LOUISIANA

DEPARTMENT OF HEALTH AND HOSPITALS

REQUEST FOR INFORMATION

MANAGEMENT OF SPECIALIZED BEHAVIORAL HEALTH SERVICES AND MEDICAID 1915(b)(3) and 1915(c) HCBS WAIVERS FOR LOUISIANA MEDICAID'S COORDINATED SYSTEM OF CARE PROGRAM

BUREAU OF HEALTH SERVICES FINANCING

DEPARTMENT OF HEALTH AND HOSPITALS

RFI # 305PUR-DHH-CSoC-BHSF15-1

Response Due Date/Time: July 24, 2015/4:00 p.m. CDT

Release Date: July 8, 2015

PURPOSE

The Louisiana Department of Health and Hospitals (DHH), Bureau of Health Services Financing (BHSF) is seeking vendors that are capable and willing to enter into a limited term contract of approximately eighteen (18) months to perform Administrative Service Organization functions and provide highly specialized management of the Coordinated Systems of Care (CSoC), Louisiana's specialized behavioral health services and Section 1915(b)(3) and 1915(c) Medicaid Home and Community Based Waiver Services (HCBS) for individuals under the age of 22 with Severe Emotional Disturbances. The State is looking for a single vendor to assume and continue all CSoC-related services and functions, including specialized behavioral health services, currently performed or managed by the incumbent vendor whose contract is anticipated to continue through May 31, 2016, until the program can be seamlessly transitioned to the Medicaid Managed Care Organizations (MCOs) participating in the Bayou Health Program on or before December 1, 2017.

The Louisiana CSoC initiative creates a single point of entry for families of children who have complex behavioral health needs and are either in or at risk of being in out-of-home placement, such as foster homes, group homes, juvenile detention facilities, and residential treatment centers.

The services shall include (but are not limited to): an office in Baton Rouge, maintaining a network of specialized behavioral health and behavioral health waiver service providers, determining clinical eligibility for 1915(b)(3) and 1915(c) waivers, conducting Child and Adolescent Needs and Strengths (CANS) assessments, training and technical assistance to Wraparound Agencies (WAAs) and providers, reporting including those required of a Prepaid Inpatient Health Plan (PIHP) under federal regulations, prompt payment of claims for all specialized behavioral health services and maintaining a Grievance System.

BHSF is seeking information regarding vendor interest in and ability to provide ongoing management and administrative services until the program is assumed by Bayou Health Plans not later than December 1, 2017. The Agency is seeking information regarding:

- Vendor experience and successes with managing children and youth with Severe Emotional Disturbances (SED) in Louisiana or other states.
- Vendor experience and successes in managing and fulfilling reporting requirements for Medicaid HCBS 1915(b)(3) and 1915(c) waivers.
- Vendor experience in enrolling and credentialing providers of specialized behavioral health and waiver services.
- Vendor experience in working with WAAs and Family Support Organizations (FSOs).
- Vendor experience in successfully transitioning services from one vendor to another.
- Vendor estimates of any "up-front" costs necessary to assume management of the existing program from the current vendor and how such costs could be spread over the life of the contract in order to minimize up-front program expenditures by the State.
- Vendor estimates on Per Member Per Month (PMPM) cost for the CSoC population.
- Vendor estimates on staff needed to fulfill all CSoC-related services and functions.

BHSF is issuing this Request for Information (RFI) for planning purposes only with the intent of determining our approach to obtaining vendor services for the period June 1, 2016, through November 30, 2017. This RFI should not be construed as solicitation for services or a Request for Proposals (RFP), nor should it be construed as an obligation on the part of the State to purchase services. This RFI is not a means of pre-qualifying vendors for any subsequently issued RFP related to this RFI.

Participation in this RFI is voluntary and all costs incurred are at the expense of the submitter as BHSF will not pay for any costs related to the preparation and submission of a response to the RFI. All submissions in response to this RFI will become the sole property of the State.

The provisions of the Louisiana Public Records Act (La. R.S. 44.1 et. seq.) apply to this RFI. Pursuant to this Act, all proceedings, records, contracts, and other public documents relating to this RFI shall be open to public inspection. Respondents are reminded that while trade secrets and other proprietary information submitted in conjunction with this RFI may not be subject to public disclosure, protections must be claimed by the respondent at the time of submission of its response. Respondents should refer to the Louisiana Public Records Act for further clarification.

GENERAL INFORMATION

Background

The mission of DHH is to protect and promote health and to ensure access to medical, preventive, and rehabilitative services for all citizens of the state of Louisiana.

DHH is dedicated to fulfilling its mission through direct provision of quality services, public and private sector partnerships, and the utilization of available resources in the most effective manner. DHH includes BHSF, which is the single state Medicaid agency for Louisiana and administers the Medicaid program for the state of Louisiana under the supervision of DHH's Undersecretary.

Existing Coordinated System of Care

CSoC for children and youth with serious emotional disturbances and their families was created by Executive Order and implemented in March 2012. CSoC combines resources from the State's four child-serving agencies: Department of Children and Family Services (DCFS), Louisiana Department of Education (LDOE), Department of Health and Hospitals, and Office of Juvenile Justice (OJJ). The CSoC initiative creates a single point of entry for families of children who have complex behavioral health needs and are either in, or at risk of being in, out-of-home placement, such as foster homes, group homes, juvenile detention facilities, and residential treatment centers. The program is designed to target up to 2,400 of the highest risk youth in Louisiana with enrollment as of June 19, 2015, being 1,648.

CSoC participants receive non-specialized behavioral health services currently through either a Bayou Health Plan or legacy Medicaid.

All youth and families enrolled in CSoC receive wraparound facilitation from the regional wraparound agency. In addition, youth and families enrolled in CSoC also have access to the following five specialized services that are only available to youth enrolled in CSoC. These include:

- Crisis Stabilization
- Parent Support and Training
- Youth Support and Training
- Independent Living/Skills Building
- Short Term Respite Care

For a full description of each of these services, see chapters one and three of the Louisiana Behavior Health Partnership (LBHP) Service Definitions Manual at:

http://dhh.louisiana.gov/assets/docs/BehavioralHealth/LBHP/2014_RFP_Procurement_Library/LBHP_Service_Definitions_Manual_8.15.14.pdf

In addition to these services, youth enrolled in CSoC are also eligible for all Medicaid state plan services except for Multi-Systemic Therapy (MST).

CSoC is an innovative reflection of two powerful movements in health care: coordination of care for individuals with complex needs and family-driven and youth-guided care. CSoC uses a wraparound approach to create and oversee a service delivery system that is better integrated, has enhanced service offerings and achieves improved outcomes by ensuring families who have children with severe behavioral health challenges get the right support and services, at the right level of intensity, at the right time, for the right amount of time, from the right provider, to ultimately keep or return children home or to their home communities. The aim is to decrease the number of youth in residential/detention settings, reduce the cost for providing services by leveraging Medicaid and other funding sources, and improve the overall outcomes for these children/youth and their caregivers.

Wraparound is a philosophy of care with a defined planning process used to build constructive relationships and support networks among youth with complex behavioral health needs and their families. It is community based, culturally relevant, individualized, strength-based, and family-centered. The outcomes of high fidelity wraparound include better functioning and mental health outcomes, reduced recidivism and better juvenile justice outcomes, increased rate of case closures for child welfare involved youth, reduction in residential placements and inpatient hospitalizations resulting in reduced cost, and increased utilization of home and community-based services, which reduces usage of more costly out-of-home placements.

There are nine regional WAAs in Louisiana, to serve the 64 parishes within the State. The nine regions defined by Act 1225 are: New Orleans, Baton Rouge, Covington, Thibodaux, Lafayette, Lake Charles, Alexandria, Shreveport and Monroe regions. Within each WAA, wraparound facilitators work in

collaboration with youth and their families and other identified team members to create individualized plans of care that address and support the needs and goals of the family, state agencies, behavioral health providers, and other stakeholders. The goal of this Child and Family Team process is to keep youth in their homes and communities by increasing youth/family skills, connections to community resources and supports, and access to identified services and providers.

CSoC and the Wraparound approach at its center are operationalized in Louisiana through coordination between the 1915(c) and 1915(b) waivers, which are approved and regulated by the federal authority of the Center for Medicaid and Medicare Services (CMS). The 1915(c) waiver allows for the State to offer a coordinated, innovative package of home and community based services to youth who are clinically eligible for, and would otherwise be served in, an inpatient level of care. To determine clinical eligibility, youth must be assessed using a standard tool to have a severity of symptoms and behaviors such that they meet criteria for an inpatient level of care. However, under the authority of the 1915(c) waiver, youth and families are offered the choice to instead receive intensive, in-home services, coordinated through Wraparound, to help the youth stabilize and improve within his or her own home. The majority of youth receiving CSoC/Wraparound services are able to do so under the authority of the 1915(c) waiver, due to their meeting criteria for inpatient hospitalization but choosing to take advantage of home and community based services instead.

In addition, the complementary 1915(b) waiver (including the 1915(b)(3) component) offers the State the opportunity to serve a small number of additional youth with Wraparound/CSoC services. The 1915(b)(3) section of the 1915(b) waiver gives the State the authority to use savings in order to finance Wraparound/CSoC services for an additional cohort of youth whose clinical needs, while intensive, do not quite meet the threshold for inpatient care. These youth, who meet clinical eligibility for the level of care just below inpatient – Psychiatric Residential Treatment Facilities (PRTF) – are able to be served due to the 1915(b)(3) option. An additional function of the 1915(b)(3) option is to fund CSoC services for youth who are temporarily placed in inpatient or PRTF facilities. As the 1915(c) waiver is federally restricted to be used only when youth are in home and community based settings, youth cannot receive 1915(c) authorized services if – due to their symptom severity increasing – they need to temporarily receive treatment in a higher level of care. In these cases, the State is able to use the 1915(b)(3) option to authorize resumed CSoC/Wraparound services to youth as they approach time for discharge from institutional settings. The ability to begin CSoC/Wraparound services before youth return home can be vital to the success of youth's transition back into the community.

CSoC uses braided funding from the various departments serving children to provide services. Although most CSoC children are Medicaid eligible, not all services or children are Medicaid eligible. The vendor must be able to appropriately invoice for Medicaid services.

Following is a high level description of the operational elements necessary for the CSoC program:

Call Center - Telephonic calls from members, providers and other health plans must be answered and responded to **24/7/365** via a toll-free number**.** Requirements include screening for acuity, initial screening using the Brief CANS, clinical eligibility, claim and complaint resolution, assisting finance with waiver eligibility research for WAA invoice payments.

Care Managers - To work with Independent Assessors to gather clinical data to determine 1915(b)(3) or 1915(c) Waiver eligibility and electronically send information to BHSF to determine Medicaid clinical eligibility. Care Managers ensure the Wraparound Agencies (WAAs) develop an appropriate Plan of Care (POC) and work with WAAs to coordinate and authorize care outlined in the POC. Care Managers "move" members from the 1915 (b)(3) to 1915 (c) waiver as the CANS score and level of care change and in accordance with the CANS Algorithm. The Care Managers do direct data entry into both vendor and DHH electronic systems. Care Managers can manage all levels of care including inpatient and residential so that clinical care managers and the WAAs have a full clinical picture of the member.

Wraparound Coaches and CSoC Coordinators - Duties involve field support, regular on-site visits and or phone consultation to the nine WAAs. In addition, Coaches and Coordinators assist with provider interactions, auditing, audit letters, Quality Assurance, Corrective Action Plans, waiver monitoring, wraparound supervisor/facilitator support, and waiver/wraparound principle training.

Quality Staff – Are required for data collection, analytics, reporting and auditing to ensure contract and waiver compliance. Quality team through data analytics identifies areas of quality improvement using the Continuous Quality Improvement (CQI) process.

Network Staff – Are required for ensuring there is a specialized network to meet the needs of the CSoC enrollees. CSoC enrollees must have timely access to quality care according to the benefits to which they are entitled. Other functions of Network are credentialing, contracting, claims and provider complaint resolution as well as provider education and technical assistance.

Claims Team – Is needed for assistance to providers with limited experience in claims submission to provide ongoing assistance and training relative to processing or adjudicating claims so that providers are paid timely and cash flow is not interrupted. Claims payment is an output of all throughputs into the CSoC system eligibility, authorizations, contracted providers who meet certification to provide waiver services, etc. The claims team must pay CSoC claims timely and efficiently so as to minimize discrepancy in encounter data provided to the State.

Information Technology Requirements - CSoC requires a variety of platforms or systems due to the complexity of the program. The CSoC includes the participation of multiple state agencies, providers, and the SMO. Included are complex eligibility braided funding, state and federal reporting and independent audits by outside firms. Thus the technology and systems to accommodate the CSoC program requires a high level of configuration, refining, user acceptance testing, and maintenance so the programs operates efficiently and effectively end to end.

The current contractor performs the following administrative functions:

1. Manage referrals/intake
    a. Conduct initial risk screening.
    b. Conduct clinical screening by a CANS certified Licensed Mental Health Professional (LMHP) trained to perform the Brief CANS screen.

c. Determine presumptive clinical eligibility.

d. Make and manage concurrent referrals to WAA, FSO and to an Independent Assessor who is a CANS certified LMHP.

2. Determine clinical eligibility

   After the CANS Certified LMHP conducts the Comprehensive CANS assessment and the Independent Behavioral Health Assessment the current contractor:

   a. Reviews and scores comprehensive CANS and the Individualized Behavioral Health Assessment (IBHA) to validate CSoC level of care.

3. Assess and approve POC submitted by WAA

   a. Ensure needs identified on IBHA and the CANS are addressed on POC.

   b. Ensure waiver requirements are met, as well as fidelity to wraparound practice.

   c. Authorize services outlined on the POC and monitor to ensure implementation.

4. Provide Administrative Oversight

   a. Monitor to ensure clinical eligibility is determined within established timelines.

   b. Manage 2,400 CSoC slots across the State and trends in monthly enrollment.

   c. Provide adequate intensive case management when CSoC slot is not available.

   d. Maintain oversight of financial eligibility.

   e. Ensure appropriate funding streams are accessed as youth move in and out of Medicaid waiver eligibility.

   f. Monitor when youth, due to improvements in treatment, no longer meet criteria for inpatient level of care (which is a requirement to receive services under the 1915(c) waiver authority) and must therefore be transferred under the authority of the 1915(b)(3) waiver option.

   g. Monitor when youth experience an increase in symptom severity and must temporarily receive treatment in an institutional setting, and therefore must stop receiving services under the 1915(c) authority. Following this, monitoring when youth are preparing for discharge in order to ensure that youth resume CSoC/Wraparound services under the 1915(b)(3) authority, and then returning youth to the 1915(c) waiver once they return to a home and community-based setting.

   h. Transfer youth between waiver categories in such a way that services continue uninterrupted.

i. Establish sufficient and appropriate network of providers, including providers of the waiver CSoC Services.

j. Establish and maintain an adequate peer support network.

k. Maintain responsibility for data collection & reporting, including but not limited to:

i. Wraparound data spreadsheet;

ii. Claims data;

iii. Medicaid roster;

iv. Electronic Health Record (EHR);

v. Wraparound scorecard; and

vi. Provider dashboard.

l. Collect, aggregate, and analyze data for performance measures, RFP deliverables and quality assurance measures.

m. Audit providers for waiver compliance and fidelity of practice standards.

n. Create/monitor corrective action plans and quality improvement projects when performance fails to meet required thresholds.

o. Conduct customer satisfaction surveys.

p. Ensure Subject Matter Experts (SMEs) are trained in wraparound values, principles and practice; waiver requirements; Medicaid policies/protocols; mandates and practices of child serving agencies.

5. Additional Responsibilities Include:

a. Ensure training of WAA facilitators and Wraparound coaches in an Office of Behavioral Health (OBH) approved, high fidelity wraparound training that is consistent with the National Wraparound Initiative principles and standards.

b. Expand internal capacity to create statewide sustainable wraparound trained workforce.

c. Advance provider network understanding/capacity to work within a System of Care environment.

Additional information concerning CSoC can be found at:

http://dhh.louisiana.gov/index.cfm/page/454/n/180

Specialized behavioral health for the remainder of the Medicaid population is being integrated with physical health and will be managed by the five Bayou Health Plans effective December 1, 2015. However, because of the complexity of the services and the high need of the enrollees, CSoC will continue to be administered beyond that date by a single vendor during the transition to the Bayou Health Plans. The vendor will work with DHH and the Bayou Health Plans on the seamless integration of CSoC into Bayou Health to be completed no later than December 1, 2017.

RESPONSE REQUIREMENTS

The response to this RFI should include:

- Vendor experience in managing children and youth with Severe Emotional Disturbances and/or co-occurring substance use and mental illness in Louisiana and/or other states;
- Vendor experience in management of HCBS 1915(b)(3) and 1915(c) Medicaid waivers and waiver services;
- Vendor experience in specialized behavioral health network development and management;
- Vendor experience in managing behavioral health services using the wraparound model, a collaborative planning approach incorporating the 10 system of care principles which include:
    - family voice and choice
    - team-based
    - natural supports
    - collaboration
    - community based
    - culturally competent
    - individualized
    - strength based
    - persistence
    - outcome based

- Vendor outcomes of prior experiences in coordinating services for children and youth with Severe Emotional Disturbances and/or co-occurring substance use and mental illness.

The responder is encouraged to provide detail and invited to suggest and comment on any other related issues not specifically outlined below.

Responders are requested to describe their approach to providing administrative support services, third party administration, and HCBS waiver management services for children and youth with Severe Emotional Disturbances and/or co-occurring substance use and mental illness.

- Describe your experience and successes with managing children and youth with Severe Emotional Disturbances (SED) in Louisiana or other states.
- Describe your experience and successes in managing and fulfilling reporting requirements for Medicaid HCBS 1915(b)(3) and 1915(c) waivers.

- Describe your approach to enrolling and credentialing current providers of specialized behavioral health and waiver services.
- Describe your approach to interfacing with WAAs and FSOs.
- Describe the steps that would be necessary to successfully transition services from the current vendor to you for a "go live" on June 1, 2016.
- Please provide estimates of any "up-front" costs necessary to assume management of the existing program from the current vendor. How would such costs be built into your pricing model, to minimize up-front program expenditures by the State?
- What is the best estimate of PMPM?
- What are your estimates of staff needed?
- Describe your experience in coordinating care with MCOs in the management of the dynamic needs, and changes required for members with serious emotional disturbances and/or co-occurring substance use and mental illness.
- Provide any other information, clarifications or considerations that could help the State in determining the feasibility and parameters for implementing a successful transition of CSoC services to the Bayou Health Plans no later December 1, 2017.

Administrative Information

RFI Coordinator

1. Requests for copies of the RFI and written questions or inquiries must be directed to the RFI coordinator listed below:

   Anita Milling
   Department of Health and Hospitals
   Bureau of Health Services Financing
   628 N 4th Street, 7th Floor
   Baton Rouge, LA 70802
   Anita.milling@la.gov
   Phone: (225) 342-5166

2. All communications relating to this RFI must be directed to the BHSF RFI Coordinator person named above. All communications between respondents and other DHH staff members concerning this RFI is prohibited.

3. This RFI is available in PDF format at the following web links:
   http://wwwprd1.doa.louisiana.gov/OSP/LaPAC/pubMain.cfm

All responses must be received at the address listed below by 4:00 p.m. CDT, July 24 2015. Proposals received after this time will not be eligible for consideration.

If delivered by U.S. Mail, hand or courier:

Anita Milling
Department of Health and Hospitals
Bureau of Health Services Financing
628 N. 4th Street
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