1.1.4

**Answer 15:** Specific restrictions apply to contracting with current or former state employees pursuant to chapter [RCW 42.52.080](http://app.leg.wa.gov/RCW/default.aspx?cite=42.52.080).

**Question 16**: *(3.1.1.5)* This section requests that the Bidder identify if the bidder or subcontractor staff were employees of the State of Washington in the past 24 months.

**Question 16 a.** In this instance, does “subcontractor” refer to any organization with which the bidder subcontracts for any type of business or does this refer only to subcontractors that the Bidder is engaging for the InCK activities?

**Answer 16a.** Only anticipated subcontractors to support the InCK activities.

**Question 16 b**. Assuming that “subcontractor” refers only to those engaged with the Bidder in the InCK activities, please clarify whether partners may be added to this work in the future. Due to the short timeframe for the RFA response, it seems likely that further partners will be identified by the Lead Organization and HCA as the response to CMS is developed.

**Answer 16 b.** Yes, partners may be added in the future.

**Question 17:** *(Section 3.1.2.5)* Please confirm that “comparable service area” is a geographic region comparable to the selected geographic service region(s) that will NOT receive the proposed intervention.

**Answer 17:** Correct.

**Question 18:** *(Section 3.1.2.5)* CMS states that the InCK model will serve a specified (and CMS-approved) sub-state geographic area.

**Question 18 a.** Has HCA identified parameters around population size or geographic scope for this activity?

**Answer 18 a.** HCA has not identified specific parameters, however the RFA process will look for rationale regarding all aspects of the proposed InCK model, including identified service area.

**Question 18 b.**Must geographies include the entirety of a county, an RSA, or an ACH?

**Answer 18 b.**  No.

**Question 19:** *(Section 4.1)* What state agencies or other organizations will participate in evaluation of the applications?

**Answer 19:** Based on availability, at this time HCA plans to have participants from HCA and several other state agencies; Department of Social Services (DSHS), Department of Health (DOH) and Department of Children Youth and Families (DCYF).

**Question 20:** *(Section 4.2.1)* Each scoring option from Poor to Good includes 2 or 3 point value options. What are the criteria by which an evaluator will determine which point value a response will receive? For example, a response considered to be “Good” could receive a score of 7, 8, or 9. If an evaluator determines that the response meets the stated criteria for “Good”, how will the evaluator determine whether the response should be awarded a 7, an 8, or a 9?

**Answer 20:** Evaluators determine their individual score based on their subject matter expertise, the requirements set forth in the RFP, and the Bidders response.

**Question 21:** *(Sections 4.7 and 2.2)* Please confirm that any protest process would occur after the MOU with the ASB has already been signed and how a potentially successful protest would impact the signed MOU.

**Answer 21:**  Please refer to the following link for the State of Washington’s Procurement **Protest Policy** at[Policy # DES-170-00](http://des.wa.gov/sites/default/files/public/documents/About/Procurement_reform/Policies/DES-170-00ComplaintsProtests.pdf) and RCW [RCW 39.26.170](http://apps.leg.wa.gov/rcw/default.aspx?cite=39.26.170).

**Question 22:** Typically, in Federal Awards, the scope of work identifies the Prime applicant in a Cooperative Agreement. Without the benefit of an RFA from CMS we have a limited definition of the roles expected for the Lead Organization(LO) and the State Medicaid Agency (SMA) other than CMS has stated that either the LO or SMA can serve as the prime applicant. Please identify the HCA vision in the design of the role each entity will fulfill on this project. Please also address the HCA’s position on a LO serving as Prime applicant.

**Answer 22:** HCA and the lead organization will need to coordinate closely on the design of the application and corresponding components of the service delivery model and payment model. HCA may take on a more prominent role supporting the development of the payment model. HCA is open to a lead organization serving as the prime applicant and anticipates that the lead organization will take on a significant role supporting the application development. The decision regarding prime applicant will be made in partnership following selection of the lead organization for the application.

**Question 23:** The Integrated Care for Kids model demonstrates the need for equal partnership between the LO and the SMA (see here for definitions: <https://innovation.cms.gov/initiatives/integrated-care-for-kids-model/> ). As a LO, our expertise lies in the development of a care delivery plan, provision of services, creation of protocols, and the unification and leadership of community resources that would provide the shared services noted as required in the Integrated Care for Kids model. What is the expertise that HCA brings to this partnership in response to CMS for the Integrated Care for Kids model?

**Answer 23:** HCA and partners bring support from a diverse set of programs and leaders across state agencies, including leadership and subject matter expertise from DCYF, DOH, DSHS and HCA, among others. HCA brings expertise and leadership capacity as the purchaser of Medicaid, School Employee, and Public Employee benefits. This expertise and capacity will include the co-development of the payment model, and HCA’s ability to deploy the necessary contract and policy levers to support implementation and sustainability of the model.

**Question 24:** *(Pg. 4)*  Funding – On pg. 4 under 1.4 Funding it notes that funding from CMS may not be available for the Lead Organization.  Please clarify intent.  Is HCA saying that no funding from CMS will be carved out for the LO and its affiliates working on the project?

**Answer 24:** That is not the expectation, but HCA will know more when the NOFO is released. It is anticipated that planning funds will be made available to support the lead organization’s efforts. This language was included in the RFA to emphasize that this RFA does not guarantee a successful application and does not guarantee any funding absent a successful application.

**Question 25:** In order to determine the Scope of Work that the LO will be writing for the CMS application, the LO will need to identify its projected budget early on in the grant preparation process, prior to grant submission.  The HCA RFP notes that funding will not be decided prior to award.  Please provide more context around this statement in the in RFP. What is your reason for this? How would you propose we work around this obstacle?

**Answer 25:** HCA anticipates a proposed budget will be included in the application, including rationale related to the requested award amount (up to $16m). Ideally, the model will have some flexibility depending on the final award amount, if the application is successful. At this time we do not know how CMS will approach potential negotiations regarding the award amount and related proposal.

**Question 26:** *(Section 3.11)*  Business Information – Under 3.1.1. Business Information items 3.1.1.4 and 3.1.1.5 require us to identify any current or former state employee employed by our institution and every subcontractor with State of Washington affiliation. We would like to know why you need this information. Our institution employs 18,000 Washingtonians and many subcontractors, the administrative burden of identifying all of our employees/contractors that have worked for the State of Washington may be beyond our abilities within the timeframe allowed. If we are unable to provide this information will this make our application ineligible.

**Answer 26:** There arespecific restrictions that apply to contracting with current or former state employees pursuant to chapter [RCW 42.52.090](http://app.leg.wa.gov/RCW/default.aspx?cite=42.52.080).

The intent behindSection 3.1.14. is for former state employees that would be working under this project only.

Any former state employees would need to be identified to be eligible for this project.

**Question 27:** *(Section 1.3)* Minimum Qualifications – On pg 4 under 1.3 the minimum qualifications are listed. How does this part of the application need to be formatted? Will a written statement satisfy this? Do we need to include our license to do business in the SOW?

**Answer 27:** Yes, a written statement will be satisfactory. Please refer to the RFA*, Section 3*. *“Application Contents”* – “Applications must be written in English and submitted electronically to the RFA Coordinator in the order noted below.”

You ***do not*** need to include your license to do business in the State of Washington.

**Question 28:** *(Pg. 6*) Cover Submittal Letter – This is mentioned in the RFP on pg 6 in the 2nd paragraph under 2.3 but is not noted on the list of application contents which designates page order. Is the Cover Submittal Letter meant to precede the Signed Certifications and Assurances?

**Answer 28:** Yes, the Cover Submittal Letter is meant to precede the signed Certifications and Assurances.

**Question 29:** Are there any formatting requirements in addition to the requirement that we submit either Word or PDF documents? Is there a font or font size we need to use, or page limits we need to be aware of when preparing the narrative?

**Answer 29:** There is not any requirements for font, font size, or page limits.

**Additional Information and Clarification for Section 1.1 “Purpose and Background”**

It is important to note up front that the co-development and co-application process may evolve between RFA submission and InCK application submission.  Because the NOFO has not been released, and the fact HCA wants to identify a lead organization early in the application process, it is anticipated that some adjustments to the proposed model may be necessary.  HCA and state partners will select a lead organization according to the identified evaluation process, including oral interviews following the NOFO release, but the proposed InCK model may require adjustment based on discussion across state and community partners.  It is necessary to allow for co-development between state partners and the lead organization and lead partners to ensure Washington submits a competitive application.

**Section 2.2, “Revised RFA Estimated Schedule of Procurement Activities”**

Please note that the timeline has been adjusted in consideration of multiple factors.   HCA acknowledge this is a somewhat ambiguous process and for that reason HCA wants to ensure the Notice of Funding Opportunity is released prior to the oral interview process and final selection of a lead organization.  In addition, this extended timeline allows more time for applicants to build the necessary partnerships and continue developing concepts related to a potential InCK model.

|  |  |
| --- | --- |
| ~~Issue Request for Applications~~ | ~~October 30, 2018~~ |
| ~~Questions Due from Bidders~~ | ~~November 2, 2018 – 2:00 PM~~ |
| ~~HCA Response to Answers~~  | ~~November 9, 2018~~ |
| **Applications Submission Deadline** | **~~November 22, 2018 – 2:00 PM~~** **December 5, 2018 – 2:00 PM** |
| Evaluate Applications | ~~November 26 – December 3, 2018~~December 6 – 13, 2018 |
| Conduct Oral Interviews with Finalists, if required | ~~December 5 – 6, 2018~~December 17 – 21, 2018 |
| Announce “Apparently Successful Bidder” and send notification via e-mail to unsuccessful Bidders | ~~December 10, 2018~~December 28, 2018 |
| Debrief Request Deadline | ~~December 14, 2018 5:00 PM~~ January 4, 2019 5:00 PM |
| Hold Debrief Conferences (if requested) | ~~December 17 – 18, 2018~~January 8 – 11, 2019 |
| Signed MOU with HCA | ~~December 19, 2018~~January 14, 2019 |
| Begin Co-Application Process for InCK Opportunity  | ~~December 20, 2018~~January 15, 2019 |