AMENDED
03/22/2018

STATE OF WASHINGTON
HEALTH CARE AUTHORITY

REQUEST FOR PROPOSALS (RFP)

RFP NO. 2567

NOTE: *If you download this RFP from the Health Care Authority (HCA) website, you are responsible for checking the website for any RFP amendments or bidder questions/agency answers. You are also responsible for sending your name, address, e-mail address, and telephone number to the RFP Coordinator in order for your organization to receive any RFP amendments or bidder questions/agency answers. HCA is not responsible for any failure of your organization to send the information or for any repercussions that may result to your organization because of any such failure.*

PROJECT TITLE: 2019/2020 Integrated Managed Care (IMC)

PROPOSAL DUE DATE: April 12, 2018 by 2:00 p.m. *Pacific Time,* Olympia, Washington, USA.

Bids will not be accepted by either email or fax.

ESTIMATED TIME PERIOD FOR CONTRACT(s):

- For regions implementing IMC as of January 1, 2019, the contracts are set to begin on or about January 1, 2019 and to end on December 31, 2020. Amendments extending the period of performance, if any, will be at the sole discretion of HCA.

- For regions implementing IMC as of January 1, 2020, the contracts are set to begin on or about January 1, 2020 and to end on December 31, 2020. Amendments extending the period of performance, if any, will be at the sole discretion of HCA.

HCA reserves the right to extend the contract, if any, resulting from this RFP for up to two (2) additional one (1)-year periods at the sole discretion of HCA.

BIDDER ELIGIBILITY: This procurement is open to those Bidders who (1) have a current contract with HCA under the Apple Health Medicaid managed care program to provide full-scope managed care services to Medicaid enrollees covered by HCA; (2) satisfy the minimum qualifications stated herein; and (3) are available for work in Washington State.

1. INTRODUCTION 4

1.1. PURPOSE AND BACKGROUND 4

1.2. OBJECTIVES AND SCOPE OF WORK 8

1.3. MINIMUM QUALIFICATIONS 13

1.4. FUNDING 13

1.5. PERIOD OF PERFORMANCE 14

1.6. CONTRACTING WITH CURRENT OR FORMER STATE EMPLOYEES 14

1.7. DEFINITIONS 14

1.8. ADA 15

2. GENERAL INFORMATION FOR BIDDERS 16

2.1. RFP COORDINATOR 16

2.2. ESTIMATED SCHEDULE OF PROCUREMENT ACTIVITIES 16

2.3. PRE-BIDDER CONFERENCE 16

2.4. LETTER OF INTENT TO PROPOSE (MANDATORY) 17

2.5. BEHAVIORAL HEALTH (BH) RATE DOCUMENTATION (Exhibit G) 17

2.6. SUBMISSION OF PROPOSALS 18

2.7. PROPRIETARY INFORMATION / PUBLIC DISCLOSURE 18

2.8. REVISIONS TO THE RFP 19

2.9. DIVERSE BUSINESS INCLUSION PLAN 19

2.10. ACCEPTANCE PERIOD 19

2.11. COMPLAINT PROCESS 19

2.12. RESPONSIVENESS 20

2.13. MOST FAVORABLE TERMS 20

2.14. CONTRACT AND GENERAL TERMS & CONDITIONS 20

2.15. COSTS TO PROPOSE 20

2.16. RECEIPT OF INSUFFICIENT NUMBER OF PROPOSALS 21

2.17. NO OBLIGATION TO CONTRACT 21

2.18. REJECTION OF PROPOSALS 21

2.19. COMMITMENT OF FUNDS 21

2.20. GOVERNING LAW; VENUE 21

3. PROPOSAL CONTENTS 22

3.1. LETTER OF SUBMITTAL and CERTIFICATION AND ASSURANCES (Exhibit A and B) (MANDATORY) 22

3.2. STATEWIDE EVALUATION QUESTIONS (EXHIBIT C) (SCORED) 23

3.3. 2019 REGIONAL EVALUATION QUESTIONS (EXHIBIT D) (SCORED) 23

3.4. PROVIDER NETWORK (MANDATORY) 23

4. EVALUATION AND CONTRACT AWARD 30

4.1. EVALUATION PROCEDURE 30

4.2. EVALUATION WEIGHTING AND SCORING 30

4.3. NETWORK SCORING (Pass/Fail) 31

4.4. FINAL SCORE AND APPARENTLY SUCCESSFUL BIDDER(S) (ASB) 33

4.5. SUBSTANTIALLY EQUIVALENT SCORES 34

4.6. NOTIFICATION TO BIDDERS 34

4.7. READINESS REVIEW 34

4.8. DEBRIEFING OF UNSUCCESSFUL BIDDERS 34

4.9. PROTEST PROCEDURE 35

5. RFP EXHIBITS 37

1. INTRODUCTION

1.1. PURPOSE AND BACKGROUND

1.1.1. The State Health Care Innovation Plan, the Healthier Washington Initiative, and Engrossed Second Substitute House Bill 6312, enacted by the Legislature in 2014, provided policy direction for the Health Care Authority (HCA) to regionalize Medicaid purchasing by April 1, 2016, and to provide Medicaid enrollees with the full continuum of physical health and behavioral health (i.e., mental health and Substance Use Disorder [SUD]) services through managed care by January 1, 2020.

This program is known as “Apple Health- Integrated Managed Care” (IMC) (formerly known as Fully Integrated Managed Care (FIMC)). IMC is implemented through contracts between HCA and Medicaid Managed Care Organizations (MCOs), with MCOs responsible for the full continuum of physical and behavioral health services for Medicaid enrollees.

County authorities in a Regional Service Area (RSA or region) have the option of transitioning to the IMC program earlier than the statutory deadline of January 1, 2020. RCW 71.24.380(5), (6). The Southwest Washington RSA implemented IMC as of April 1, 2016, and the North Central RSA implemented IMC as of January 1, 2018.

HCA set a deadline of October 1, 2017 for all other regions to submit a binding letter of intent to pursue IMC prior to 2020. Regions that chose to implement IMC before 2020 could either (1) fully implement IMC as of January 1, 2019 or (2) implement IMC with a transition year as of January 1, 2019, followed by full implementation as of January 1, 2020. For regions that did not select early implementation, IMC will take full effect on January 1, 2020.

The purpose of this RFP is to solicit bids from MCOs who want to provide IMC services in the various regions, as specified herein. The resulting contracts from this RFP will have one of two (2) effective dates: January 1, 2019 or January 1, 2020

HCA expects greater focus on innovative place-based community behavioral health education, skills training, and promotion of well-being across life stages and functional status. The Bidder will be responsible for maintaining a comprehensive network of mental health and SUD providers capable of delivering the full range of covered services to support enrollees in improving their mental health, substance use, and life outcomes. This includes providing services in multiple community-based settings and clubhouse and drop-in centers, and providing vocational services, prevention and early intervention activities, support for enrollees transitioning to a new system of care or care environment, and other services that empower enrollees to reach their full potential.

1.1.2. Below are the implementation date for each RSA. Please note, the information below is based on the most currently received letters of intent from representatives of each RSA and is subject to change.

1.1.2.1. January 1, 2019 -- Full Implementation of IMC

1.1.2.1.1. Spokane RSA, including:

- Adams,
- Ferry,
- Lincoln,
- Pend Oreille,
- Spokane and
- Stevens counties

1.1.2.1.2. Pierce County RSA, including:

- Pierce County.

1.1.2.1.3. Greater Columbia RSA, including:

- Asotin,
- Benton,
- Columbia,
- Franklin,
- Garfield,
- Kittitas,
- Walla Walla,
- Whitman, and
- Yakima counties.

1.1.2.1.4. Southwest (SWWA) RSA (additional county):

- Adding Klickitat to Clark and Skamania counties, with a third MCO to be selected, joining the two (2) MCOs selected in 2015 under RFP No. 15-008.

1.1.2.1.5. North Central (NC) RSA (additional county):

- Adding Okanogan to Grant, Chelan and Douglas counties, for whom HCA selected MCOs in 2017 under RFP No. 1812. HCA will not be selecting any new MCOs for the NC region under this RFP.

1.1.2.2. January 1, 2019 – Implementation of IMC with Transition Year

1.1.2.2.1. King County RSA, including:

- King County.

1.1.2.2.2. North Sound RSA, including:

- Island,
- San Juan,
- Skagit,
- Snohomish, and
- Whatcom Counties.

1.1.2.3. January 1, 2020 – Full Implementation of IMC

1.1.2.3.1. Salish RSA, including:

- Clallam,
- Jefferson, and
- Kitsap counties.

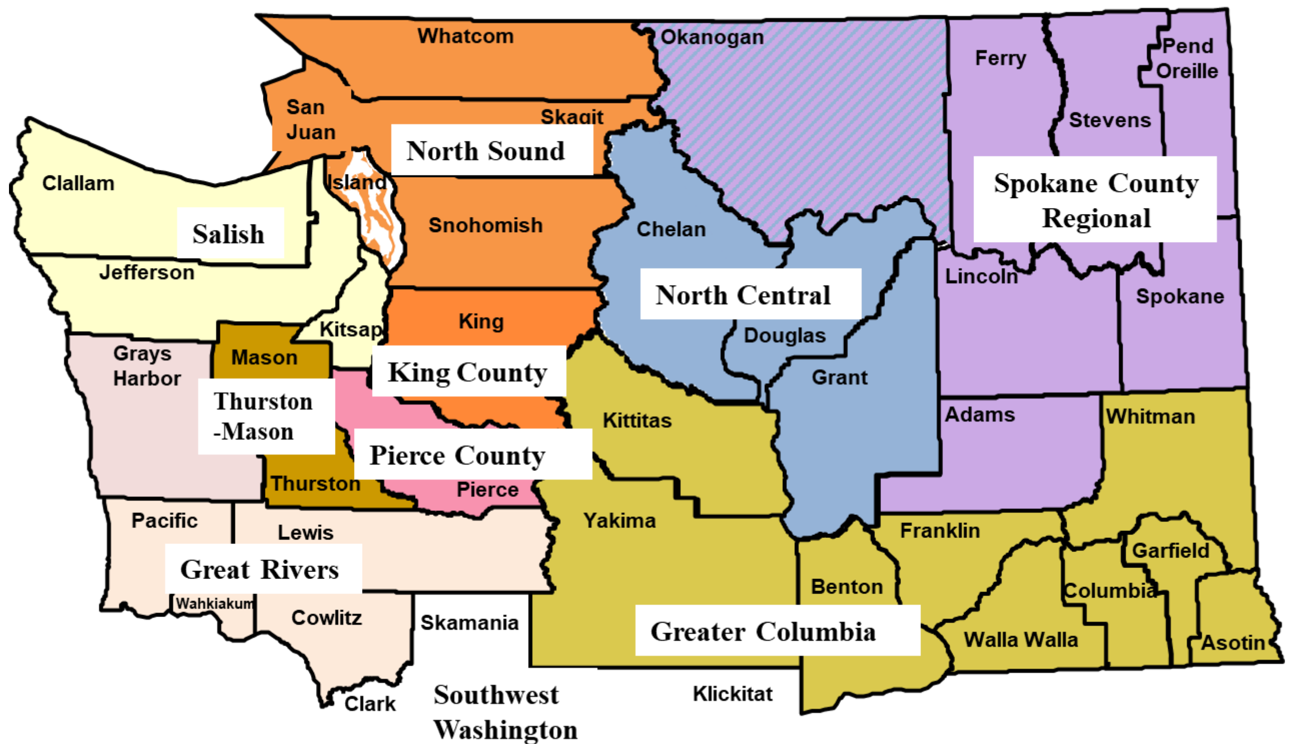
1.1.2.3.2. Great Rivers RSA, including:

- Lewis;
- Cowlitz,
- Grays Harbor,
- Pacific and
- Wahkiakum counties.

1.1.2.3.3. Thurston-Mason RSA, including:

- Mason and
- Thurston counties.

Figure A.



1.1.3. This RFP is being released for the following purposes:

1.1.3.1. To select MCOs to perform all services listed herein in the North Sound, Greater Columbia, King, Pierce, Spokane, Salish, Great Rivers and Thurston-Mason RSAs (see Figure A);

1.1.3.2. To select a third MCO to operate in Southwest RSA effective January 1, 2019;

1.1.3.3. To assess the network adequacy of the current MCOs in the Southwest region while expanding the service area to include Klickitat County; and

1.1.3.4. To assess the network adequacy of the current MCOs in the North Central region while expanding the service area to include Okanogan County.

1.1.4. General parameters:

When the IMC program is implemented in a region, the incumbent Behavioral Health Organization (BHO) will either cease operations or convert to a Behavioral Health Administrative Service Organization (BH-ASO).

In regions without IMC, BHOs currently (1) deliver mental health services to individuals who meet Access to Care Standards, (2) deliver outpatient and residential SUD services, and (3) manage the crisis system on a regional basis.

The benefits historically provided to Medicaid enrollees through the BHOs have now been incorporated into two (2) contracts, shown in Attachments 1 and 2, and comprise the new Apple Health IMC program. The two contracts are (1) the IMC Contract and (2) the Behavioral Health Services Wraparound Contract (BH Wraparound Contract). The IMC Contract includes all physical and behavioral health benefits provided through the Medicaid State Plan. The BH Wraparound Contract provides additional benefits to Medicaid enrollees that are not covered by Medicaid, such as services funded solely by the state, with no federal matching funds.

Any MCO selected under this RFP must adhere to both the IMC Contract and the BH Wraparound Contract, which will allow the MCOs to provide the full continuum of behavioral health and medical services that are available to Medicaid enrollees in the current system.

The vast majority of Medicaid enrollees in the regions will be enrolled in the IMC program, including all current Apple Health managed care enrollees. A smaller subgroup of enrollees who are not eligible for managed care medical services, as identified in Exhibit J of Attachment 2 of this RFP, will receive Behavioral Health Services Only (BHSO) through the integrated contracts and will continue to receive their medical services through HCA's fee-for-service system. The BHSO population will be designated as such in enrollment files, and the MCOs will be required to produce a separate enrollee ID card for these enrollees. As with all Apple Health programs, BHSO clients will be able to choose the MCO through which they want to receive services.

American Indian/Alaska Native (AI/AN) clients are exempt from mandatory managed care but may voluntarily opt-in to IMC. Also, BHSO is an option for AI/AN clients who are not otherwise eligible for IMC enrollment.

Foster care clients are required to be covered by the statewide MCO for foster children. As such, foster care clients will remain enrolled in the statewide foster care plan for physical health, and beginning on October 1, 2018, unless otherwise determined by the Legislature, all behavioral health services will also be provided through that MCO.

HCA anticipates awarding multiple contracts per region to provide the services described in this RFP. Please see Figure B for the MCO-per-region breakdown. HCA reserves the right to limit the number of clients enrolled in any single MCO.

Figure B

Region	Number of MCOs
Greater Columbia	5
King	5
North Sound	5
Pierce	4
Spokane	4
Thurston-Mason	3
Great Rivers	3
Salish	3

1.1.5. Regional Parameters for 2019 – No Transition Year:

The Pierce, Spokane and Greater Columbia regions will implement the IMC program on January 1, 2019.

Network submission requirements for the Spokane, Pierce and Greater Columbia regions are included in Section 3.4.

1.1.6. Regional Parameters for 2019 – Transition Year

The North Sound and King County regions will implement the IMC program with a transition year starting January 1, 2019.

Network submission requirements for the North Sound and King regions are included in Section 3.4.

1.1.7. Regional Parameters for 2020:

The IMC program in the Salish, Great Rivers and Thurston-Mason regions will go into effect on January 1, 2020. Until this date, the Salish, Great Rivers and Thurston-Mason BHOs will maintain all existing contracts with the Department of Social and Health Services (DSHS). On January 1, 2020, the Salish, Great Rivers and Thurston-Mason BHOs will convert into the BH-ASO, and will provide the services and functions of a BH-ASO in their respective regions.

Network submission requirements for the Salish, Thurston-Mason, and Great Rivers regions are included in Section 3.4.

1.1.8. Southwest Washington (SWWA) and North Central Regions:

Klickitat County will be added to SWWA region, effective January 1, 2019. A third MCO will be selected to offer services throughout the region, based on the score to Exhibit C (Statewide Questions) and the results of network adequacy submissions. The current SWWA MCOs will also be required to pass network requirements in Klickitat County.

Okanogan County will be added to North Central region effective January 1, 2019. The current North Central region MCOs will be required to pass network requirements in Okanogan County. Only the currently contracted MCOs for the North Central region are allowed, under this RFP, to submit bids for Okanogan County.

Network submission requirements for Okanogan and Klickitat counties are included in Section 3.4.

1.2. OBJECTIVES AND SCOPE OF WORK

1.2.1. HCA is seeking ongoing partnerships with MCOs that demonstrate innovative models to provide whole-person care, can meet the needs of a complex, high-risk population with co-occurring disorders, and meet the following objectives:

1.2.1.1. Provide the full continuum of comprehensive services, including primary care, pharmacy, mental health, and SUD treatment through collaborative care coordination and the integration of services under a single entity;

1.2.1.2. Involve the enrollee's support system (including family members, caregivers, social workers, care managers, care coordinators, and health care providers) when partnering with community service agencies to provide care coordination across systems;

1.2.1.3. Develop appropriate systems of care and improve access to care for enrollees with high needs by linking the crisis response system, community resources, and clinical services;

1.2.1.4. Maintain a network capable of meeting the standards of all covered services, including behavioral health services, as outlined in Attachments 1 and 2. This network should at a minimum include all existing BHO-contracted providers, and should be improved over the course of the contract to expand access to behavioral health services;

1.2.1.5. Control the cost of care by providing more comprehensive and coordinated health care services, and implementing provider payment systems that move toward value-based purchasing (http://www.hca.wa.gov/about-hca/healthier-washington);

1.2.1.6. Provide seamless transitions based on the enrollee's needs and rights;

1.2.1.7. Ensure continuity of care for enrollees during the transition from the current BHO system to the IMC program;

1.2.1.8. Partner with the Accountable Community of Health (ACH), county partners, and the BH-ASO to meet the goals and objectives of the Regional Health Improvement Plan, improve the health and well-being of each region's residents, and expand behavioral health access and capacity;

1.2.1.9. Provide technical assistance to behavioral health providers during the transition to IMC, to support infrastructure capacity building and ensure providers are prepared and capable to undertake all necessary managed care authorization, credentialing, and billing processes; and

1.2.1.10. Standardize managed care billing, authorization, and credentialing processes with other Medicaid payers to the maximum extent possible, with the goal of administrative simplification and alleviating provider burden.

1.2.2. Benefits and Services.

MCOs must provide access to a provider network for physical and behavioral health services that accommodates the needs of their enrollees and reflects the regional realities of: 1) utilization and travel patterns; 2) availability of specialty services; and 3) continuity of care. To achieve network adequacy throughout an entire RSA, it will be necessary for an MCO to expand its provider network into bordering counties or bordering States. MCOs are not constrained by the geographic boundaries of the RSA in building an adequate network.

Access to Care Standards, as they are currently used to determine eligibility for specialty mental health services, will not apply in the IMC program. Rather, MCOs will be required to establish criteria for, and document and monitor consistent application of, medical necessity and level of care guidelines. This will include responsibility for utilization management and the provision of a full continuum of services based on the medical need. This will also require the use of American Society of Addiction Medicine (ASAM) placement criteria for determining addiction treatment placement, length of stay, etc. for individuals with addiction and co-occurring disorders.

Before any SUD treatment is disclosed, the MCO must ensure it has the current enrollee's (or legal guardian's) signed consent to release the information. Information regarding SUD treatment is protected by federal and state law, including but not limited to 42 C.F.R. Part 2. The MCO will be responsible for adhering to all applicable federal and state privacy and confidentiality laws, including but not limited to 42 C.F.R. Part 2.

Certain services and functions that are currently managed by the BHO either are provided without regard to insurance coverage or are most effectively administered by one (1) organization on a regional basis. In the Greater Columbia, Great Rivers, North Sound, King, Salish, Spokane, and Thurston-Mason regions, the existing BHO has declared its intent to convert to a BH-ASO. In the Pierce region, HCA will separately contract with an organization that will operate on a regional basis as the BH-ASO (a BH-ASO already operates in the SWWA and NC regions). The BH-ASO will manage the following services for all individuals in the region, including Medicaid enrollees:

1.2.2.1. Maintenance of a twenty-four (24) hours a day, seven (7) days a week, three hundred sixty five (365) days a year (24/7/365) regional crisis hotline, accessible to all individuals regardless of insurance status.

1.2.2.2. Provision of behavioral health crisis services, including dispatch of a mobile crisis outreach team staffed by mental health professionals and/or Designated Crisis Responder (DCR) Professionals and certified peer counselors.

1.2.2.3. Administration of the Involuntary Treatment Act (ITA) (RCW 71.05 and RCW 71.34), including:

1.2.2.3.1. Reimbursing the county for court costs associated with ITA;

1.2.2.3.2. 24/7/365 availability of DCRs to conduct assessments and emergency detentions; and

1.2.2.3.3. 24/7/365 availability of DCRs to file petitions for detentions and provide testimony for ITA services.

1.2.2.4. Provision of SUD crisis services on a short-term basis to publicly intoxicated or incapacitated individuals, including:

1.2.2.4.1. General assessment of the patient's condition;

1.2.2.4.2. Interview for diagnostic or therapeutic purposes; and

1.2.2.4.3. Transportation home or to an approved treatment facility.

1.2.2.5. Operation of a behavioral health Ombudsman.

Each MCO contracted through this procurement will be required to subcontract with the organization described above, also known as the BH-ASO, for the provision of crisis services to their enrollees as outlined above, at a minimum. In accordance with all National Committee for Quality Assurance (NCQA), federal, and contractual subcontracting and delegation guidelines, the MCOs may also negotiate the delegation or subcontracting of additional services or functions to a BH-ASO.

If an 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 an MCO's enrollee is detained to a free-standing Evaluation & Treatment facility or a hospital-based evaluation and treatment bed, the MCO

is responsible for the provision of evaluation and treatment 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 and are expected to operate in very close coordination with the BH-ASO to monitor the needs and utilization of any enrollee who accesses a crisis services through the BH-ASO.

1.2.2.6. Principles of Behavioral Health Service Delivery

1.2.2.6.1. Recovery and Resilience. Treatment and peer services support enrollees as they strive to improve their health and wellness, live a self-directed life and pursue long-term well-being. Services are person-driven, respectful, relational, holistic, and hopeful. Resilience principles are supported by working with enrollees to build on strengths to reduce health risk factors.

1.2.2.6.2. Trauma informed. Treatment, services and organizational practices acknowledge the prevalence of trauma, recognize the signs of trauma in enrollees, families, staff, and system partners and; respond by integrating knowledge about trauma into policies, procedures and practices and; actively seek to resist re-traumatization.

1.2.2.6.3. Least Restrictive Environment. All services are delivered, to the greatest extent possible, in the community of the enrollees' choice and in community settings. All recovery support services are self-directed, and optimize autonomy and independence. Recovery supports are inclusive, based on voice and choice of the Enrollee, and provide a range of meaningful options, including informal and formal supports such as peer support, employment services, and supportive housing services, which promote enrollees' choices to live in the community.

1.2.2.6.4. Culturally Responsive. Providers, treatments and services deliver effective, understandable, and respectful care in a manner compatible with enrollees' cultural values, traditions, health beliefs, practices, and preferred language.

1.2.2.6.5. Enrollee and Family Centered Care. Services and supports are based on the voice and choice of the enrollee and family being served. Systems, services, and supports focus on the strengths and needs of the entire family or community.

1.2.2.6.6. Enrollee and Family Driven. Enrollees and families are involved in every level of decision making. Systems and services are delivered, driven and improved by ongoing feedback from the enrollees and families including, but not limited to, enrollees comprising a significant portion of advisory boards, steering committees or other workgroups, input from advisory groups is highlighted in quality plans, and people in recovery are recruited for a variety of staff positions.

1.2.2.6.7. Prevention and Early Intervention. Prevention and early intervention is community wide, trauma informed, promotes resiliency building, and incorporates education and public awareness improving community support for a full range of possible treatments and recovery options. Education includes actively promoting whole health wellness, normalizing behavioral health and increasing understanding of behavioral health challenges, the behavioral health system, treatment options, and community supports.

1.2.2.7. Healthier Washington Initiative and the Medicaid Transformation Demonstration

1.2.2.7.1. As part of the Healthier Washington Initiative, Accountable Communities of Health (ACHs) are operational in all RSAs. 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. MCOs selected under this procurement are expected to participate in the regional ACH and coordinate closely with ACH partners on regional health improvement strategies and the Medicaid Transformation Demonstration Project (described below) design and implementation. Additionally, a Consumer Behavioral Health Advisory Board will be established in the region, and MCO participation will be required.

1.2.2.7.2. On January 9, 2017, the Centers for Medicare & Medicaid Services (CMS) approved Washington State's request for a Section 1115 waiver, known as the Medicaid Transformation Project (MTP) demonstration. This five-year waiver agreement with CMS authorizes up to $1.5 billion in federal investments to address local health priorities, deliver high quality, cost-effective care that treats the whole person, and create sustainable linkages between clinical and community-based services. The demonstration's goals are to:

- Integrate physical and behavioral health purchasing and service delivery to better meet whole person needs;
- Convert ninety percent (90%) of Medicaid provider payments to reward outcomes instead of volume;
- Support provider capacity to adopt new payment and care models;
- Implement population health strategies that improve health equity; and
- Provide new, targeted services that address the needs of the state's aging populations and address key determinants of health.

Managed by HCA under Governor Inslee's Healthier Washington initiative, the state will address the aims of the demonstration through three programs:

- Initiative 1: Transformation through ACH and a Delivery System Reform Incentive Payment (DSRIP) Program;

- Initiative 2: Long-term Services and Supports (LTSS) – Medicaid Alternative Care (MAC) and Tailored Supports for Older Adults (TSOA); and

- Initiative 3: Foundational Community Supports (FCS) – Targeted Home and Community-Based Services (HCBS) for eligible individuals.

The demonstration incentivizes regions to implement integrated managed care prior to the 2020 deadline through incentive funds. These funds are intended to assist the region and its providers in the transition process to integrated managed care, distributed upon the delivery of binding letter(s) of intent and implementation.

The goals of the demonstration and the transition to integrated managed care complement each other. Integrating state purchasing and administration of medical and behavioral health services lays the foundation for managed care plans and providers to work towards integration at the delivery system level. Along with significant investments that regions will be making in integrated clinical models under the demonstration, this will help regions integrate the delivery of physical and behavioral health services

1.3. MINIMUM QUALIFICATIONS

The following are the minimum qualifications for bidders:

1.3.1. Licensed to do business in the state of Washington;

1.3.2. Submit a Letter of Intent to Propose to HCA by the March 1, 2018 deadline;

1.3.3. Be a MCO in good standing with the Washington State Office of the Insurance Commissioner;

1.3.4. Have a current contract with HCA under the Apple Health Medicaid Managed Care program to provide full scope managed care to Medicaid enrollees covered by HCA; and

1.3.5. Have a contracted health care provider network that covers the regions the Bidder is bidding on, and includes essential providers, as described in this RFP.

1.4. FUNDING

1.4.1. Any contract awarded as a result of this procurement is contingent upon the availability of federal and state funding, as determined solely by HCA.

1.4.2. Rates and Funding

Actuarially sound capitation rates will be set under the IMC Contract as per-member, per-month payments.

Under the BH Wraparound Contract, HCA will determine a maximum level of available funding for the RSA, and MCOs will receive allocations in proportion to their percentage of enrollment.

HCA will not make any payments in advance or in anticipation of goods or services to be provided under any resulting contract. Do not request early payment, down payment or partial payment of any kind. The Contractor shall only be compensated for performance delivered and accepted by HCA.

1.5. PERIOD OF PERFORMANCE

The period of performance of any contract resulting from this RFP is tentatively scheduled as follows:

For regions implementing IMC as of January 1, 2019, the contracts are set to begin on or about January 1, 2019 and to end on December 31, 2020. Amendments extending the period of performance, if any, will be at the sole discretion of HCA.

For regions implementing IMC as of January 1, 2020, the contracts are set to begin on or about January 1, 2020 and to end on December 31, 2020. Amendments extending the period of performance, if any, will be at the sole discretion of HCA.

HCA intends that the contracts awarded as the result of this RFP will be aligned with any possible changes to the current Apple Health managed care contract through December 31, 2019, as appropriate to the IMC program. Any changes made to the current Apple Health managed care contract will be reviewed by HCA for inclusion into the IMC Contract. Behavioral health benefits may also be updated for parity and alignment with changes in state or federal law or funding.

1.6. CONTRACTING WITH CURRENT OR FORMER STATE EMPLOYEES

Specific restrictions apply to contracting with current or former state employees pursuant to chapter 42.52 of the Revised Code of Washington. Bidders should familiarize themselves with the requirements prior to submitting a proposal that includes current or former state employees.

1.7. DEFINITIONS

Definitions for the purposes of this RFP include:

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.

Actuarially Sound Capitation Rates means capitation rates that have been developed in accordance with generally accepted actuarial principles and practices; are appropriate for the populations to be covered and the services to be furnished under the Contract; have been certified by an actuary as meeting the requirements of 42 C.F.R. § 438.4; and otherwise meet all applicable requirements established in 42 C.F.R. § 438.4 and other applicable law.

Apparently Successful Bidder (ASB) means the bidder(s) selected as the entity or entities to perform the anticipated services under this RFP, subject to completion of contract negotiations and execution of a written contract.

Apple Health –Integrated Managed Care (AH-IMC) means the program for which the contracts resulting from this RFP will be executed, including the Integrated Medicaid Contract and the Behavioral Health Services Wraparound Contract.

Behavioral Health Integration means care provided to individuals of all ages, families, and their caregivers in a patient-centered setting by licensed primary care providers, behavioral health clinicians, and other care team members working together to address one or more of the following: mental illness, substance use disorders, health behaviors that contribute to chronic illness, life stressors and crises, developmental risks/conditions, stress-related physical symptoms, preventative care, and ineffective patterns of health care utilization.

Behavioral Health Organization (BHO) means a single or multiple-county authority or other entity operating as a prepaid inpatient health plan through which the agency or the agency's designee contracts for the delivery of community outpatient and inpatient mental health and substance use disorder services in a defined geographic area to enrollees who meet Access to Care Standards.

Bidder means the company interested in the RFP that submits a proposal in order to attain a contract with HCA.

Business Hours means 8:00 a.m. to 6:00 p.m. Pacific Time, Monday through Friday.

Contractor means a company whose proposal has been accepted by HCA and is awarded a fully executed, written contract.

Health Care Authority (HCA) means the executive agency of the state of Washington that is issuing this RFP.

Health Insurance Portability and Accountability Act (HIPAA) means the federal Health Insurance Portability and Accountability Act of 1996 and its amendments, an act designed in part 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.

Proposal means a formal offer submitted in response to this RFP.

Regional Service Areas (RSA) or Regions means a geographic boundary that defines a region for which HCA will purchase behavioral and physical healthcare through managed care contracts.

Request for Proposals (RFP) means this formal procurement document.

Systems of Care (SOC) means a spectrum of effective, community-based services and supports for enrollees with or at risk for chronic conditions, including behavioral health conditions, or other challenges and their families. SOCs are organized into a coordinated network, build meaningful partnerships with Enrollees and their families, and address their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life.

Wraparound with Intensive Services (WISe) means a range of services that are individualized, intensive, coordinated, comprehensive, culturally competent, and provided in the home and community. The WISe Program is for youth who are experiencing mental health symptoms that are causing severe disruptions in behavior and/or interfering with their functioning in family, school, or with peers requiring: a) the involvement of the mental health system and other child-serving systems and supports; b) intensive care collaboration; and c) ongoing intervention to stabilize the youth and family in order to prevent more restrictive or institutional placement.

1.8. ADA

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

2. GENERAL INFORMATION FOR BIDDERS

2.1. RFP COORDINATOR

The RFP Coordinator is the sole point of contact in HCA for this procurement. All communication between the Bidder and HCA upon release of this RFP must be with the RFP Coordinator, as follows:

Name	Andria Howerton
E-Mail Address	contracts@hca.wa.gov
Mailing Address	PO Box 42702 Olympia, WA 98504-2702

Any other communication will be considered unofficial and non-binding on HCA. Bidders are to rely only on written statements issued by the RFP Coordinator. Communication directed to parties other than the RFP Coordinator may result in disqualification of the Bidder.

2.2. ESTIMATED SCHEDULE OF PROCUREMENT ACTIVITIES

Activity	Date	Time
Issue Request for Proposals	February 15, 2018	
Pre-Bidder Conference	February 27, 2018	1:00 p.m. PT
Letter of Intent to Propose due	March 1, 2018	2:00 p.m. PT
Bidder Questions due	March 13, 2018	2:00 p.m. PT
HCA Response to Questions (via RFP amendment)	March 22, 2018	
Complaint Deadline	April 5, 2018	2:00 p.m. PT
Proposals due	April 12, 2018	2:00 p.m. PT
Evaluation of proposals	April 16, 2018 – May 16, 2018	
Announce "Apparently Successful Bidders" and send notification via e-mail to unsuccessful Bidders	May 22, 2018	
Deadline to request a debriefing conference	May 25, 2018	2:00 p.m. PT
For 2019 Implementation & Transition Year:		
Contracts Signed (estimated)	July 1, 2018	
Readiness Review	July 1, 2018 – September 30, 2018	
Begin contract work -	January 1, 2019	
For 2020 Implementation:		
Final Network Due	~~July~~ June 1, 2019	
Contracts Signed (estimated)	July 1, 2019	
Readiness Review	July 1, 2019 – September 30, 2019	
Begin contract work -	January 1, 2020	

HCA reserves the right in its sole discretion to revise the above schedule.

2.3. PRE-BIDDER CONFERENCE

An in-person pre-bidder conference, which will focus on the network portion of this RFP, is scheduled on February 27, 2018 from 1:00 p.m. – 2:00 p.m. PT at HCA in Olympia, Washington. All prospective Bidders should participate; however, attendance is not mandatory. Specifics for the conference, including location, will be released via the RFP Coordinator at a later date, but no later than one (1) week prior to the meeting.

A copy of the questions and answers from the pre-bidder conference will be posted on HCA's external website and on the Washington Electronic Bid Solution (WEBS) as an amendment to this RFP. Written questions may be submitted in advance to the RFP Coordinator at Contracts@hca.wa.gov. HCA shall be bound only to its written answers to questions. Any oral responses given at the pre-proposal conference shall be considered unofficial.

2.4. LETTER OF INTENT TO PROPOSE (MANDATORY)

To be eligible to submit a Proposal, a Bidder must submit a Letter of Intent to Propose. The Letter of Intent to Propose must be emailed to the RFP Coordinator and must be received no later than the date and time stated in the Procurement Schedule, Section 2.2. The subject line of the email must include the following: [Procurement #] – Letter of Intent to Propose – [Your entity's name].

The Letter of Intent to Propose may be attached to the email as a separate document, in Microsoft Word or Adobe PDF format, or the information may be contained in the body of the email.

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

2.4.1. Bidder's organization name;

2.4.2. Bidder's authorized representative for this procurement (who must also be named the authorized representative identified in the Bidder's Proposal);

2.4.3. Title of authorized representative;

2.4.4. Address, telephone number, and email address of authorized representative;

2.4.5. Statement of intent to propose;

2.4.6. A list of the RSA(s) for which the Bidder intends to submit a proposal; and

2.4.7. A statement and explanation of how Bidder meets ALL of the minimum requirements specified in Section 1.3 of this RFP.

HCA may use the Letters of Intent to Propose as a pre-screening to determine whether Minimum Qualifications are met.

2.5. BEHAVIORAL HEALTH (BH) RATE DOCUMENTATION (Exhibit G)

Bidders who submit a Letter of Intent to Propose will receive Exhibit G, BH Rate Documentation, which consists of the Actuarial Certification of the combined Medicaid MH and SUD capitation rate ranges from Mercer Government Human Services Consulting, dated March 23, 2017 (Mercer Report). The Mercer Report includes the "Mental Health and Substance Use Disorder Services Data Book for the State of Washington," dated February 8, 2017. The Mercer Report also includes summarized historical data on the MH and SUD service utilization patterns in the State's Medicaid program used to develop per-member, per-month (PMPM) cost estimates for purposes of rate-setting analyses for the State's future managed care programs. Finally, the Mercer Report includes the "State of Washington Methodology for the July 2018-December 2019 Medicaid Capitation Rate Projection for Metal Health and Substance Use Disorder Services," dated February 7, 2018. The final regional rate ranges effective July 1, 2018 will be determined by the Legislature in its current session as part of the supplemental operating budget. The behavioral health portion of the IMC rates and the BHSO rates are based upon the BHO rates described in Exhibit G. Bidders should be prepared to accept these rates if they submit a proposal.

2.6. SUBMISSION OF PROPOSALS

Bidders are required to submit one (1) hard copy of their proposal with original signatures and two (2) identical copies of their entire proposal on a USB Flash or thumb drive in Microsoft 2003 or later, or Adobe PDF. The USB Flash or thumb drive must be labeled with the date, RFP title, RFP number, and Bidder's name and packaged with the original copy of the proposal.

The proposal, whether mailed or hand delivered, must arrive at HCA no later than 2:00 p.m., Pacific Time, on April 12, 2018.

The proposal must be sent to the RFP Coordinator at the address noted in Section 2. The envelope must be clearly marked to the attention of the RFP Coordinator.

Bidders mailing proposals should allow normal mail delivery time to ensure timely receipt of their proposals by the RFP Coordinator. Bidders assume the risk for the method of delivery chosen. HCA assumes no responsibility for delays caused by any delivery service. Proposals may not be transmitted using facsimile transmission or email.

Late proposals will not be accepted and will be automatically disqualified from further consideration. All proposals and any accompanying documentation become the property of HCA and will not be returned.

2.7. PROPRIETARY INFORMATION / PUBLIC DISCLOSURE

Proposals submitted in response to this RFP will become the property of HCA. All proposals received will be considered "public records" under chapter 42.56 of the Revised Code of Washington. Proposals will be considered confidential and not subject to disclosure until the Apparently Successful Bidders are announced; thereafter, the proposals will be deemed subject to disclosure.

Any information in the proposal that the Bidder desires to claim as proprietary and exempt from disclosure under chapter 42.56 RCW, or other state or federal law that provides for the nondisclosure of a document, must be clearly designated. The information must be clearly identified, and the particular exemption from disclosure upon which the Bidder is making the claim must be cited. Each page containing information claimed to be exempt from disclosure must be clearly identified by the words "Proprietary Information" printed on the lower right-hand corner of the page. Marking the entire proposal exempt from disclosure or as Proprietary Information will not be honored.

If a public records request is made that would encompass any information that the Bidder has marked as "Proprietary Information," HCA will notify the Bidder of the request and of the date that the records will be released to the requester unless the Bidder obtains an order from a court of competent jurisdiction enjoining that disclosure. If the Bidder does not obtain a court order enjoining disclosure, HCA will release the requested information on the date specified. If a Bidder does obtain a court order enjoining disclosure, HCA will maintain the confidentiality of the Bidder's information in accordance with the court order.

A charge may be made for copying and shipping, as outlined in RCW 42.56. No fee will be charged for inspection of contract files, but twenty-four (24) hours' notice to HCA is required. All requests for records should be directed to the publicdisclosure@hca.wa.gov.

The submission of any public records request to HCA pertaining in any way to this RFP will not affect the procurement schedule, as outlined in Section 2.2, unless HCA, in its sole discretion, determines that altering the schedule would be in HCA's best interests.

2.8. REVISIONS TO THE RFP

If it becomes necessary to revise any part of this RFP, amendments will be posted on HCA's external procurement website and on WEBS. For this purpose, the published questions and answers and any other pertinent information will be provided as an amendment to the RFP and will be placed on both websites.

HCA also reserves the right to cancel or to reissue the RFP in whole or in part, prior to execution of a contract.

2.9. DIVERSE BUSINESS INCLUSION PLAN (Exhibit J)

Bidders will be required to submit a Diverse Business Inclusion Plan with their proposal. In accordance with legislative findings and policies set forth in RCW 39.19, the state of Washington encourages participation, in all contracts, by firms certified by the Office of Minority and Women's Business Enterprises (OMWBE), set forth in RCW 43.60A.200 for firms certified by the Washington State Department of Veterans Affairs, and set forth in RCW 39.26.005 for firms that are Washington Small Businesses. Participation may be either on a direct basis or on a subcontractor basis. However, no preference on the basis of participation is included in the evaluation of Diverse Business Inclusion Plans submitted, and no minimum level of minority- and women-owned business enterprise, Washington Small Business, or Washington State certified Veteran Business participation is required as a condition for receiving an award. Any affirmative action requirements set forth in any federal government regulations included or referenced in the contract documents will apply.

2.10. ACCEPTANCE PERIOD

Proposals must specify that they remain valid for one hundred eighty (180) calendar days after the receipt of proposals by HCA.

2.11. COMPLAINT PROCESS

2.11.1. Bidders may submit a complaint to the RFP Coordinator at the email specified in section 2.2 based on allegations of any of the following:

2.11.1.1. The RFP unnecessarily restricts competition;

2.11.1.2. The RFP evaluation or scoring process is unfair or unclear; or

2.11.1.3. The RFP requirements are inadequate or insufficient to prepare a response.

2.11.2. A complaint must be submitted to HCA prior to five (5) business days before the bid response deadline (see Section 2.2). The complaint must:

2.11.2.1. Be in writing;

2.11.2.2. Be sent to the RFP Coordinator in a timely manner;

2.11.2.3. Clearly articulate the basis for the complaint; and

2.11.2.4. Include a proposed remedy.

The RFP Coordinator will respond to the complaint in writing. The response to the complaint and any changes to the RFP will be posted on WEBS and HCA's external procurement website. The Director of HCA will be notified of all complaints and will be provided a copy of HCA's response. The Director of HCA reserves the right to make the final decision on the complaint.

The issues listed in Section 2.11.1 can be raised only during the complaint process; those issues cannot be raised during a bid protest, even if a Bidder failed to raise them as a complaint. HCA's action or inaction in response to a complaint will be final. There will be no appeal process.

2.12. RESPONSIVENESS

The RFP Coordinator will review all proposals to determine compliance with administrative requirements and instructions specified in this RFP. A Bidder's failure to comply with any part of the RFP may result in rejection of the proposal as non-responsive.

HCA also reserves the right at its sole discretion to waive minor administrative irregularities.

2.13. 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 which the Bidder can propose. HCA reserves the right to contact a Bidder for clarification of its proposal.

HCA also reserves the right to use a Best and Final Offer (BAFO) approach before awarding any contract to further assist in determining the ASB(s).

This RFP will be incorporated by reference into any contract resulting from this RFP. In addition, the proposals from any ASB will also be incorporated, in whole or in part, into any contract. The proposal will become a part of the official procurement file on this matter without obligation to HCA.

2.14. CONTRACT AND GENERAL TERMS & CONDITIONS

2.14.1. The ASBs will be expected to enter into both (1) a contract, which is substantially the same as the Draft Sample IMC Contract, attached as Attachment 1, and (2) the Draft Sample BH Wraparound Contract, attached as Attachment 2. HCA will not accept any draft contracts prepared by any Bidder. The Bidder may submit exceptions as allowed in the Certifications and Assurances form, Exhibit B to this RFP. All exceptions must be submitted as an attachment to Exhibit B. HCA will review requested exceptions and accept or reject the same at its sole discretion.

2.14.2. HCA anticipates amendments to the current Apple Health Managed Care and IMC Contracts prior to July 1, 2018, which will also likely affect the contracts resulting from this RFP. Amendments may include (among other things) future assignment of risk for long-term inpatient psychiatric hospitalizations consistent with the "Inpatient Psychiatric Care Risk Model Report" prepared for the Washington State Office of Financial Management's third party vendor on December 28, 2017; requirements to subcontract for ombudsman services; and requirements to subcontract to the BH-ASO for administration of the BH advisory board.

2.15. COSTS TO PROPOSE

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

2.16. RECEIPT OF INSUFFICIENT NUMBER OF PROPOSALS

If HCA receives only one responsive proposal as a result of this RFP, HCA reserves the right to either: 1) directly negotiate and contract with the Bidder; or 2) not award any contract at all. HCA may continue to have the Bidder complete the entire RFP process. HCA is under no obligation to tell the Bidder if it is the only Bidder.

2.17. NO OBLIGATION TO CONTRACT

This RFP does not obligate HCA to enter into any contract for any services specified herein.

2.18. REJECTION OF PROPOSALS

HCA reserves the right, at its sole discretion, to reject any and all proposals received without penalty and not to issue any contracts as a result of this RFP.

2.19. COMMITMENT OF FUNDS

The Director of HCA or his/her delegate is the only individual who may legally commit HCA to the expenditures of funds for a contract resulting from this RFP. No cost chargeable to the proposed contract may be incurred before receipt of a fully executed contract.

2.20. GOVERNING LAW; VENUE

This RFP shall be construed and enforced in accordance with the laws of the state of Washington, and the venue of any lawsuit or any other legal action related in any way to this RFP shall be in the Superior Court for Thurston County.

3. PROPOSAL CONTENTS

Proposals must be written in English and submitted on eight and one-half by eleven inch (8 ½" x 11") paper with tabs separating the major sections of the proposal. The major sections of the proposal are to be submitted in the order noted below:

1. Exhibit A, Letter of Submittal.
2. Exhibit B, Signed Certifications and Assurances.
3. Exhibit C, Statewide Evaluation Question.
4. Exhibit D, 2019 Regional Evaluation Questions.
5. Exhibit F, Provider Network(s) Submission, including attestation as described in section 3.4.5 below.
6. If bidding on King or North Sound RSA, the agreement described in 3.4.~~9~~ 10 and 3.4.11 below.

Proposals must provide information in the same order as presented in this document with the same headings.

Items marked below as "mandatory" must be included as part of the proposal for the proposal to be considered responsive; however, these items are not scored. Items marked below as "scored" must be included and are those that are awarded points as part of the evaluation conducted by the evaluation team.

3.1. LETTER OF SUBMITTAL and CERTIFICATION AND ASSURANCES (Exhibit A and B) (MANDATORY)

The Letter of Submittal and the attached Certifications and Assurances form (Exhibits A and B to this RFP) must be signed and dated by a person authorized to legally bind the Bidder to a contractual relationship, e.g., the President or Executive Director if a corporation, or the managing partner if a partnership. Along with introductory remarks, the Letter of Submittal must include by attachment the following information about the Bidder and any proposed subcontractors:

3.1.1. Name, address, principal place of business, telephone number, and fax number/e-mail address of legal entity or individual with whom contract would be written.

3.1.2. Name, address, and telephone number of each principal officer (President, Vice President, Treasurer, Chairperson of the Board of Directors, etc.).

3.1.3. Legal status of the Bidder (partnership, corporation, etc.) and the year the entity was organized to do business as the entity now substantially exists.

3.1.4. Federal Employer Tax Identification number or Social Security number and the Washington Uniform Business Identification (UBI) number issued by the state of Washington Department of Revenue.

3.1.5. Location of principal place of business.

3.1.6. Name of any state employees or former state employees employed at the Bidder's organization or on the Bidder's organization's governing board as of the date of the proposal. Include their position and responsibilities within the Bidder's organization. If HCA

determines a conflict of interest exists, the Bidder may be disqualified from further consideration for the award of a contract.

3.1.7. Any information in the proposal that the Bidder desires to claim as proprietary and exempt from disclosure under the provisions of RCW 42.56 must be clearly designated. As noted above in Section 2.7, each page claimed to be exempt from disclosure must be clearly identified by the phrase “Proprietary Information” printed on the lower right-hand corner of the page. In your Letter of Submittal, please list which pages and sections that have been marked “Proprietary Information” and the particular exemption from disclosure upon which the Bidder is making the claim.

3.1.8. A list of the RSAs for which the Bidder is submitting its proposal.

3.2. STATEWIDE EVALUATION QUESTIONS (EXHIBIT C) (SCORED)

Bidders must respond and provide detailed information for all items and provide all information in the exact order specified in Exhibit C, Statewide Evaluation Questions. The section numbers and titles must be restated in the Bidder’s Proposal. Page limits for each question are noted. Please do not cut and paste responses into Exhibit C. Instead, provide a response as a separate document using the same numbering as Exhibit C.

Failure to meet an individual requirement will not be the sole basis for disqualification; however, failure to provide a response to any scored requirements may be considered non-responsive and be the basis for disqualification of the application.

3.3. 2019 REGIONAL EVALUATION QUESTIONS (EXHIBIT D) (SCORED)

Each region implementing IMC as of January 1, 2019 has its own set of specific RFP questions. If the Bidder is not submitting a proposal for a specific region, then it does not have to answer the questions pertaining to that region.

Bidders must respond and provide detailed information for all items in the regional sections they are bidding on and provide all information in the exact order specified in Exhibit D, 2019 Regional Evaluation Questions. The section numbers and titles must be restated in the Bidder’s Proposal. Please do not cut and paste responses into Exhibit D. Instead, provide a response as a separate document using the same numbering as Exhibit D.

Failure to meet an individual requirement will not be the sole basis for disqualification; however, failure to provide a response to any scored requirements may be considered non-responsive and be the basis for disqualification of the application.

3.4. PROVIDER NETWORK (MANDATORY)

Documents for Provider Network submission, including Exhibit F, Provider Network(s) Submission, and Exhibit G, BH Rate Documentation, will be available via Secure File Transfer (SFT) site. Bidders who submit a Letter of Intent to Propose will receive an email from the RFP Coordinator with access information to the SFT.

3.4.1. The Bidder must submit a combined medical and behavioral health network based on signed contracts with providers.

The Bidder must submit a network capable of providing all covered services to enrollees in the regions for which it is submitting a bid. The network submission must meet access standards described in Attachment 1, Draft Sample IMC Contract, Section 6. Networks must be submitted using the forms that are located on the SFT site. Exhibit F, Provider Network(s) Submission contains the instructions for submitting the network.

According to the due date in the table below, Bidders will be required to submit their networks and achieve a passing score on those submissions.

3.4.2. A pass/fail methodology will be applied to the network scoring for both medical and behavioral networks in every region. This includes Klickitat and Okanogan counties, where adequacy has not previously been determined via the previous two (2) IMC RFPs. Please note in the SWWA region, one (1) additional MCO will be awarded for all three (3) counties. If the Bidder is interested in contracting for SWWA and has not previously been awarded a contract there, network capacity must be passed for all three (3) counties. HCA will review the content of the contracts with essential BH providers during the readiness review and will determine whether the contracts are adequately specific for covering the complete set of BH services, with a specific and appropriate provider rate, by the date established in the Section 4.6.

3.4.3. Due dates for submitting the medical and BH networks are as follows:

RSA	Networks Due	Region-specific requirements
2019 full integration, including: • Spokane, • Greater Columbia, • Pierce	Medical and BH Network due with the RFP on April 12, 2018.	For Spokane and Greater Columbia RSAs, ~~an~~ proof (i.e dated letter, email with date stamp, etc.) of sent minimum set of standard delegation requirements to the existing BHO by March 27, 2018, and an MOU detailing the delegation agreement between the Bidder and the BH-ASO. Submission of attestation described in section 4.3.
SWWA Region	Medical and BH Network due with the RFP on April 12, 2018.	Full network required for all three (3) counties if the Bidder is new to the region. Current SWWA region MCOs are required to submit networks for Klickitat County only.
Okanogan County	Medical and BH Network due with the RFP on April 12, 2018	Note: Only current NC region MCOs are eligible to bid.
North Sound Region	Medical network: April 12, 2018; Proof (i.e dated letter, email with date stamp, etc.) of sent minimum set of standard delegation requirements to the existing BHO by March 27, 2018, and an MOU with BH-ASO: April 12, 2018; September 15, 2018: Signed contract due between each MCO and North Sound BH-ASO and the submission of all providers subcontracted through the BH-ASO according to HCA's typical network submission standards (Exhibit F, Provider Network(s) Submission).	Direct contracts between MCO and Outpatient BH (except for WISe, PACT, E&T and withdrawal management services): due January 1, 2019; Direct contract between MCO and all other BH services: May 1, 2019. Long-term delegation proposals are due May 1, 2019.

King County Region	Medical network: April 12, 2018 Proof (i.e dated letter, email with date stamp, etc.) of sent minimum set of standard delegation requirements to the existing BHO by March 27, 2018, and an MOU with BH-ASO: April 12, 2018; September 15, 2018: Signed contract due between each MCO and King County's BH-ASO and the submission of all providers within the BH-ASO network according to HCA's typical network submission standards (Exhibit F, Provider Network(s) Submission). Additionally, MCOs submit all individual contracts with any providers not in the BH-ASO network to verify full network adequacy.	Long-term delegation proposals are due May 1, 2019.
2020 regions, including: • Salish, • Great Rivers, • Thurston-Mason.	Medical and BH Network: June 1, 2019	Submission of attestation described in section 4.3.

3.4.4. Medical/Mental Health:

The Bidder must show that it will have the capacity to serve 80% or more of all eligible clients within a given service area for the following providers: Hospitals, pharmacy, primary care providers, Ped PCP, OB and mental health providersspecialists, skilled nursing facility (SNFs), and community mental health agencies.

Bidders must submit a BH network that meets distance standards included in Attachment 1, Draft Sample IMC Contract, Section 6.11, including licensed mental health providers.

The Bidder's network must provide reasonable access to all enrollees without unnecessary travel time or wait times for appointments with the following: cardiologists, oncologists, ophthalmologists, orthopedic surgeons, general surgery, gastroenterologists, pulmonologists, neurologists, otolaryngologists, obstetrics, mental health providers and specialists in physical medicine, rehabilitation services, and essential behavioral health providers (described below).

3.4.5. Essential Behavioral Health Providers

The Bidder must demonstrate capacity to provide BH services through established contracts with providers within or outside the RSA, inclusive of the Essential Behavioral Health Providers (listed below). Bidders who submit a Letter of Intent to Propose will also receive the Exhibit H, BHO Provider List from the RFP Coordinator via the SFT site.

3.4.5.1. Certified residential treatment providers[1].

[1] Certified residential treatment providers: residential programs must have Department of Health (DOH) Residential Treatment Facility (RTF) license and then can apply for DBHR Certification for a type of services

3.4.5.2. Community MH agencies licensed by the Department of Social and Health Services (DSHS), Division of Behavioral Health and Recovery (DBHR).

3.4.5.3. DBHR-certified chemical dependency agencies.

3.4.5.4. Department of Health (DOH)-certified medication assisted treatment (e.g., buprenorphine) providers.

3.4.5.5. DBHR-certified opiate substitution providers (methadone treatment programs).

3.4.5.6. Evaluation and Treatment in DOH-licensed and DBHR-certified free-standing inpatient hospitals or psychiatric inpatient facilities.

3.4.5.7. DOH-licensed and DBHR certified withdrawal management (detox) facilities (for acute and subacute).

3.4.5.8. DOH-licensed and DBHR-certified treatment facilities to provide crisis stabilization services,

3.4.5.9. DBHR-Licensed Community MH agencies providing Wraparound with Intensive Services (WISe).

3.4.5.10. Community Mental Health Agency providing Program for Assertive Community Treatment (PACT) services.

3.4.6. Substance Use Disorder (SUD) Programs

The Bidder will submit its network for SUD providers as part of the RFP provider network submission using the files located on the SFT site. The Bidder must demonstrate the capacity to provide the following SUD services:

3.4.6.1. Opiate Substitution Treatment;

3.4.6.2. Adult and Youth Outpatient Treatment;

3.4.6.3. Adult Long Term Care Residential Services;

3.4.6.4. Intensive Inpatient Residential Services;

3.4.6.5. Involuntary Commitment (SUD);

3.4.6.6. Services for Parenting & Pregnant Women;

3.4.6.7. Recovery House Residential Services;

3.4.6.8. Adult and Youth Intensive Outpatient Treatment; and

3.4.6.9. Adult and Youth Residential Services.

3.4.7. Substance Use Disorder Residential (Beds)

The Bidder must submit a network capable of providing SUD Residential Services to all eligible clients within the awarded service area. In order to meet capacity for adult and youth in-patient SUD services, the bidder must have contracts or non-par agreements with providers outside the RSA for statewide resources. The Bidder will submit their

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such as Evaluation and Treatment, Crisis Stabilization, Intensive Inpatient, Recovery House, Long Term and Detoxification.

network for these providers as part of the RFP provider network submission using the files located on the SFT site. These services are:

3.4.7.1. Adult Residential Beds;

3.4.7.2. Youth Residential Beds;

3.4.7.3. Pregnant Women Services Beds;

3.4.7.4. Parenting Women Services Beds;

3.4.7.5. Adult Detox IMD beds;

3.4.7.6. Youth Detox IMD beds;

3.4.7.7. Adult Detox non- IMD beds; and

3.4.7.8. Youth Detox non-IMD beds.

3.4.8. Network Contracts

The provider network submission must include only those providers with whom the Bidder has a current contract for IMC. Bidders are required to submit contracts from essential provider types for the following:

3.4.8.1. DOH-licensed and DBHR-certified residential treatment providers;

3.4.8.2. DBHR-licensed community MH agencies;

3.4.8.3. DBHR-certified CD agencies;

3.4.8.4. DOH-certified medication assisted treatment (e.g. buprenorphine);

3.4.8.5. DBHR-certified opiate substitution providers (methadone treatment program);

3.4.8.6. Evaluation and Treatment in DOH-licensed and DBHR-certified free-standing facilities or psychiatric inpatient facilities;

3.4.8.7. DOH-licensed and DBHR-certified detox facilities (for acute and subacute); and

3.4.8.8. DOH licensed and DBHR certified treatment facility to provide crisis stabilization services.

3.4.9. Requirements for the MOU or contract between the Bidders and the BHO (BH-ASO) in Greater Columbia and Spokane RSAs:

3.4.9.1. The Bidders bidding in the Greater Columbia and/or Spokane RSAs must submit, with their proposals, a signed MOU or contract between the Bidder and the existing BHO detailing a delegation agreement for the administration of Medicaid crisis services by the BH-ASO.

3.4.9.2. The MOU or contract must include at least the following information:

3.4.9.2.1. Which administrative functions will be managed by the MCO;

3.4.9.2.2. Which administrative functions, if any, will be delegated to the BH-ASO;

3.4.9.2.3. Monitoring agreement between the Bidder and the BH-ASO; and

3.4.9.2.4. Proposed milestones and deliverables to achieve implementation from April 1, 2018 through January 1, 2019.

3.4.10. Requirements for the MOU or contract between the Bidder and the BHO (BH-ASO) in the King County RSA:

3.4.10.1. The Bidders bidding in the King County RSA must submit, with their proposals, a signed MOU or contract between the Bidder and King County covering the transition year of 2019.

3.4.10.2. The MOU or contract must include at least the following information:

3.4.10.2.1. Which services, if any, will be subcontracted to the BH-ASO or other county-based entity;

3.4.10.2.2. Which provider types, if any, will be contracted through the BH-ASO or other county-based entity;

3.4.10.2.3. Which administrative functions will be managed by the Bidder;

3.4.10.2.4. Which administrative functions, if any, will be delegated to the BH-ASO or other county-based entity;

3.4.10.2.5. Timeline including best estimate of dates on which any of the above responsibilities are expected to change in advance of January 1, 2020;

3.4.10.2.6. Monitoring agreement between the Bidder and BH-ASO or other county-based entity; and

3.4.10.2.7. Proposed milestones and deliverables to achieve implementation for transition from May 1, 2018 through January 1, 2019.

3.4.11. Requirements for the MOU or contract between the Bidders and the BHO (BH-ASO) in the North Sound RSA:

3.4.11.1. The Bidders bidding in the North Sound RSA must submit, with their proposal, a signed MOU or contract between the Bidder and the BH-ASO to subcontract for behavioral health services according to the timeline below:

3.4.11.1.1. Direct Management by the Bidders: January 1, 2019 – June 30, 2019

Effective January 1, 2019, awarded MCOs will directly manage care coordination, case management and care management for all services for their enrollees across the full spectrum of physical and behavioral health services. All direct services provided by Essential Behavioral Health Providers will be subcontracted from the awarded MCOs to the BH-ASO until July 1, 2019.

3.4.11.1.2. Transition Period: July 1, 2019- October 1, 2019

On July 1, 2019, the awarded MCOs will be required to assume direct management responsibility for Medicaid-funded outpatient mental health and SUD services for their enrollees and the delegation agreement for this array of services will cease. WISe, PACT, E&T and withdrawal management services are not

considered to be part of outpatient services in Outpatient Services for this purpose.

In October 1, 2019, notwithstanding any agreements to delegate long-term, the awarded MCO will assume direct management of inpatient services, E&T, residential treatment, PACT, WISe, and withdrawal management services and the delegation agreement for these services between the awarded MCO and BH-ASO will cease.

During the transition period of January 1, 2019 – October 1, 2019, the awarded MCOs will be allowed to delegate all necessary functions to administer BH services, within current CMS regulations and NCQA standards. The awarded MCOs may delegate risk for these services. If the BH-ASO is not legally established for contracting by the due date, a MOU or contract with the current BHO will suffice for awarding the ASB. The ASB will delegate the administration of the BH Wraparound Contract to the BH-ASO between January 1, 2019 through October 1, 2019 including all funding provided under the BH Wraparound Contract (Attachment 2, Draft Sample Behavioral Health Services Wraparound Contract).

3.4.11.2. The MOU or contract must include at least the following information:

3.4.11.2.1. Which services will be subcontracted to the BH-ASO;

3.4.11.2.2. Which provider types will be contracted through the BH-ASO;

3.4.11.2.3. Which administrative functions will be managed by the Bidder;

3.4.11.2.4. Which administrative functions will be delegated to the BH-ASO;

3.4.11.2.5. On July 1, 2019 what of the above will change;

3.4.11.2.6. On October 1, 2019 what of the above will change within current estimation;

3.4.11.2.7. Monitoring agreement between the Bidder and BH-ASO; and

3.4.11.2.8. Proposed milestones and deliverables to achieve implementation for transition from ~~January~~ May 1, 2019 through October 1, 2019.

4. EVALUATION AND CONTRACT AWARD

4.1. EVALUATION PROCEDURE

4.1.1 Responsive Proposals will be evaluated strictly in accordance with the requirements stated in this RFP and any addenda issued. Evaluations will only be based upon information provided in the Bidder's Proposal. In those cases where it is unclear to what extent a requirement has been addressed, the RFP Coordinator may, at his or her discretion, contact the Bidder to clarify specific points in a response. Bidders should take every precaution to assure that all answers are clear, complete and directly address the specific requirement.

4.1.2 All Proposals received by the stated deadline will be reviewed by the RFP Coordinator to ensure the Proposals contain all of the required elements 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.

4.1.3 Responsive Proposals will be reviewed and scored by an evaluation team using a point/weighted scoring system. Proposals will be evaluated strictly in accordance with the requirements set forth in this RFP and any addenda that may be issued.

4.1.4 HCA will determine the members of the evaluation team. The team may include, at HCA's sole discretion, representatives of HCA, other state agencies, county governments, and Accountable Communities of Health.

4.2. EVALUATION WEIGHTING AND SCORING

4.2.1. The Mandatory Requirements are evaluated on a pass/fail basis. The following weighted points will be assigned to the Proposal for evaluation purposes.

Specific Criteria for RFP Evaluation:

Evaluation Criteria	Maximum Weighted Points Possible
RFP Compliance	N/A
Mandatory Management Review Letter of Submittal and Certification and Assurances	N/A
Exhibit C, Statewide Evaluation Questions	650
Exhibit D, 2019 Regional Questions	
Greater Columbia	250
King	250
North Sound	250
Pierce	250
Spokane	250
Exhibit F, Provider Network	Pass/Fail

HCA reserves the right to award the contract(s) to the Bidder(s) whose proposal is deemed to be in the best interest of HCA and the state of Washington.

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

Score	Description	Discussion
0	No value	The Response does not address any component of the requirement or no information was provided.
1	Poor	The Response only minimally addresses the requirement and is missing components or components were missing.
3	Below Average	The Response only minimally addresses the requirement and the Bidder's ability to comply with the requirement or simply has restated the requirement.
5	Average	The Response shows an acceptable understanding or experience with the requirement. Sufficient detail to be considered "as meeting minimum requirements."
7	Good	The Response is thorough and complete and demonstrates firm understanding of concepts and requirements.
10	Excellent	The Response has provided an innovative, detailed, and thorough response to the requirement, and clearly demonstrates a high level of experience with or understanding of the requirement.

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

4.3. **NETWORK SCORING (Pass/Fail)**

Along with the Bidder's network submissions, Bidders must submit the following with the RFP proposals in order for the networks to be considered a "pass."

4.3.1. Medical Network Pass:

Bidders must submit an adequate medical network that covers all counties in regions they are bidding on, with the exception of Chelan, Douglas, Grant, Clark and Skamania for existing Contractors. A "Passing" score means the Bidder demonstrates capacity to serve 80% or more of all eligible clients within a given service area for the following providers: Hospitals, pharmacy, primary care providers, ~~specialists, skilled nursing facility (SNF)s, and community mental health agencies~~ Ped PCP, OB and mental health providers. In a multicounty region, a passing score may be awarded even if there is one county or multiple counties that account for 10% or less of the RSA's total population for which the Bidder falls below the 80% threshold for one category of critical medical providers[1]. The Bidder's network must provide reasonable access to all enrollees without unnecessary travel time or wait times for appointments with the following: cardiologists, oncologists, ophthalmologists, orthopedic surgeons, general surgery, gastroenterologists, pulmonologists, neurologists, otolaryngologists, obstetrics, mental health providers and specialists in physical medicine, rehabilitation services.

4.3.2. BH Network Pass:

4.3.2.1. Spokane and Greater Columbia RSAs. The Bidders must submit:

4.3.2.1.1. Signed network contracts in accordance with Sections 3.4.6, 3.4.7 and 3.4.8;

[1] This does NOT include network deficiencies in provider types and locations identified by HCA as having a provider infrastructure shortage in a specific provider type (for example, the six counties that have been identified as having a lack of infrastructure in OB providers). Plans would not be expected to present an adequate OB capacity in those counties, nor would they be expected to provide a plan in how they will build an OB network in a county in which that provider network does not exist.

4.3.2.1.2. An attestation verifying (a) attempts to contract with 100% of BHO-contracted providers and (b) meeting contractually required distance standards set in Attachment 1, Draft Sample IMC Contract. A sample attestation document is attached as Exhibit I, Sample Attestation. Bidders must include a list with their attestation of all BH provider who are not willing to contract with the Bidder at the time of proposal; and

4.3.2.1.3. An MOU with the existing BHO and proof (i.e dated letter, email with date stamp, etc.) of sent minimum set of standard delegation requirements to the existing BHO by March 27, 2018, per Sections 3.4.9.

4.3.2.2. Pierce RSA. The Bidders must submit:

4.3.2.2.1. Signed network contracts in accordance with Sections 3.4.6, 3.4.7 and 3.4.8; and

4.3.2.2.2. An attestation verifying (a) attempts to contract with 100% of BHO-contracted providers and (b) meeting contractually required distance standards set in Attachment 1, Draft Sample IMC Contract. A sample attestation document is attached as Exhibit I, Sample Attestation. Bidders must include a list with their attestation of all BH provider who are not willing to contract with the Bidder at the time of proposal.

4.3.2.3. King County RSA. The Bidders must submit:

4.3.2.3.1. An MOU and proof (i.e dated letter, email with date stamp, etc.) of sent minimum set of standard delegation requirements to the existing BHO by March 27, 2018, per Section 3.4.10.

4.3.2.4. North Sound RSA. The Bidders must submit:

4.3.2.4.1. An MOU and proof (i.e dated letter, email with date stamp, etc.) of sent minimum set of standard delegation requirements to the existing BHO by March 27, 2018, per Section 3.4.11.

4.3.2.5. Great Rivers, Salish, and Thurston-Mason Regions.

HCA will verify the signed contracts and back-up evidence to support the attestations during on-site readiness review and will not award a Contract with a Bidder who does not meet network requirements either via a sub contractual relationship with the future BH-ASO or through directly contracted providers in-network.

4.3.2.6. North Central Region (adding Okanogan County). The Bidders must submit:

4.3.2.6.1. Signed network contracts in accordance with Sections 3.4.6, 3.4.7 and 3.4.8.

4.3.2.7. SWWA Region – New Bidders (adding Klickitat County). The Bidders must submit:

4.3.2.7.1. Signed network contracts in Klickitat County in accordance with Sections 3.4.6, 3.4.7 and 3.4.8.

4.3.2.8. SWWA Region – Existing MCOs (adding Klickitat County). The Bidders must submit:

4.3.2.8.1. Signed network contracts in Klickitat County only~~, Clark and Skamania counties~~ in accordance with Sections 3.4.6, 3.4.7 and 3.4.8.

4.4. FINAL SCORE AND APPARENTLY SUCCESSFUL BIDDER(S) (ASB)

4.4.1. The RFP Coordinator will compute the Bidder's final score per region by taking the following steps:

4.4.1.1. Totaling the Statewide Section Scores from all evaluators and then averaging;

4.4.1.2. Per each Regional Section, totaling all evaluator scores individually and then averaging;

4.4.1.3. The Regional score in 4.4.1.2 will be added separately to the total Statewide Score in 4.4.1.1. This will be the Bidder's final score in that Region.

4.4.2. 2019 – Pierce and Spokane Regions:

Up to the top four (4) Bidders with the highest combined final scores separately in the Pierce and Spokane regions and who have also passed the medical and behavioral health network requirements described in section 4.3 may be announced as an ASB. The ASBs will be invited to begin contract negotiations and participate in a readiness review for these regions.

If one or more of the top four (4) scoring Bidders' total score is less than 65% of the total awarded points per region, it is at HCA's discretion whether to announce that Bidder as an ASB.

4.4.3. 2019 – Greater Columbia, King, and North Sound Regions:

Up to the top five (5) Bidders with the highest combined final scores separately in the Greater Columbia, King, and North Sound regions and who have also passed the medical and behavioral health network requirements described in section 4.3 may be announced as an ASB. The ASBs will be invited to begin contract negotiations and participate in a readiness review for these regions.

If one or more of the top five (5) scoring Bidder's total score is less than 65% of the total awarded points per region, it is at HCA's discretion whether to announce that Bidder as an ASB.

4.4.4. 2020 – Great Rivers, Salish, and Thurston-Mason Regions:

Up to the top three (3) Bidders with the highest statewide final scores may be announced as an ASB in the Great Rivers, Salish, and Thurston-Mason regions. The ASB will be invited to begin contract negotiations and participate in a readiness review for these regions. Subject to all requirements of this RFP, HCA anticipates awarding the contracts in 2019 based on the Bidders passing the network adequacy requirements for medical and behavioral health services as described in Section 4.3.

If one or more of the top three (3) scoring Bidder's total score is less than 65% of the total awarded points, it is at HCA's discretion whether to announce that Bidder as an ASB.

4.4.5. SWWA Region

A third MCO will be selected based on the top score for Exhibit C, Statewide Questions, and passing network adequacy. The current SWWA MCOs will also be required to pass network requirements in Klickitat County.

4.4.6. North Central Region

The current North Central region MCOs will be required to pass network requirements in Okanogan County. Only the currently contracted MCOs for the North Central region are allowed, under this RFP, to submit bids for Okanogan County.

4.5. SUBSTANTIALLY EQUIVALENT SCORES

Substantially equivalent scores are scores separated by two percent or less in total points. If multiple Proposals receive a substantially equivalent score, HCA may leave the matter as scored, or select as the ASBs the Proposals that are deemed by HCA, in its sole discretion, to be in HCA's best interest relative to the overall purpose and objective as stated in Sections 1.1 and 1.2 of this RFP.

If applicable, HCA's best interest will be determined by HCA managers and executive officers, who have sole discretion over this determination. The determination will be communicated in writing to all Bidders with substantially equivalent scores.

4.6. NOTIFICATION TO BIDDERS

The RFP Coordinator will notify all Bidders regarding the ASB announcement in writing via email upon completion of the evaluation process.

4.7. READINESS REVIEW

4.7.1. Once the ASBs are announced, HCA will schedule and conduct onsite readiness reviews on each ASB in each region, tentatively scheduled for (a) between July 1, 2018 and September 30, 2018 for regions implementing as of January 1, 2019 and (b) between July 1, 2019 and September 30, 2019 for regions implementing as of January 1, 2020.

4.7.2. HCA will send requests for documents to each ASB in June 2018 for 2019 implementation and in June 2019 for 2020 implementation.

4.7.3. Assuming no further corrective actions or other issues arise, HCA tentatively plans to have all reports finalized on or before October 31, 2018 for 2019 implementation and October 31, 2019 for 2020 implementation.

4.8. DEBRIEFING OF UNSUCCESSFUL BIDDERS

Any Bidder who has submitted a Proposal and been notified it was not selected for a contract in one or more regions may request a debriefing conference. The request for a debriefing must be in writing and delivered by email to the RFP Coordinator no later than 2:00 p.m., local time, in Olympia, Washington, no later than three (3) business days after the Unsuccessful Bidder Notification is e-mailed to the Bidder. The debriefing will be held within three business days of the request or as schedules allow.

The topics at the debriefing conference will be limited to the following:

4.8.1. Evaluation and scoring of the Bidder's Proposal;

4.8.2. Critique of the Proposal based on the evaluation; and

4.8.3. Review of the Bidder's final score in comparison with other final scores, without identifying the other Bidders.

Topics that a Bidder could have raised as part of the complaint process (Section 2.10) cannot be discussed as part of the debriefing conference, even if the Bidder did not submit a complaint.

Comparisons between Proposals, or evaluations of the Proposals from other Bidders, will not be allowed. Debriefing conferences may be conducted in person or on the telephone and will be scheduled for a maximum of sixty (60) minutes. On behalf of HCA, the debriefing conferences may include the RFP Coordinator, HCA program staff, and/or RFP evaluators (to be determined in the sole discretion of HCA).

4.9. PROTEST PROCEDURE

A bid protest may be made only by Bidders who submitted a response to this RFP and who have participated in a debriefing conference. Upon completing the debriefing conference, the Bidder is allowed five (5) business days to file a protest of the RFP with the RFP Coordinator. Protests must be received by the RFP Coordinator no later than 4:30 p.m., local time, in Olympia, Washington no later than the fifth (5th) business day following the debriefing. Protests may be submitted by e-mail or by mail.

Bidders protesting the RFP must follow the procedures described below. Protests that do not follow these procedures will not be considered. This protest procedure constitutes the sole administrative remedy available to Bidders under this RFP.

Bidders protesting the RFP must post a bond or cashier's check in the amount of five hundred thousand dollars ($500,000.00). The bond will be used to cover the costs associated with a protest (for example, the cost of processing the protest and any costs associated with the delay to the project that would result from a protest). Any remaining funds will be returned to the protesting Bidder. If the protest is successful, the entire $500,000.00 will be returned. Bidders who submit a protest will receive instructions from the RFP Coordinator regarding submitting the bond.

All protests must be in writing, addressed to the RFP Coordinator, and signed by the protesting party or an authorized agent. The protest must state (1) the RFP number, (2) the grounds for the protest with specific facts, (3) complete statements of the action(s) being protested, and (4) the relief or corrective action being requested.

4.9.1. Only protests alleging an issue of fact concerning the following subjects will be considered:

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

4.9.1.2. Errors in computing the score; or

4.9.1.3. Non-compliance with procedures described in the RFP.

HCA will not consider any protest that does not address one or more of the items listed in Section 4.9.1. In addition, HCA will not consider the portion of any protest that contains allegations other than those listed in Section 4.9.1. For example, HCA will reject as without merit the portion of a protest that addresses issues such as an evaluator's professional judgment on the quality of a Proposal or HCA's assessment of its own needs or requirements.

Upon receipt of a protest, HCA will undertake a protest review. The HCA Director, or an HCA employee delegated by the HCA Director who was not involved in the RFP, will consider the record and all available facts. If the HCA Director delegates the protest review to an HCA employee, the Director nonetheless reserves the right to make the final agency decision on the protest. The HCA Director or his or her designee will have the right to seek additional information from sources he or she deems appropriate in order to fully consider the protest.

If possible, a final HCA decision will be issued within ten business days of receipt of the protest. If HCA determines in its sole discretion that it requires additional time to review the protest, the protesting party (and any other parties that HCA deems appropriate) will be notified of the delay and the revised timeline for completion of the review.

If HCA determines in its sole discretion that a protest from one Bidder may affect the interests of another Bidder, then HCA may invite such Bidder to submit its views and any relevant information on the protest to the RFP Coordinator. In such a situation, the protest materials submitted by each Bidder will be made available to all other Bidders upon request.

4.9.2. The final determination of the protest will:

4.9.2.1. Find the protest lacking in merit and uphold HCA's action; or

4.9.2.2. Find only technical or harmless errors in HCA's acquisition process and determine HCA to be in substantial compliance and reject the protest; or

4.9.2.3. Find merit in the protest and provide options to the HCA Director, which may include:

4.9.2.3.1. Correct the errors and re-evaluate all Proposals; or

4.9.2.3.2. Issue a new solicitation document and begin a new process; or

4.9.2.3.3. Make other findings and determine other courses of action as appropriate.

If the protest is not successful, HCA will enter into a contract with the ASB(s), assuming the parties reach agreement on the contract's terms.

5. RFP EXHIBITS

Exhibit A	Letter of Submittal
Exhibit B	Certification and Assurances
Exhibit C	Statewide Evaluation Questions
Exhibit D	2019 Regional Evaluation Questions
Exhibit E	2019 Regional Evaluation Question Exhibits
Exhibit F	Provider Network(s) Submission (available via SFT site)
Exhibit G	BH Rate Documentation (available via SFT Site)
Exhibit H	BHO Provider List (available via SFT Site)
Exhibit I	Sample Attestation
Attachment 1	Draft Sample Integrated Managed Care Contract
Attachment 2	Draft Sample Behavioral Health Services Wraparound Contract

Exhibit A
Letter of Submittal

To be created by the Bidder per Section 3.1.

EXHIBIT B

CERTIFICATIONS AND ASSURANCES

I/we make the following certifications and assurances as a required element of the proposal to which it is attached, understanding that the truthfulness of the facts affirmed here and the continuing compliance with these requirements are conditions precedent to the award or continuation of the related contract:

1. I/we declare that all answers and statements made in the proposal are true and correct.
2. The prices and/or cost data have been determined independently, without consultation, communication, or agreement with others for the purpose of restricting competition. However, I/we may freely join with other persons or organizations for the purpose of presenting a single proposal.
3. The attached proposal is a firm offer for a period of one hundred eighty (180) calendar days following receipt, and it may be accepted by HCA without further negotiation (except where obviously required by lack of certainty in key terms) at any time within the 180-day period.
4. In preparing this proposal, I/we have not been assisted by any current or former employee of the state of Washington 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. If there are exceptions to these assurances, I/we have described them in full detail on a separate page attached to this document.
5. I/we understand that HCA will not reimburse me/us for any costs incurred in the preparation of this proposal. All proposals become the property of HCA, and I/we claim no proprietary right to the ideas, writings, items, or samples, unless so stated in this proposal.
6. Unless otherwise required by law, the prices and/or cost data which have been submitted have not been knowingly disclosed by the Bidder and will not knowingly be disclosed by him/her prior to opening, directly or indirectly, to any other Bidder or to any competitor.
7. I/we agree that submission of the attached proposal constitutes acceptance of the solicitation contents and the attached sample contract and general terms and conditions. If there are any exceptions to these terms, I/we have described those exceptions in detail on a page attached to this document.
8. No attempt has been made or will be made by the Bidder to induce any other person or firm to submit or not to submit a proposal for the purpose of restricting competition.
9. I/we grant HCA the right to contact references and others, who may have pertinent information regarding the ability of the Bidder and the lead staff person to perform the services contemplated by this RFP.
10. If any staff member(s) who will perform work on this contract has retired from the State of Washington under the provisions of the 2008 Early Retirement Factors legislation, his/her name(s) is noted on a separately attached page.

We (circle one) **are / are not** submitting proposed Contract exceptions. (See Section 2.13, Contract and General Terms & Conditions.) If Contract exceptions are being submitted, I/we have attached them to this form.

On behalf of the Bidder submitting this proposal, my name below attests to the accuracy of the above statement. *If electronic, also include*: We are submitting a scanned signature of this form with our proposal.

Signature of Bidder

Title Date

EXHIBIT C

STATEWIDE RFP EVALUATION QUESTIONS
(Max 650 points)

Terminology

“P/F” means “Pass/Fail.” The question is not scored but is reviewed to determine if the Bidder met the requirements or not.

“S” means “Scored.” The question is scored as described in RFP Section 4, Evaluation of the RFP.

A. Management and Administration (Max 105 weighted 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, for each region (RSA) you are bidding for, list the proposed location(s) to administer the following required administrative functions that apply to services that will be offered under the contracts resulting from the RFP. 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; and

    l. Government/ community/ tribal liaison.

Table 1

Regional Service Area		
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

2. [P/F] The following are deemed 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 for each Essential Behavioral Health Administrative Function using Table 2 below. Complete the grid for each region (RSA) you are bidding on. Repeat the grid when multiple delegated entities will be used for a particular Essential Behavioral Health Administrative Function.

   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.

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, provider training, and clinical oversight				
Quality management				
Data management and reporting				
Claims and financial management				

Page limit: Once (1) table per region

3. [P/F] For each 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 Administrative Functions.

    c. Indicate whether the delegated entity filed for bankruptcy in the most recent five (5) calendar years.

    Page limit: two (2) pages per subcontractor or partnership arrangement.

4. [S, Max 20 points] Submit the Bidder's organizational chart(s) and attach a narrative to explain the chart(s). List the departments and reporting structure for all personnel, including behavioral health personnel. List key positions, managerial positions, and qualified operational staff, and whether any of these positions are region-specific. The narrative shall address how the below functions will be accomplished.

    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 Behavioral Health 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 relations/community relations/Tribal liaison.

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

    Page limit: No more than three (3) pages of narrative.

5. [S, Max 20 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 between call center services provided during business hours and after business hours, as well as in-state and out-of-state operations. Address the following and describe any differences by region:

   a. How the customer service line will be staffed 24 hours a day, 7 days a week, 365 days (24/7/365) 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 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.

   Page limit: two (2) pages.

6. [S, Max 20 points] Describe the human resources and staffing plan for implementing the contract in all regions the Bidder is bidding on.

   For each region, include:

   a. How the Bidder will ensure it has the capacity to implement integration simultaneously in all regions for which the Bidder is submitting a bid. Provide a detailed plan for staffing for each 2019 region you are bidding on.

   b. A detailed timeline, per region, with a description of tasks and deliverables to ensure compliance with the Contracts by January 1, 2019, or January 1, 2020, depending on start dates for the RSAs you are bidding for.

   For statewide, include:

   c. The Bidder's plan to ensure 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), and crisis services.

   d. The Bidder's 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.

   e. Mitigation strategies for tasks not completed in time for implementation.

   Page limit: Two (2) pages, excluding the region-specific staffing plan and detailed timelines.

7. [S, Max 30 points] Certain providers have stated what they want most from MCOs is consistency, simplicity, and transparency. To these providers, the lack of standardization in administrative processes is a source of intense frustration. Describe what the Bidder will do to address and coordinate with the other successful bidders to:

   a. Standardize:

      i. Prior authorization.

      ii. Credentialing for behavioral health facilities or individually licensed providers. Please include a description of how you will implement credentialing for substance use disorder (SUD) treatment providers to ensure treatment services allowable by chemical dependency professionals (CDPs) and chemical dependency professional trainees are reimbursed.

      iii. Auditing to meet the requirements of state and federal law and quality assurance processes.

   b. An initiative recently launched by the Council for Affordable Quality Healthcare (CAQH) is standardization of the operating rules for eligibility and coverage information for all payers. (This initiative allows physicians to log on one time and reach into every participating payer's database to verify complete eligibility and coverage information). Address how you are or would implement this initiative or a similar approach to administrative simplification for providers.

   Page limit: three (3) pages

8. [S, Max 15 points] Although most of the larger behavioral health agencies already provide data to the MCOs for their fee-for-service consumers using private insurance, there are an increasing number of smaller MH and SUD providers without electronic health record, billing, or data capability, becoming part of the behavioral health network.

   a. Describe the Bidder's ability to provide an agile response to these barriers to exchange encounter data with these multiple partners, many of whom may not have the technical, professional, or infrastructure resources for electronic data exchange.

   b. Describe in detail the Bidder's experience in adapting to new requirements for data collection.

   c. Describe in detail the Bidder's experience in data collection vis-a-vis Standard Encounter Reporting Instruction (SERI) data collections requirements, error correction, monitoring, and data integrity. If not contracted for IMC, describe related experience with data collection for BH.

   Page limit: two (2) pages.

B. Behavioral Health Network and Access (Max 210 weighted points)

9. [S, Max 30 points] Describe the Bidder's strategic plan for supporting the implementation of clinical integration. Include a description of a plan and timeline for restructuring medical and behavioral health service delivery for enrollees with complex, high risk, and both behavioral and physical health conditions through assignment of enrollees to settings that offers integrated care models. The plan should address integration of mental health and SUD care, as well as the integration of behavioral and physical health care. This plan should also reflect how patients will be engaged to assure they define the access point for their care needs, whether it be a physical health clinic, opioid treatment program or a community mental health agency capable of providing integrated services. Provide examples and describe your participation and support in implementing clinical integration in Washington State.

   Page limit: five (5) pages

10. [S, Max 30 points] Describe how the Bidder will ensure access to necessary evaluation, treatment and inpatient psychiatric services, specifically addressing:

    a. Referral processes facilities;

    b. Policies and procedures for the management of locating beds;

    c. Transportation of clients to Evaluation and Treatment (E&T) services or inpatient psychiatric services; and

    d. Use of single bed certification.

    Page limit: two (2) pages

11. [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.

    Page limit: two (2) pages.

12. [S, Max 30 points] Please describe how the Bidder will assess and facilitate discharge, as well as assess and locate placements, for individuals who are being discharged from a State Hospital or similar treatment facilities to community-based settings. Describe the Bidder's staffing plan to manage transitions of care and collaboration with providers, as appropriate. Please differentiate your responses for a) Eastern State Hospital and b) Western State Hospital.

    Page limit: two (2) pages.

13. [S, Max 20 points] Describe the Bidder's plan for providing support and technical assistance to behavioral health providers, related to the following example and elements:

    a. Providers A and B deliver SUD and/or Mental Health outpatient services and have been reimbursed on a value-based contract monthly allocation model and have not electronically submitted claims or encounters to the Behavioral Health Organization (BHO). Providers A and B submit their data to the BHO through direct data entry into the BHO's web application or on paper, and this web application is funded by the BHO. Provider A does not have an EHR. Provider B has an EHR but has not submitted claims to third party carriers previously.

        i. Describe the Bidders work plan for training Providers A and B to submit HIPAA-compliant encounters before go-live in a timely manner.

        ii. Describe how the Bidder will work with Providers A and B 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.

        iii. Describe how the Bidder will partner with other IMC MCOs operating in the region to standardize claims/encounter submission requirements to the maximum extent, with the goal of reducing provider burden.

        iv. Provide a timeline for when the Bidder will release IMC companion guides, encounter submission requirements, provide technical assistance, and conduct claims or encounter testing with Provider's A & B prior to the go-live date.

    b. Checking eligibility for other coverage.

    c. Using level of care guidelines and utilization management protocols for mental health and SUD services.

    d. Submitting claims or encounters using a standard HIPPA 837 & 835 format, including configuring systems for submission of 837 and receipt of 835.

    Page limit: five (5) pages.

14. [P/F] Submit a comprehensive code set that the Bidder will implement with your providers for claims/encounter submission. This code set should be inclusive of all codes and modifiers that the Bidder will implement for Medicaid behavioral health services, as identified in Section 16 of IMC Contract.

    Page limit: no narrative; only attachment

15. [S, Max 30 points] Propose the Bidders methodology to ensure prompt payment to the BH providers. This must include:

    a. A contingency plan for paying mental health and SUD providers if they cannot submit on an 837;

    b. Attach any tools and reports the Bidder will share with providers to help them with claims management;

c. Describe the Bidder's history of timely payment of clean claims, and provide an analysis of how the Bidder has met timeliness of payment in the past 12 months, and include any corrective action the Bidder took to address deficiencies;

d. For any providers paid on a fee-for-service basis, describe the Bidder's process for approving and issuing payment within 30 days of receipt, and include what assistance you would give providers to ensure their claims qualify for payment on submission;

Page limit: three (3) pages

16. [S, Max 20 points] Workforce capacity is a growing concern in healthcare. Describe the Bidder's experience with and plan to address acute regional workforce needs, including the Bidder's experience with and intention to support solutions, such as:

a. Internships, partnering with universities, loan forgiveness programs to increase the behavioral health, primary care and medical specialty workforce, and other measures; and

b. Addressing bi-directional medical and behavioral health treatment options,

Page limit: three (3) pages.

17. [S, Max 30 points] Describe the Bidder's planned strategies for using incentives or alternative payment arrangements to achieve network transformation goals in keeping with the vision of Medicaid transformation. Specifically address the following:

a. Payment and Risk Arrangements

i. Describe the Bidder's current financial risk arrangements using the Alternate Payment Model (APM) framework (See updated framework in white paper at this link) to indicate by category the proportion of providers in Value Based Purchasing (VBP) arrangements. *Note:* If the Bidder responded to HCA's VBP Survey, released in the summer of 2017, the Bidder can submit its response to the survey as a response to this question.

ii. What have your results been to date with VBP approaches with different provider types (e.g., improved quality and/or decreased costs), and what are your plans for to enhance your VBP approach in the next two years? Describe the contracts the Bidder has or plans to put in place with any health system that has demonstrated clinical leadership by taking accountability for delivering integrated clinical care delivery models for a defined population that are designed to produce quality, cost, efficiency and value.

iii. Describe what technical assistance the Bidder will provide in order to help providers enter into/continue participating in VBP arrangements (i.e. hands-on training, guides, on-call support, etc.).

b. Data Reporting to Providers

i. Describe the Bidder's approach to sharing data with ACH and providers and integrating data across the care delivery sites on a timely basis to facilitate effective patient care and population health management.

ii. Describe the data analytics tools and reports provided to the ACH and providers that have a VBP arrangement.

iii. How is the Bidder incorporating collection of social determinants of health (race/ethnicity, housing status, etc.) to inform population health management and connection of clients to support services to address those issues outside the provider's office?

Page limit: five (5) pages.

C. Quality and Utilization Management (Max 105 weighted points)

18. [S, Max 30 points] For the following HEDIS measures, as reported in the 2017 WA State Apple Health Annual Report, please respond to the following questions:

For questions about HEDIS measures (i, ii, and iii below), 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 88.3, you are required to respond to the question. (For Poor HbA1c control, only respond if your result is HIGHER than 39.4).

		NCQA 60th Percentile (CY 2015)	WA State Average (CY 2015)	NCQA 60th Percentile (CY 2016)	WA State Average (CY 2016)
Adult Measures	Comprehensive Diabetes Care - Hemoglobin A1c (HbA1c) Testing	87.3	88.3	88.3	89.6
	Comprehensive Diabetes Care - Poor HbA1c Control (>9%)*	46.5	49.9	39.4	39.0
	Comprehensive Diabetes Care - Control (<8%)	48.8	39.0	50.7	49.6
	Comprehensive Diabetes Care - Eye Exam	56.1	55.5	58.0	59.1
	Comprehensive Diabetes Care - Medical Attention for Nephropathy	90.9	88.9	90.9	90.1
	Comprehensive Diabetes Care - Blood Pressure Control (<140/90)	62.2	63.0	63.6	66.0
	Antidepressant Medication Management - Effective Acute Phase Treatment	55.9	54.2	53.4	50.8
	Antidepressant Medication Management - Effective Continuation Phase Treatment (6 Months)	40.1	39.4	37.9	35.4
Access Measures	Adults' Access to Preventive/Ambulatory Health (AAP), 20-44 Years	81.5	71.8	81.1	71.1
	Adults' Access to Preventive/Ambulatory Health (AAP), 45-65 Years	88.1	80.4	88.1	79.9
	Adults' Access to Preventive/Ambulatory Health (AAP), Total	84.0	74.8	83.9	74.2
	Children's Access to Primary Care Practitioners (CAP), 12-24 Months	96.4	92.7	96.2	96.7
	Children's Access to Primary Care Practitioners (CAP), 25 Months - 6 Years	89.0	81.9	89.1	86.4
	Children's Access to Primary Care Practitioners (CAP), 7-11 Years	91.7	87.5	91.9	91.2
	Children's Access to Primary Care Practitioners (CAP), 12-19 Years	90.4	87.5	90.8	90.8

*Lower numbers indicate better performance for this measure

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. Submit a quality improvement plan aimed at improving CAHPS responses. MCO improvement plans must address, at a minimum, the following two measures:

• Getting Needed Care
• Getting Care Quickly

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 for people with behavioral health issues? (HEDIS and CAHPS).

Page limit: four (4) pages.

19. [S, Max 20 points] Describe your authorization and re-authorization processes, including whether they are based on need or acuity of an individual patient, or on typical authorized lengths of stay, for the services listed below:

    a. Outpatient behavioral health treatment.

    b. Inpatient MH treatment (adult, older adult, youth, child).

    c. Inpatient SUD treatment (adult, youth).

    d. Residential treatment for mentally ill (adult, older adult, youth, child).

    e. Residential treatment for SUD (adult, older adult, youth, child).

    f. Child & Family Wraparound service.

    g. PACT.

    h. Stabilization (outpatient and facility-based).

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

20. [S, Max 15 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(s) 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; and

    d. Provide assurance that the Bidder will utilize/incorporate American Society of Addiction Medicines (ASAM criteria and guidelines to make authorization decisions for SUD services.

    Page limit: one (1) page.

21. [S, Max 20 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.

c. How the Bidder will track non-Medicaid accounting by region.

Page limit: three (3) pages.

22. [S, Max 20 points] Please provide a description of the Bidder's commitment in the design of an early warning system to monitor ongoing success to achieve better outcomes and to make adjustments to the system as necessary. The Bidder's answer should include, support and role in an early warning system as follows:

    a. Weekly/bi-monthly provider/Bidder calls; and

    b. Monthly data:

        i. The Early Warning System will monitor implementation of IMC to identify and resolve transition issues that arise as quickly as possible – ensuring that the goals for IMC are met and care delivery is not adversely impacted.

        ii. Regional stakeholders will convene to develop the Early Warning System, identify key indicators, and plan for data collection, reporting and analyzing. The Early Warning System will minimally track indicators across following areas:

            (1) Payment;
            (2) Utilization and access;
            (3) Member experience;
            (4) Crisis system capacity;
            (5) Enrollment patterns;
            (6) Timing of claims paid; and
            (7) Other indicators that may help define and shape regional progress toward shared outcomes and development strategies.

    Page limit: one (1) page

D. Care Coordination (Max 230 weighted points)

23. [S, Max 30 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.

    Page Limit: Two (2) pages

24. [S, Max 30 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. A 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

25. [S, Max 30 points] Describe the Bidder's screening and stratification processes for care coordination, specifically:

    a. How will the Bidder determine which enrollees receive care coordination services?

    b. How will the Bidder ensure that enrollees who need care coordination are able to access these services?

    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

26. [S, Max 20 points] Describe how the Bidder will build and maintain its relationships with community partners and resources, such as county commissioners, county human service departments, advisory boards, Allied Systems, jails, community hospitals, Evaluation and Treatment facility providers, Adult Residential Treatment Facility providers, Congregate Care Facility providers, transitional housing providers, step down providers, drug and mental health therapeutic courts, the regional Ombuds, etc.)

    Page limit: two (2) pages

27. [S, Max 20 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

28. [S, Max 20 points] How will the Bidder support efforts to address opioid use disorder and dependency? For example, address how the Bidder will:

    a. Expand MAT/OTP services, especially in rural areas.

    b. Support recipients of the State Treatment Response grant and their related providers, and/or the nurse care managers working with SUD providers.

    c. Support the ACH projects in their work to reduce the opiate epidemic in their contracted regions.

    d. Support BH agencies in either being able to provide MAT themselves, or contract with providers who can provide MAT.

    Page limit: three (3) pages

29. [S, Max 20 points] What outreach and/or collaboration have you conducted with tribes and/or other Indian health care providers in the regions for which you are bidding to establish plans for coordination of care, coordination of access to services (including crisis services), and coordination of patient release from inpatient settings?

    Page limit: two (2) pages

30. [S, Max 30 points] Describe the Bidder's approach and commitment to a recovery-oriented system of care, based on the ten (10) fundamental principles of Recovery (SAMHSA Consensus statement)). Please specifically address the maintenance and future development of the Bidder's network of peer staff/ services, including peer-run programs as well as peers who work in settings that employ both peers and non-peer professionals. Examples may include but not limited to building capacity for recovery support services such as supportive housing, supported employment, peer services, certified peer counselor training, peer run services, recovery cafes, recovery coaches, recovery support services. Include how the Bidder would ensure and support recovery elements such as: consumer empowerment and self-direction, trauma-informed care, and a strengths-based orientation.

    Page limit: three (3) pages

31. [S, Max 30 points] Describe the Bidder's overall program approach and capabilities to address the state's objectives for the integration of behavioral and physical health, as laid out in the State's submitted 1115 Medicaid Transformation Waiver Application. The Bidder's response must include:

    a. The vision for initial and ongoing stakeholder engagement;

    b. The vision for an ongoing relationship with the ACHs, providers and the state, including meetings and committees in which all parties would participate; and

    c. The Bidder's commitment to investments in community-based innovation to improve health outcomes.

    Page limit: two (2) pages

Exhibit D
2019 Regional Evaluation Questions

*Note: “S” means “Scored.” The question is scored as described in RFP Section 4, Evaluation.

Exhibit D-1
Greater Columbia Specific Questions
(Max 250 weighted points)

Page limit: fifteen (15) pages, plus any necessary attachments

1. [S, Max 50 points] Greater Columbia includes a number of rural and frontier counties, which have limited access to specific services or professionals, such as psychiatrists. Describe how the Bidder will ensure clients have access to Behavioral Health (BH) services, including medications for treatment of BH conditions, in rural and frontier counties.

2. [S, Max 50 points] How will the Bidder reduce barriers to individuals requesting BH screening/treatment at home or at school locations in order to increase access to community-based services?

3. [S, Max 50 points] Describe how the Bidder will ensure provider payment methodologies will support providers' time spent on non-treatment services such as community collaboration with the Department of Social and Health Services (DSHS), Child Protective Services (CPS), or probation officials, and for time spent by the practice team on case management and care coordination activities.

4. [S, Max 50 points] How will the Bidder support its enrollees with connecting or reconnecting to services upon release from jail? Provide an example of how the Bidder will leverage its resources to support a successful release, including being connected to recovery support services.

5. [S, Max 50 points] Rural BH providers in Greater Columbia are concerned about their ability to remain viable if the Bidder plans to pay on a fee-for-service basis. Historically, providers in rural counties have been paid using a sub-capitated payment methodology. Describe how the Bidder proposes to pay providers in rural areas.

Exhibit D-2
King County Specific Questions
(Max 250 weighted points)

Page limit: twenty-five (25) pages, plus any necessary attachments

1. [S, Max 25 points] Timely payment for services is critical to the sustainability of integrated care in King County. King County BH providers are currently prepaid on a case rate (per member, per month or PM/PM) basis for BH outpatient treatment and Mental Health supportive residential treatment services based on individuals enrolled in care. Please describe how the Bidder would ensure prompt and proper payment to BH providers in King County. In the Bidder's response, please include the following:

   a) How the Bidder will ensure that the payment method implemented by the Bidder does not destabilize the provider network by significantly impacting the cash flow of providers.

   b) If the Bidder intends to pay providers on a fee-for-service basis, describe the Bidder's process for approving and issuing payment for clean claims within thirty (30) days of receipt.

   c) What method will the Bidders use to set provider rates for BH providers to ensure they are able to continue providing the same level of services that are currently provided in King County?

   d) How the Bidder's billing and reimbursement processes will ensure prompt payment to the Behavioral Health – Administrative Services Organization (BH-ASO) for crisis services delivered to Medicaid enrollees, including dual-eligible Medicaid and Medicare enrollees.

   e) Please include a history of timely payment and include information about the mechanisms used to assure/evaluate the Plan's performance related to payment timeliness.

2. [S, Max 25 points] During the 2017 Point-in-Time Count in Seattle/King County, there were 11,643 people experiencing homelessness. Forty-seven percent (47%) of this population was unsheltered, living on the street, in parks, encampments, vehicles, or other places not meant for human habitation. Based on this information, please provide a detailed description of the following:

   a) How the Bidder will work with King County and the City of Seattle to respond to the needs of people experiencing homelessness, especially the healthcare and BH needs.

   b) How the Bidder will collaborate with homeless housing resources, both transitional and permanent housing, as well as Coordinated Entry, to assist enrollees who need access to housing.

   c) King County believes housing is a part of healthcare. Evidence supports providing housing to certain high-need, high cost clients can transform lives and have a very meaningful return on investment. Please describe how the Bidder will collaborate with the King County community in developing affordable housing for people with BH needs.

3. [S, Max 25 points] For Vignette #1 below, please provide a detailed description on the following:

   a) What outreach strategies would you use to begin engagement efforts with Mr. Jones?

   b) While homeless, what medical services are available to assist Mr. Jones with diabetes management and amputation wound care?

   c) What type of housing would meet Mr. Jones' care needs? What steps would you take to assist in securing housing for Mr. Jones?

d) Once housed, what services would you provide/secure to assist Mr. Jones with activities of daily living and housing retention?

> Vignette #1:
>
> Mr. Jones is a 42 year old male, identified as single and heterosexual, who is chronically homeless. He is a Long Term Shelter Stayer who has accessed nightly shelter services at a local shelter on and off for the past two (2) years. When he is not eligible for shelter services due to aggressive behavior when decompensated, Mr. Jones sleeps outside in undisclosed locations.
> Mr. Jones has been loosely engaged with a local mental health outreach team from a large King County BHO contracted provider agency. Mr. Jones presents as paranoid regarding outreach staff's intentions and engagement efforts. Mr. Jones tends to isolate, is not interested in services, and has not identified any goals besides being left alone. Due to seemingly prolonged periods of impaired functioning as a result of severe and untreated mental health disorder symptoms, Mr. Jones is currently not able to attend to his basic needs.
>
> Very little is known locally about Mr. Jones' treatment history as he moved to Seattle from out of state. Mr. Jones is unwilling to sign paperwork to attain past treatment history. Mr. Jones has been involuntarily detained twice through King County Crisis and Commitment Services, once for harm to others behavior and once due to grave disability related to life threatening complications due to unmanaged diabetes. He was diagnosed with Schizophrenia, Paranoid Type during his inpatient stay.
>
> Despite outreach team best efforts at discharge from the two inpatient stays, Mr. Jones has not been able to adhere to the conditions of the Less Restrictive Alternative (LRA) in the community. The conditions include participating in mental health treatment and taking medications as prescribed. Mr. Jones is currently too disorganized due to BH symptoms to manage his own medications and would benefit from daily medication management assistance.
>
> Mr. Jones continues to struggle with diabetes management, which has resulted in the amputation of his left foot. He has been unable to attend to required wound care/surgical follow up and is at constant risk for infection. The recent surgery and mobility impairment are huge stressors for Mr. Jones and have exacerbated his existing mental health disorder symptoms.

4. [S, Max 25 points] King County currently invests $1.5 million in workforce training and support through local sales tax investments. Workforce capacity is a significant concern in the King County Behavioral Health Provider community. Individual providers in the BH community had as many as twenty five percent (25%) of their clinician positions open at any given time during this past year, and certain large providers have as many as one hundred (100) current position openings. With this information, provide a detailed description on the following:

   a) Mental health prevalence statistics indicate at least eighteen percent (18%) of adults and twenty percent (20%) of children/youth experience mental health issues and need treatment. SUD prevalence statistics indicate that at least sixteen percent (16%) of adults and eight percent (8%) of youth experience SUD issues and need treatment. How will the Bidder ensure there is sufficient capacity in the BH treatment system to respond to the BH needs in King County?

   b) How will the Bidder support the Accountable Community of Health's (ACH's) waiver investments in Domain 1 in King County, specific to BH and full integration?

5. [S, Max 25 points] While King County's economy is generally strong, deep and persistent inequities exist, especially related to race and where people live. King County's BH provider network includes specialty providers who serve individuals with cultural, ethnic, linguistic and other specialty needs. Currently King County BHO pays a cultural and linguistic service differential to support the additional cost of providing services to meet the unique needs of these populations. With this information, please provide a detailed description on the following:

   a) How the Bidder will provide financial supports to ensure BH providers are able to continue to meet the ethnic and cultural needs of individuals from historically marginalized and underserved communities in King County who may require modified approaches to receive the services that they need.

   b) How the Bidder will help cultural and ethnic providers address the ability to hire staff to resemble the people they are serving.

6. [S, Max 25 points] Heroin and opioid use are at crisis levels in King County. In 2015, two hundred twenty nine (229) individuals died from heroin and prescription opioid overdose in King County alone. To confront this crisis, in March 2016, King County Executive Dow Constantine and others convened the Heroin and Prescription Opiate Addiction Task Force. They developed short and long-term strategies to prevent opioid use disorder, prevent overdose, and improve access to treatment and other supportive services for individuals experiencing opioid use disorder. The King County BHO has invested significant resources ($2.3 million in 2017-2018) to prevent overdoses and deaths and to treat opioid use disorders through expanded medication-assisted treatment. With this information, please provide a detailed description for the following:

   a) How the Bidder will support and maintain investments in, and commitment to, addressing the opioid epidemic that are congruous with King County's current investments (see Exhibit E-a, King County Opioid Strategies Investments for examples), including offering services consistent with the principles of harm reduction and providing low-barrier treatment for people who find it challenging to access traditional treatment options.

   b) How the Bidder will develop and maintain capacity to address the Medication Assisted Treatment needs (both Methadone Dosing and Buprenorphine prescribing).

   c) How the Bidder intends to directly support and maintain the efforts and activities related to the King County ACH (KCACH) initiative opioid project implemented under the Medicaid Transformation, in collaboration with the KCACH?

7. [S, Max 25 points] Over many years, King County has developed a strong residential treatment continuum of care that includes Residential Treatment Facility (RTFs), Assisted Living Facilities and intensive supportive housing, all of which provide BH treatment with credentialed staff. The facilities are staffed 24/7/365. Clients access these residential treatment resources from Western State Hospital, local psychiatric hospitals and when they experience failed community placements, and stay, on average for two (2) years. With this information, please provide a detailed description on the following:

   a) How the Bidder will ensure the level of residential treatment care is available to those currently living in these facilities and those who are in need of this level of care in the future.

   b) Historically, access to the residential and supportive housing resources has been centrally managed to ensure equitable access and priority, as well as utilization management of these beds. How does the Bidder propose to collaborate with the BH-ASO and other regional payers to ensure access and utilization of these beds?

c) King County BHO currently pays the facilities a per-diem bed rate. How will the Bidder ensure a rate that will support the on-going treatment, operations and upkeep of these facilities as a part of the overall continuum of care?

8. [S, Max 25 points] How will the Bidder ensure community-based Medicaid BH services are delivered in the right amount and the right quality to minimize the use of costly locally funded services such as crisis services, criminal justice programs and psychiatric inpatient?

9. [S, Max 25 points] There is a need for additional Substance Use Disorder (SUD) residential treatment beds and detox beds for youth in King County. To ensure continued investment in the BH delivery system, please describe:

   a) How the Bidder will, in consultation with other payers and regional stakeholders, determine the number of beds needed for King County clients, by gender for both SUD residential and detox.

   b) What the Bidder's processes will be for developing or finding a facility, financing, assuring community engagement and support in siting the facility, and starting these new program(s).

10. [S, Max 25 points] Using Vignette #2 below, please respond to the following questions:

   a) What services are needed to help keep Mr. Doe in the community, in housing, and out of institutions? What cross-sector collaborations would help reach this goal?

   b) What strategies are available to engage Mr. Doe in services, who has made it clear that he does not need or want services?

   c) Given his multiple comorbidities, what will help ensure continuous and coordinated communication across the different programs (legal, physical health, BH, others) serving him?

   d) Because Mr. Doe travels throughout Western Washington, what will help promote a consistent care plan, regardless of where he goes?

> Vignette #2:
>
> Mr. Doe is a 37 year old man with past diagnoses of bipolar I disorder versus schizoaffective disorder, bipolar type, alcohol use disorder, and antisocial personality disorder. He has a history of self-harm behaviors, such as cutting. He frequently endorses paranoia and demonstrates disorganized thinking. This occurs regardless if he is sober or intoxicated.
>
> His past medical history includes alcoholic hepatitis, past alcohol withdrawal seizures, gout, and several head injuries with loss of consciousness.
>
> He has had at least fifteen (15) past psychiatric hospitalizations, most—if not all—involuntary detentions, at various institutions, including Western State Hospital, Fairfax Hospital, Navos Hospital, and Harborview Medical Center. He has also been enrolled in the Program for Assertive Community Treatment and mental health programs that aim to engage people who are reluctant to participate in services.
>
> He first encountered the criminal justice system in 1996, with convictions of assault, theft, arson, minor in possession, and criminal trespass. His first incarceration at King County Jail started in the year 2000, with at least four bookings into jail in both 2015 and 2016, which placed him into the Familiar Face cohort. Most of his charges are low level misdemeanor charges, though he is often found not competent to stand trial due to his psychiatric conditions. When he is incarcerated, his security status mandates that he remain in isolation due to fights with officers and inmates.

It appears that he experienced behavioral issues as a youth and was in special education. He has spent much of his adult life without housing, due to multiple evictions related to property destruction. His sister occasionally allows him to stay with her. Multiple notes across different systems note that he shouts obscenities and slurs at individuals, destroys property, drinks large volumes of hand sanitizer, and is sexually preoccupied. Notes also suggest that he occasionally embellishes his symptoms to gain access to hospitals and medications. However, he is uninterested in participating in outpatient services.

He also often travels throughout Western Washington, so he enters and exits services within King County and other regions frequently. Many outpatient programs are now reluctant to accept him into services because of his history in the criminal justice system and his behaviors.

Exhibit D-3
North Sound Specific Questions
(Max 250 weighted points)

Page limit: twenty-five (25) pages, plus any necessary attachments

1. [S, Max 28 points] County representatives from San Juan Island have described problems with access to BH care, and individuals from that part of the region are extremely hard to discharge from the state hospital due to lack of housing opportunities and services. Likewise, it is difficult to divert individuals who are referred to the state hospital because of the lack of local resources. While they do have two (2) mental health agencies, and one (1) small intensive outpatient program run by Compass Health, the intensive program is stretched beyond capacity, and providing services to those who need a higher level of care. They struggle to stay financially afloat due to the increased travel costs between the islands and from being in a rural area with a diffuse population. Individuals who would be appropriate for an outpatient level of care have difficulty getting to their appointments due to a lack of public transportation. Compass Health has tried increasing their availability and providing outreach appointments for those requiring a routine outpatient level of care, but the volume isn't high enough to make this sustainable within a fee-for-service payment structure. They have also had difficulty with staffing, with some positions sitting open for a year without any qualified applicants. With this information, please provide a detailed description for the following:

    a. How will the Bidder work to improve services in this area?

    b. Please provide an example of where the Bidder has implemented the strategies below, or a proposal to implement the strategies below in the absence of direct experience, to resolve challenges in serving rural/frontier communities:

        i. Maintaining adequate, financially viable services in an area with low volume, and a diffuse population, but significant need.

        ii. Mitigating staffing difficulties.

        iii. Providing intensive care in a rural area with long travel distance between individuals.

        iv. Supporting the transition of persons from higher levels of care back into rural communities where there are limited resources.

        v. Creating a system of care that is accessible to individuals without transportation.

        vi. Conducting outreach to members from special population groups, such as members who are homeless, involved with the criminal justice system, utilizing higher cost services or using IV drugs.

        vii. Partnering with the local community to address housing and transportation barriers.

2. [S, Max 28 points] Modifying the operations of the Behavioral Health Organization (BHO) into the Behavioral Health Administrative Services Organization (BH-ASO) means there will no longer be a single entity in the region responsible for payment and coordination of the BH delivery system. Please describe the Bidder's approach to the following:

    a. Coordinating with regional partners to ensure there is a coordinated, regional, and strategic approach to supporting, resourcing, improving and transforming the delivery system in the region. The Bidder's answer must specifically address the approach the Bidder will take with each of the following partners:

        i. BH-ASO.
        ii. North Sound ACH.
        iii. Other Managed Care Organizations (MCOs).
        iv. Home and Community Services.

v. Area Agencies on Aging.

vi. Local Jails.
vii. Local law enforcement.
viii. Emergency Medical Services.
ix. North Sound Tribes.
x. The counties.

b. Supporting the ability of counties to continue to play a major role in providing allied system coordination.

3. [S, Max 28 points] Historically, the BHO has supported capacity building of the BH delivery system through the use of resources for provider infrastructure development, start-up funding and requesting needed capital funds from the state Legislature. In an integrated care model, these resources are contracted to the MCOs and BH-ASO. Please describe:

   a. How the Bidder will work collaboratively with other payers, the ACH and the BH-ASO in the region to ensure continued investment in BH services and program. Also include a detailed process of stakeholder engagement, gap analysis in service delivery, and the execution of findings.

   b. A proposed approach by the Bidder, for how requests for legislative capital funds could be organized and funds distributed and managed in an integrated managed care region with multiple MCOs and a BH-ASO.

   c. Using a case example of opening a new substance use residential facility for the region, outline the role the Bidder would play in the process from the identification of the need to the routine services being provided and funded.

   d. What specific strategies the Bidder proposes to manage workforce limitations and challenges in expanding and strengthening the BH continuum of care, including:

      i. Immediate-term solutions;

      ii. Specific local partners and strategies needed to create a longer-term solution; and

      iii. A specific plan the Bidder would propose to increase the number of dually licensed mental health and substance use disorder professionals in the North Sound region.

4. [S, Max 28 points] The North Sound region has an established opioid response plan with four (4) main goals and multiple outlined strategies to respond to the opioid crisis. Please describe:

   a. The Bidder's overall strategic plan to be involved in the implementation of the regional response plan.

   b. Which specific North Sound strategies the Bidder would support and how, e.g., assign an MCO liaison and/or provide funding?

5. [S, Max 18 points] Describe the Bidder's efforts, participation, and support for implementing clinical integration in the North Sound region. Submit a strategic plan that includes:

   a. A description and timeline for restructuring health care service delivery for enrollees with complex, substantial risk, and both behavioral/physical health conditions through assignment of enrollees to settings that offer integrated care models.

b. The plan to engage local providers in the development and implementation of integrated care models. How is the model different with large service providers (such as Sea Mar) vs. smaller services providers (such as Phoenix Recovery Services)?

c. How integrated care will need to be modified for urban (Everett, Bellingham), rural (Deming, Sedro-Wooley, Oak Harbor) and frontier (Lopez Island) environments.

d. Strategies to address the continued integration and payment support of mental health and substance use disorder care, as well as the integration of behavioral and physical healthcare.

6. [S, Max 18 points] Under this RFP, HCA may select as many as five (5) MCOs as Apparently Successful Bidders for the North Sound region. Because individuals who are members of special populations or have very high needs are a small proportion of the overall population, it is therefore possible each MCO will only have a small number of individuals from each special population. With this information, please provide a detail description on the following:

   a. How the Bidder will collaborate with other MCOs, the BH-ASO, and community organizations to effectively address these special needs. Include how the Bidder will expand network capacity or develop specialized programs to address these needs, given the populations in question will be dispersed among multiple MCOs.

   b. The North Sound BHO currently supports a single point of access called the Access Line, for individuals and/or professionals seeking services. The Access Line helps individuals navigate their entry into BH services and provides access to the niche and specialty providers as well. How will the Bidder help individuals navigate their local BH system? Will the Bidder support the existing BHO funded integrated BH access and crisis line operated by the Volunteers of America [see https://www.voaww.org/behavioralhealth]?

7. [S, Max 18 points] Substantial investments have been made in the training and use of Evidence-Based Practices (EBPs) in the North Sound Region with cognitive behavioral therapy +, motivational interviewing, dialectical behavioral therapy, illness management and recovery and common elements treatment Approach. Please describe the following:

   a. The specific evidence-based practice models the Bidder is prepared to support in the region.

   b. The process the Bidder uses to determine which EBPs/Promising Practices will be used in the delivery of BH services.

   c. The ongoing training methods and follow-up consultation support that the Bidder provides to sustain fidelity to the models used.

   d. How the use of EBP in service delivery is captured in data and reviewed.

   e. How the Bidder will ensure investments in EBPs in the region will be sustained.

8. [S, Max 28 points] Vignette #1: Joe, the father and paid caregiver of an adult male enrolled in BH services and the Department of Social and Health Services (DSHS), Developmental Disabilities Administration (DDA), contacts the Bidder, seeking services related to his son Kyle's frequent violent outbursts. Kyle has been diagnosed with autism and major depressive disorder (MDD). He is moderately verbal. He has diabetes, refuses medications, and often flies into a rage when Joe offers them. Joe is almost never able to check Kyle's blood sugar. Kyle has caused damage to their apartment, and has threatened his father with a bat. Joe worries daily that he or his 23-year-old daughter (who also lives with them) will be injured by Kyle. He is requesting that Kyle receive treatment for his MDD at a residential treatment facility out of state. Joe calls the crisis line frequently, even multiple times a day, requesting these services, and discussing the state of crisis that his family is in. Their housing is at risk due to Kyle's behaviors and the damage he has caused to their apartment. All of Kyle's providers (DDA, local BH provider, and the plan's care coordination team) have recommended he call the police when Kyle is having a violent outburst; however, he only does so in the most dire circumstances. On one occasion, Kyle was hospitalized at Saint Josephs in Bellingham, but his violent behaviors and level of distress seemed to increase in the hospital. It is unclear whether his behaviors are a result of his mental health diagnosis or his autism. What actions will the Bidder take for this family? Please include the following:

   a. Crisis intervention strategies;

   b. Coordination with the Developmental Disabilities Administration;

   c. Specific local providers you would utilize;

   d. Communication strategies, especially given the frequency and intensity of Joe's calls;

   e. Process for responding to the request for residential treatment for Kyle's MDD;

   f. Strategies for including Kyle in his care planning; and

   g. Strategies for addressing Kyle's multiple needs, including:

      i. Safety;

      ii. Medical needs (diabetes treatment);

      iii. Medication adherence;

      iv. Elimination or reduction of violent outbursts;

      v. Need for ongoing care to support ADLs (which Joe has been providing); and

      vi. Major depressive disorder

9. [S, Max 28 points] Vignette #2: Gage is a fourteen (14) year-old that lives with his divorced mother and three (3) siblings on San Juan Island. He was adopted when he was ten (10) months old. He was exposed to drugs in utero. Over the last nine (9) months, Gage has visited the Emergency Room (ER) twelve (12) times. Some of the symptoms he has presented with have included:

   - Frequent and reoccurring sinus infections & ear infections.
   - Low platelet counts.
   - Digestive problems, such as cramping, loss of appetite, nausea and diarrhea.
   - Delayed growth and development.

During the last ER visit, Gage's mom was very emotional. She stated she was overwhelmed by Gage's behaviors. Recently she has found empty cans of whipping cream and paint in his room. He has been aggressive with his siblings, threating them, setting a fire in his room and outside the house. The mom called the police about the fire setting. At school, he struggles to keep up academically with peers, is picked on for being a small kid, and had several incidences of touching peers inappropriately in the bathroom at school. As he is getting older and stronger, his mom does not feel she can manage him at home.

One of the younger siblings has a chronic illness that requires the mom to be a full-time caregiver, so she is unable to work. Gage's dad is involved, but as a fisherman is away from the area for lengths of time.

Gage has been difficult to engage in any service. Presently, the only thing he is willing to do is see a dentist for tooth pain. Please describe:

a. What outreach & engagement strategies would the Bidder use with the family?

b. What referrals for BH, and present health issues would the Bidder make to have a clearer diagnostic picture?

c. How would the Bidder engage family in Gage's treatment?

d. How would the Bidder help the mom address the challenges of off-island appointments and meeting the care needs of the other children?

e. What other systems would the Bidder involve to meet Gage's and the families' needs?

f. Give a brief summary of the elements of:

   i. Care plan;

   ii. Treatment goals; and

   iii. Crisis plan.

10. [S, Max 28 points] For each of the following vignettes, please provide a brief summary of the elements of a care plan; treatment goals; and how the Bidder would incorporate non-Medicaid benefits as applicable:

    a. Vignette #3: Austin, age 17, struggles with alcohol and methamphetamines abuse. He was abandoned by his mother and raised by his grandparents, who he continues to live with. He has prior diagnoses of Attention Deficit Disorder (ADD) and Anxiety Disorder. In addition, he suffers from past family trauma and questions with his sexuality. He was introduced to alcohol and marijuana at age ten (10), which was his first drug use. This has progressed to regular alcohol and methamphetamine use. His primary source for alcohol and drugs are his peers or buying from dealers, but he also has started stealing his grandparents' pain medication. He was found passed out on two (2) occasions and was taken to the emergency room. He often disappears from home for several days at a time, has been expelled from school twice, and has started stealing items to sell for cash.

b. Vignette #4: Patti, age 32, is on Medicaid and currently lives with her elderly parents. She is unemployed and childless. She has used opioids, primarily heroin, for over ten (10) years and is currently receiving methadone maintenance treatment in an OST clinic. She also has a relationship with an SUD outpatient clinic to receive counseling. She is anxious about her future and has experienced several traumatic events during periods of homelessness and while seeking drugs. She reports that she has tried buprenorphine but admits that in the past she has sold her prescriptions and returned to heroin use. Although stable on methadone, she does not like the side-effects and wants to be off it. She is interested in trying Vivitrol, but worried about the need to be completely opioid free prior to receiving a Vivitrol injection. A complication is she is adamant about not returning to a withdrawal management program in her community due to a difficult experience she had there in the past. She is open to traveling to a withdrawal management program in another part of the state, but worries about how the process would be managed by all those involved while respecting her individual needs, and how she will coordinate between her outpatient clinic, her current OST program, and the distant withdrawal management facility. She is very concerned about being opioid free without a prescription for Vivitrol and how vulnerable she will be to resuming heroin, especially if there is some glitch by a provider along the way. She is desperate to turn her life around.

Exhibit D-4
Pierce County Specific Questions
(Max 250 weighted points)

Page limit: twenty-five (25) pages, plus any necessary attachments

1. [S, Max 25 points] The end of the Pierce County BHO means that there will no longer be a single entity in the region responsible for payment, coordination and enhancements of Pierce County's BH delivery system. The successful Bidder should have a plan to coordinate with other payers in the region, including, but not limited to, other successful Bidders, the State, Pierce County ACH (PCACH), the BH-ASO and other stakeholders, to respond to gaps in service and to enhance services in Pierce County. In your plan, please:

   a. Describe how the Bidder would determine which BH services the Bidder would maintain, enhance and invest in, the resources the Bidder would use, and how the Bidder would maintain a dedicated budget to respond to gaps and enhance services.

   b. If not addressed in the Bidder's response to the previous question, what process would the Bidder use to evaluate proposals from BH providers for program start-up funding and infrastructure development?

   c. Provide and describe at least three (3) specific examples of coordinating with other payers and stakeholders in a region to:

      i. Develop a strategic health care plan for a region;

      ii. Blending funds for regional investment opportunities; and

      iii. Develop and participate collaboratively in programs of continuous quality improvement and outcome monitoring within the region.

   d. Describe how the Bidder would use savings to invest in school and community-based prevention and early intervention services for children, youth and their families when there are indicators of behavioral or emotional challenges for the child.

2. [S, Max 25 points] Provide a detailed response to the following Vignette #1, regarding the operating expenses of the proposed facility. In the Bidder's response, please describe how the Bidder would go about deciding to support the new facility, the sources of funds the Bidder would use, and any conditions the Bidder would place on the use of such funds.

   Vignette #1:

   First responders, the County, and Optum agree a crisis stabilization facility is needed in the Parkland/Spanaway area of the County. DBHR has awarded an annual grant for the operating expenses for this facility of $1.8 million. However, this annual grant, assuming it continues, will not cover the total expenses to operate the facility. Assume for purposes of your response, the total expenses will be $4 million. Also assume that the crisis stabilization facility in Parkland/Spanaway area would reduce the costs of emergency department, EMT, law enforcement and jail utilization. Before a provider would agree to help fund the seven figure acquisition and construction costs of the new facility, it understandably needs a commitment from the successful Bidders to support the new facility.

3. [S, Max 25 points] To be an active and engaged health care partner in Pierce County, the Bidder will be required to collaborate with and support key projects of the PCACH. Provide a detailed response to the following:

a. The Bidder's commitment to creating region-wide Health Information Exchange and Health Information Technology platforms;

b. Supporting the PCACH's chosen model for Community Care Coordination, specifically the Pathways Hub;

c. The Bidder's commitment to support the Advanced Integrated Mental Health Solutions (AIMS) Center Collaborative Care Model of Bi-directional Integration and Patient-Centered Medical Home;

d. Supporting the use of Wagner's Chronic Care Model and other evidence-based models of care for managing chronic conditions; and

e. Implementing and incentivizing guidelines for prescribing opioids for pain and creating a continuum of Substance Use Disorder (SUD) treatment and harm reduction specific to opioids.

4. [S, Max 25 points] The Pierce County crisis and justice-related services, supported and built-up by its BHO with Medicaid and state-only dollars, are critical to providing diversion programming from unnecessary EMT services, emergency department utilization, inpatient care, and jail usage. Explain how the Bidder will work collaboratively with the ASO and the County to support and expand upon the crisis and justice-related services and programs. The answer must include the following:

   a. The Bidder's commitment to working collaboratively with the County and ASO to support and maintain the County's crisis and justice-related services (see Exhibit E-b, Crisis and Justice Services) as such services exist on January 31, 2018 for a period of two (2) years beginning January 1, 2019 through December 31, 2020 (or until supplemented or replaced by improved programs supported by the Pierce County Integration and Oversight Board (Board));

   b. The Bidder's commitment to fund enhanced crisis and justice-related services beyond December 31, 2020;

   c. An explanation of the Bidder's understanding of the critical need for BH jail and justice intercepts, from pre-booking through re-entry (see Exhibit E-c, Pierce County Criminal Justice Diversion Map) and

   d. How the Bidder would propose to re-invest savings derived from effective crisis and justice-related diversions.

5. [S, Max 25 points] Describe the Bidder's plan to build capacity for recovery support services in Pierce County and work with agencies that provide services related to social determinants of health (housing, employment, transportation, and food stability) that reduce health care costs. The answer must include the following::

   a. Provide specific descriptions of initiatives the Bidder has implemented and alternative funding sources developed in other regions to support and invest in social determinants of health;

   b. Address the pressing social determinants of health needs in Pierce County;

   c. Address how the Bidder would assist enrollees in supportive housing, specifically for individuals who are chronically behaviorally ill, who are homeless, and who are high utilizers of expensive services; and

   d. Describes how the Bidder would help individuals get and keep community housing, including Community Support Services (CSS): Wrap-around supports that assess housing needs, identify

appropriate resources, and develop the independent living skills necessary to remain in stable housing.

6. [S, Max 25 points] Using Vignette #2 below, which describes a potential profile of a Medicaid and Health Homes enrollee in Washington. Describe how the Bidder would address the needs of the enrollee reflected in the vignette, including specific experiences the Bidder has had in successfully addressing these needs for enrollees in Washington or other states. Discuss, how the Bidder would coordinate the Health Homes program model with long-term services and supports (LTSS) provided by the Pierce County Area Agency on Aging (AAA). Provide an example care plan for the enrollee.

   Vignette #2

   Cynthia is a 64 -year-old, Medicaid-only enrollee who lives with her adult son, who is her primary caregiver. She suffers from anxiety, depression, obesity, and heart failure. She is non-ambulatory, and most caregivers (note: caregiver is employed by a non-profit agency as a certified Homecare Aide) are unable to transfer Cynthia to a chair due to her weight and the fact that her bedroom is too small to use a Hoyer lift. She uses a Foley catheter. She has been admitted to a local hospital 8 times over the past six months for cardiac arrhythmia and urinary tract infections. Each time, she has to be transported by a nonemergency ambulance on a stretcher because of her medical equipment and size. She lives in a rural area. There is no medical care for 42 miles in the town she resides and there are no skilled transportation providers in her area. While Cynthia's son is trained in providing home care under the State's Individual Provider program , he is often at odds with her agency provider because he wants the nurses to provide care that is either not ordered by her physician or is contrary to her physician's orders. He does not believe his mother needs to take her antidepressant drugs, and when the nurses are not around he does not administer this medication. Cynthia's irregular antidepressant usage further exacerbates her physical health conditions. While Cynthia's son wants to keep her at home for as long as possible, there is often frustration on the part of both son and home care agency in safely meeting her needs within the community.

7. [S, Max 25 points] To sustain the existing BH system in Pierce County during the period of implementing integration, what method will the Bidder use to set rates for BH providers to ensure they are able to continue providing the same level of service for at least the two (2) year period (2019-20) following integration?

8. [S, Max 25 points] Achieving successful, full integration in Pierce County will be a complex process that involves changing administrative systems, clinical practices and funding models, which will affect small providers. Please provide a detailed description of the Bidder's plan for the following:

   a. How the Bidder has integrated physical and BH in other parts of the state or country while maintaining access to needed services offered by small providers.

   b. It's important all providers have the opportunity to participate and all residents have access to services. How would the Bidder ensure providers, regardless of size, location, or special populations served, can successfully contract with MCOs.

   c. Describe how the Bidder would create the processes to ensure the Bidder is taking into account the challenges providers may encounter working with the Bidder on a range of issues, including: formularies, provider eligibility, prior authorization, credentialing, paying clean claims, and auditing and quality assurance.

   d. Describe how the Bidder would create the processes to have the conversations now with key providers, and to continue engagement after the ASBs are announced?

9. [S, Max 25 points] In *A.B. by and through Trueblood et. al. v Washington State Department of Social and Health Services (DSHS)* a class action seeks to remedy the long delays waiting for competency services. The federal court ruled against the state of Washington and ordered it to take immediate steps to reduce the length of time class members are waiting in jail. The court found the State in contempt and has ordered $43 million in fines so far. The court ordered the fines be spent on diverting class members out of jails through a grant process. Information about *Trueblood* can be found here.

   Pierce County received grant funds to achieve the following:

   1. Prevent deeper class member involvement in and recidivism in the criminal justice system;

   2. Reduce demand for competency services;

   3. Minimize the harm inflicted on class members by reducing criminal justice involvement and long term incarceration rates; and,

   4. Serve class members in the least restrictive environment.

   There will be future funding opportunities and likely each opportunity will focus on solutions using the GAINS Sequential Intercept Model and the Pierce County Criminal Justice Diversion Map, Exhibit E-c. The recent Trueblood Request RFPs can be found here:

   - https://www.disabilityrightswa.org/cases/ab-v-dshs/ (A.B. by and through Trueblood et. al. v Washington State Department of Social and Health Services (DSHS)
   - https://www.disabilityrightswa.org/2017/11/16/trueblood-phase-iii/ (RFP)

   Twenty-five percent (25%) of the *Trueblood* class members are in Pierce County and will qualify for the full array of Medicaid integrated services and more. In regards to the above, please respond to the following:

   a. Describe the Bidder's experience with the criminally accused suffering from serious BH conditions and include three (3) examples of strategies the Bidder has used to help address their BH conditions and reduce recidivism; and

   b. Describe the Bidder's role in providing the following services for Pierce County class members:

      i. Competency services;

      ii. Housing;

      iii. Medicaid and other benefit eligibility;

      iv. Community based BH services; and

      v. Specifically, substance use diagnosis and treatment.

10. [S, Max 25 points] The end of the Pierce County BHO also means a new local governance body is necessary to fulfill key community-wide health care functions, provide strategic leadership related to crisis, homeless, and justice-related services, improve the capital infrastructure, coordinate the development of data to achieve the region's accountability and health care improvement goals, and intervene when needed to resolve disputes and complaints. The Pierce County Integration and Oversight Board is the governance body established by the County, HCA and PCACH to fulfill these and other functions. Discuss the importance of the Board in helping to achieve these functions and how contracted MCOs and the Board should collaborate. Include in your answer other stakeholders necessary for successful collaboration.

Exhibit D-5
Spokane Specific Questions
(Max 250 weighted points)

Page limit: twenty-five (25) pages, plus any necessary attachments

1. [S, Max 25 points] Describe what the Bidder has done to learn about the Spokane region, including the unique challenges, the system of care, the provider network, and innovative projects and programs. From this knowledge base, respond to the following:

    a. Explain how the Bidder will utilize and leverage all of the region's available community resources to develop a comprehensive continuum of care, and explain the Bidder's commitment to support each different BH program offered in this region.

    b. Describe the current strengths the Bidder has identified in our region's system of care and what the Bidder would build upon.

    c. Describe the gaps or opportunities for improvement the Bidder identified for the Spokane region, and how the Bidder plans to communicate and address these areas for improvement.

2. [S, Max 25 points] Describe the following items related to integration from the Bidder's perspective:

    a. The Bidder's vision of comprehensive integration of whole person care with consideration of the social determinants of health;

    b. The Bidder's strategic 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 settings that offer integrated care models;

    c. The Bidder's expectations of providers and flexibility for unique county approaches for the implementation of clinical integration in this region; and

    d. The Bidder's participation and support, with examples applied in other states or regions, for the implementation of clinical integration in this region, including investment strategies to financially and structurally assist BH agencies in the integration of biomedical services into their programming.

3. [S, Max 25 points] Describe the Bidder's planned approach related to the BH-ASO for the following:

    a. How the Bidder will coordinate data exchange with the BH-ASO.

    b. How the Bidder will coordinate monitoring of services delivered to enrollees by the BH-ASO.

    c. 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 on crisis services received.

    d. Provide a proposed planned reimbursement methodology to ensure prompt payment to the regional BH-ASO for crisis services delivered to Medicaid-eligible enrollees, including any regional variance in the methodology.

    e. Explain how the Bidder will ensure adequate funding is provided to the BH-ASO for the administration of 24/7/365 crisis hotlines and 24/7/365 mobile crisis outreach teams in all counties that serve the Bidder's Medicaid enrollees to include adequate crisis staff coverage to eliminate the need for law enforcement officers to monitor individuals in community hospitals during acute crisis episodes.

    f. Describe how the Bidder will support a Crisis Intervention Team model in all counties to improve and enhance coordinated crisis response.

4. [S, Max 25 points] Historically, the BHO and Regional Support Networks (RSN) have supported capacity-building of the BH 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 and operational costs for a provider that wanted to open a new BH clinic might be provided through the RSN/BHO. In an integrated care model, these resources are contracted to the MCOs and BH-ASO. Please describe how the Bidder will work collaboratively in the region to ensure continued investment and utilization in existing BH infrastructure, as well as BH delivery system capacity building and expansion. The Bidder's answers must also include the following:

    a. Include a specific plan for how the Bidder would open a new facility or start a new program in the region.

    b. What would the Bidder's commitment be to assist in assuring adequate capacity in a region, and what resources would you use to achieve that?

    c. What process would the Bidder use to monitor expenditures of MCO funds and demonstrate the establishment of a budget for this type of capacity-building investment?

    d. How would the Bidder collaborate with other regional payers and stakeholders on regional investment opportunities?

    e. How would the Bidder evaluate proposals for start-up funding or infrastructure development from BH providers?

5. [S, Max 25 points] Describe the approach to contracting with essential BH providers across the region, and provider organizations not currently in the Bidder's network, to ensure timely access to BH benefits. Provide a detailed description of the following:

    a. Ensuring access to the full continuum of BH agency (BHA) services for all individuals;

    b. Addressing the specific needs of rural and frontier rural counties in the regional area;

    c. Plans for contracting with the full continuum of BH agencies, including Evaluation and Treatment Centers and Crisis Stabilization;

    d. Plans for establishing capacity to include, but not limited, to access to emergency, crisis, or hospitalization services inside and outside of each region, bordering counties and states;

    e. Ensuring 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

    f. Supporting the region's innovative programs, such as Karen's House, Cub House, Lifepoint, mental health inpatient diversion programs or services, Supportive Living Program, co-occurring disorder programs, specialty niche or evidence based practice programs (i.e. Homebuilders, PCIT, FOCIS, BEST, Day Support, PACT, etc.), and school-based therapy programs, including school districts, which are licensed Behavioral Health Agencies.

6. [S, Max 25 points] HCA anticipates a growing relationship and mutually reinforcing incentives for MCOs to engage as active members of the regional ACHs, and the interlocal leadership structures in each region. With this information, please provide a detailed description of the following:

    a. The Bidder's strategy for collaboration with ACH members, interlocal leadership structure members, other MCOs, and the BH-ASO to identify and resolve issues quickly so Medicaid enrollees receive necessary care, providers are paid promptly for delivering services, and enrollees' access to services helps them to achieve housing stability and minimal impact on the criminal justice system.

b. 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.

c. The Bidder's commitment to current and planned community-based care coordination for resources and scaling beyond pilot projects with discreet populations.

d. What objectives of the interlocal leadership structure are important to the Bidder and why.

e. The Bidder's commitment to collaborate with the state, the regional ACH(s), and the interlocal leadership structure(s) to share, deliver, and enhance HIPAA compliant de-identified data for data analytical and reporting purposes.

f. How the Bidder will technically share de-identified data (including raw detail data at the service encounter and individual client demographic level with a common unique identifier for linking all associated detail data, as well as provide aggregated regional data) with ACHs and interlocal leadership structure for data analysis purposes.

7. [S, Max 25 points] Please describe how the Bidder plans to perform the following related to standards, data, billing and reporting:

   a. Prioritize, communicate with, and assist providers in understanding Washington Administrative Code (WAC), Revised Code of Washington (RCW), legal, and system changes affecting the system of care, including those that specifically impact BH providers' policies, software, billing requirement changes (e.g., billing codes), data collection, billing and reporting systems and processes.

   b. How the Bidder plans to establish and/or maintain standardized policies and data collection requirements and processes with the BH providers and among the selected MCOs and BH-ASO, while meeting the reporting expectations, business needs, and performance outcomes identified by HCA.

   c. How the Bidder will demonstrate commitment to support the contracted BH providers' ability and infrastructure to meet the technical, information systems, and data reporting requirements.

   d. How will the Bidder assist providers to meet requirements for data transfer, data exchange, and telemedicine/telehealth, given rural broadband issues?

   e. The Bidder's plan to address disparities across providers as it relates to Health Information Exchange (HIE) and Electronic Health Record (EHR) systems.

8. [S, Max 25 points] How will the Bidder accomplish the following to support BH providers?

   a. Conduct agency credentialing for substance use disorder treatment providers to ensure treatment services allowable by chemical dependency professionals and chemical dependency professional trainees are reimbursed.

   b. Develop an equitable and sustainable payment model that supports program capacity and value-based contracting (rather than a volume-based payment model) for providers contracting with multiple MCOs, which considers the invisible, indirect, and direct costs necessary to provide quality, responsive BH services to individuals with complex needs? The Bidder's response should consider individuals with chronic and severe mental illness, severe substance use disorders, and co-occurring disorders tend to have higher rates of inpatient utilization, service intensity, unemployment, homelessness, incarceration, medication non-compliance and no-show rates. A team approach or two-person service response is often necessary.

c. Develop payment methodologies for valuable and critical programs and facilities in the region's system of care (i.e., Evaluation and Treatment Centers, Crisis Stabilization Facilities, WISe teams, Secure Detox, Residential SUD providers) that ensure these providers can remain viable and sustainable.

d. Develop BH-specific measures to track outcomes and effectiveness of BH services, and transition those measures to support value based performance requirements.

e. Fund care coordination at both the physical health and BH provider level with respect to the intensity and specialty necessary for individuals with complex needs and multi-system stakeholder involvement.

f. Support the use of telemedicine/telehealth service delivery.

9. [S, Max 25 points] Describe how the Bidder will address, create, and support solutions for the six (6) county Spokane region, including the unique needs of rural and frontier communities, for each of the following:

   a. Investment and development of creative strategies for the BH workforce shortage to ensure adequate access to local care, including how providers will be supported in recruiting and retaining qualified staff;

   b. The shortage of psychiatrists, the increased length of time for evaluation and management to ensure quality care for individuals with acute, severe and chronic mental disorders, and the reluctance among many general medical practitioners to prescribe psychotropic medications. Include how the Bidder will support primary medical practitioners in accessing psychiatric consultation, collaboration and coordination of services to assist with workforce shortage of psychiatrist;

   c. Investment and support for training, consultation, implementation and reporting requirements for evidenced based and promising practices;

   d. The Bidder's willingness to support existing recovery support services, programs and resources, such as use of Peer Counselors and the Recovery Café, and a description of what efforts or projects the Bidder will implement to expand and develop new recovery support services, and a description of models the bidder has already used in other states to support the workforce shortage and the use of peer counselors;

   e. The Bidder's provision of funding for enrollees to access transportation, childcare, and assisted living, respite shelter, or other diversion programs to improve penetration, engagement and retention rates for BH services as well as community stabilization; and

   f. Engage feedback from members/consumers on the quality and effectiveness of healthcare services to ensure member satisfaction and improvement in health outcomes.

10. [S, Max 25 points] Vignette #1:

    A 50-year old male diagnosed with Schizophrenia, Traumatic Brain Injury (TBI), Methamphetamine Use Disorder, Alcohol Use Disorder, and Cannabis Use Disorder is in Eastern State Hospital and the treatment team is attempting to coordinate a viable discharge plan. He is eligible for Medicaid and receives state ABD funds. He has a representative payee to manage his funds but he does not currently have any form of picture identification.

The individual has a history of numerous psychiatric inpatient admissions in both community and state hospitals for psychiatric treatment, and a medical hospitalization five (5) years ago for a TBI. He has been homeless and alternates between sleeping outside and accessing one of the local shelters depending upon inclement weather and his level of intoxication. His drugs of choice are: methamphetamine, alcohol, cannabis and spice, which exacerbate his psychotic symptoms resulting in intense paranoia. He has had to have toes removed on each foot due to frostbite during periods of inclement weather, which impacts his balance. He does not see his primary care physician regularly and has a history of missing appointments with his mental health provider. He has refused to engage in substance use disorder treatment.

The individual has been repeatedly evicted from independent living or transitional housing settings due to property destruction, fire setting, and allowing other homeless individuals to reside in his apartment without landlord approval. Additionally, he has been placed in every assisted living facility, ARTF, CCF/Boarding Home in the region following discharge from an inpatient psychiatric admission. He is no longer welcome at any of these types of facilities due to his non-compliance with prescribed antipsychotic medications, violence towards property and others, and inappropriate sexual behavior towards staff and residents.

During his last group home placement, he was charged with a misdemeanor assault of one of the staff while residing there. However, he is not under county criminal justice or Department of Corrections supervision at this time.

The individual is currently stable on his psychiatric medications and is not presenting with any active psychotic symptoms. His treatment team believes he is no longer capable of independent living as evidenced by history of difficulty managing his own medications and housing/living history.

Describe the actions the Bidder would take for this client, including:

a. A brief summary of elements of the care plan including outreach and engagement activities and innovative strategies and/or programs utilized to address gaps in care. Given the limitations of Medicaid, describe how the Bidder will utilize non-Medicaid funding sources and community resources to address the individual's care needs.

b. Referrals to BH services and how lower levels of care will be planned, introduced, and a warm hand off transitioned for and with the individual to step down from high-cost or high-intensity services;

c. Collaborative processes and methods for information sharing among all allied providers to reduce his need to share his relevant history and concerns more than once while being referred to and between BH providers;

d. Follow-up to ensure that individual received services, including needed medication(s); and

e. Mitigation strategies for barriers to access, including if the individual refuses treatment.

Exhibit E

2019 Regional Evaluation Questions Exhibits

Exhibit E-a
King County Opioid Strategies Investments
2017-2018

Activity	Total	Example
Prevention	$120,000	Development and dissemination of “Opioid Pain Medication: What You Need to Know” information sheet
Expansion of Medication-Assisted Treatment	$783,000	Contracts with five behavioral health providers to provide low-barrier access to buprenorphine to Medicaid recipients and others
User Health and Overdose Prevention	$770,000	Distribution of naloxone medication to first responders, housing and behavioral health providers. 2800 kits distributed since 2016
Public Health Evaluation and Surveillance	$150,000	Surveillance/evaluation of Buprenorphine Pathways Project at Public Health Needle Exchange

Exhibit E-b
Pierce County Crisis and Justice Services

Attached as a separate Adobe pdf.

Exhibit E-c
Pierce County Criminal Justice Diversion Map

Attached as a separate Adobe pdf.

Exhibit F
Provider Network(s) Submission

Available via SFT site

Exhibit G
BH Rate Documentation

Available via SFT site

Exhibit H
BHO Provider List

Available via SFT site

Exhibit I
Sample Attestation

I, ______*INSERT BIDDER NAME*______, hereby attest to having attempted in good faith and with due diligence to contract with each behavioral health organized - contracted provider, as provided to me by the RFP Coordinator on ___*DATE RECEIVED* _____, in the ______*INSERT REGION* ___________ Regional Service Area. I further attest to having made, in good faith and with due diligence, an actual and sincere attempt to establish a contract with each provider, which includes a description of services to be provided under the FIMC contract and payment methodology specific and appropriate to those services. I further attest that _____*INSERT BIDDER NAME*_______ acknowledges and agrees that the awarding of any contract to ___*INSERT BIDDER NAME*________ under this RFP is subject to HCA's verification and confirmation of these attestations and that HCA may, as a result of its review, decide in its sole discretion not to award the contract.

I ______*INSERT BIDDER NAME*________ attest to having a network of contracted mental health professionals and chemical dependency professionals that meet the distance standards, as required by Attachment 1, Draft Sample IMC Contract, Section 6.11.

I further attest that I have the authority on behalf of ______*INSERT BIDDER NAME*________ to make these attestations.

_______*SIGNATORY FOR BIDDER*__________

Exhibit J

DIVERSE BUSINESS INCLUSION PLAN

Do you anticipate using, or is your firm, a State Certified Minority Business? Y/N

Do you anticipate using, or is your firm, a State Certified Women's Business? Y/N

Do you anticipate using, or is your firm, a State Certified Veteran Business? Y/N

Do you anticipate using, or is your firm, a Washington State Small Business? Y/N

If you answered No to all of the questions above, please explain:

____

Please list the approximate percentage of work to be accomplished by each group:

Minority ____%

Women ____%

Veteran ____%

Small Business ____%

Please identify the person in your organization to manage your Diverse Inclusion Plan responsibility.

Name: ___________________

Phone: ___________________

E-Mail: ___________________

Attachment 1
Draft Sample IMC Contract

Attached as a separate Adobe pdf.

Attachment 2
Draft Sample BH Wraparound Contract

Attached as a separate Adobe pdf.