

**State of Nebraska (State Purchasing Bureau)
REQUEST FOR INFORMATION**

RETURN TO:
State Purchasing Bureau
301 Centennial Mall South, 1st Fl
Lincoln, Nebraska 68508
OR
P.O. Box 94847
Lincoln, Nebraska 68509-4847
Phone: 402-471-2401
Fax: 402-471-2089

SOLICITATION NUMBER	RELEASE DATE
RFI MH/SA12 (Supplemental)	May 11, 2012
OPENING DATE AND TIME	PROCUREMENT CONTACT
June 1, 2012 2:00 p.m. Central Time	Ruth Gray

This form is part of the specification package and must be signed and returned, along with information documents, by the opening date and time specified.

PLEASE READ CAREFULLY!

SCOPE OF SERVICE

The State of Nebraska, Administrative Services, Materiel Division, State Purchasing Bureau, is issuing this Request for Information RFI MH/SA12 (Supplemental) for the purpose of gathering information to determine options for a full risk capitated rate Managed Care program for Mental Health and Substance Abuse services with the Nebraska Department of Health and Human Services, Division of Medicaid and Long-Term Care.

Bidder should submit one (1) original and six (6) copies of the entire RFI response. RFI responses must be submitted by the RFI due date and time.

RFI RESPONSE MUST MEET THE FOLLOWING REQUIREMENTS TO BE CONSIDERED VALID. RFI RESPONSE WILL BE REJECTED IF NOT IN COMPLIANCE WITH THESE REQUIREMENTS.

1. RFI responses must be received in State Purchasing by the date and time of RFI opening indicated above. No late information will be accepted. No electronic, e-mail, fax, voice, or telephone information will be accepted.
2. This form "REQUEST FOR INFORMATION" MUST be manually signed, in ink, and returned by the information opening date and time along with bidder's response and any other requirements as specified in the RFI.
3. It is understood by the parties that in the State of Nebraska's opinion, any limitation on the contractor's liability is unconstitutional under the Nebraska State Constitution, Article XIII, Section 3, and that any limitation of liability shall not be binding on the State of Nebraska despite inclusion of such language in documents supplied with the contractor's bid or in the final contract.

BIDDER MUST COMPLETE THE FOLLOWING

By signing this Request For Information form, the bidder guarantees compliance with the provisions stated in this Request for Information.

FIRM: _____

COMPLETE ADDRESS: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

SIGNATURE: _____ DATE: _____

TYPED NAME & TITLE OF SIGNER: _____

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I. SCOPE OF THE REQUEST FOR INFORMATION

The State of Nebraska, Administrative Services (AS), Materiel Division, Purchasing Bureau (hereafter known as State Purchasing Bureau), is issuing this Request for Information, RFI MH/SA12 (Supplemental) for the purpose of gathering information to determine options for a full risk capitated rate Managed Care program for Mental Health and Substance Abuse services with the Nebraska Department of Health and Human Services, Division of Medicaid and Long-Term Care.

ALL INFORMATION PERTINENT TO THIS REQUEST FOR INFORMATION CAN BE FOUND ON THE INTERNET AT: <http://www.das.state.ne.us/materiel/purchasing/rfp.htm>

A. SCHEDULE OF EVENTS

The State expects to adhere to the tentative procurement schedule shown below. It should be noted, however, that some dates are approximate and subject to change.

	ACTIVITY	DATE/TIME
1	Release Request for Information	May 11, 2012
2	RFI opening Location: Nebraska State Office Building State Purchasing Bureau 301 Centennial Mall South, Mall Level Lincoln, NE 68508	June 1, 2012 2:00 PM Central Time
3.	Conduct oral interviews/presentations and/or demonstrations, (at the option of the state)	To Be Determined

II. RFI RESPONSE PROCEDURES

A. OFFICE AND CONTACT PERSON

Responsibilities related to this Request for Information reside with the State Purchasing Bureau. The point of contact for the procurement is as follows:

Name: Ruth Gray
Agency: State Purchasing Bureau
Address: 301 Centennial Mall South, Mall Level
Lincoln, NE 68508

OR

Address: P.O. Box 94847
Lincoln, NE 68509
Telephone: 402-471-2401
Facsimile: 402-471-2089
E-Mail: matpurch.dasmat@nebraska.gov

B. GENERAL INFORMATION

A subsequent Request for Proposal (RFP) may not be issued as a result of this RFI. There will not be a contract as a result of this RFI and the State is not liable for any cost incurred by respondents in replying to this RFI. If an RFP is issued, the information provided will assist the State of Nebraska in developing the Request for Proposal. This RFI does not obligate the State to reply to the RFI responses, to issue an RFP, or to include any RFI provisions or responses provided by respondents in any RFP.

C. COMMUNICATION WITH STATE STAFF

From the date the Request for Information is issued and until RFI opening (as shown in the Schedule of Events), contact regarding this RFI between potential respondents and individuals employed by the State is restricted to written communication with the staff designated above as the point of contact for this Request for Information.

The following exceptions to these restrictions are permitted:

1. written communication with the person(s) designated as the point(s) of contact for this Request for Information;
2. contacts made pursuant to any pre-existing contracts or obligations; and
3. state-requested presentations, key personnel interviews, clarification sessions or discussions.

Violations of these conditions may be considered sufficient cause to reject a respondent's response to the RFI. No individual member of the State, employee of the State, or member of the Interview Committee is empowered to make binding statements regarding this RFI. The State of Nebraska will issue any clarifications or opinions regarding this RFI in writing.

D. ORAL INTERVIEWS/PRESENTATIONS AND/OR DEMONSTRATIONS

The State reserves the right to conduct oral interviews/presentations and/or demonstrations if required at the sole invitation of the State.

Any cost incidental to the oral interviews/presentations and/or demonstrations shall be borne entirely by the respondent and will not be compensated by the State

E. SUBMISSION OF RESPONSE

The following describes the requirements related to the RFI submission, handling and review by the State.

To facilitate the response review process, one (1) original, clearly identified as such, and six (6) copies of the entire RFI response should be submitted. The copy marked "original" shall take precedence over any other copies, should there be a discrepancy. RFI responses must be submitted by the RFI due date and time.

A separate sheet must be provided that clearly states which sections have been submitted as proprietary or have copyrighted materials. RFI responses must reference the request for information number and be sent to the specified address. Container(s) utilized for original documents should be clearly marked "ORIGINAL DOCUMENTS". Please note that the address label should appear as specified on the face of each container. Rejected late responses will be returned to the respondent unopened, if requested, at respondent's expense. If a recipient phone number is required for delivery purposes, 402-471-2401 should be used. The request for information number must be included in all correspondence.

F. PROPRIETARY INFORMATION

Data contained in the response and all documentation provided therein, become the property of the State of Nebraska and the data become public information upon opening the response. If the respondent wishes to have any information withheld from the public, such information must fall within the definition of proprietary information contained within Nebraska's public record statutes. All proprietary information the respondent wishes the state to withhold must be submitted in a sealed package, which is separate from the remainder of the response. The separate package must be clearly marked PROPRIETARY on the outside of the package. Respondent may not mark their entire Request for Information as proprietary. Failure of the respondent to follow the instructions for submitting proprietary and copyrighted information may result in the information being viewed by other respondents and the public. Proprietary information is defined as trade secrets, academic and scientific research work which is in progress and unpublished, and other information which if released would give advantage to business competitors and serve no public purpose (see Neb. Rev. Stat. §84-712.05(3)). In accordance with Attorney General Opinions 92068 and 97033, respondents submitting information as proprietary may be required to prove specific, named competitor(s) who would be advantaged by release of the information and the specific advantage the competitor(s) would receive. Although every effort will be made to withhold information that is properly submitted as proprietary and meets the State's definition of proprietary information, the State is under no obligation to maintain the confidentiality of proprietary information and accepts no liability for the release of such information.

G. REQUEST FOR INFORMATION OPENING

The sealed responses will be publicly opened and the responding entities announced on the date, time and location shown in the Schedule of Events. Responses will be available for viewing by those present after the opening.

H. LATE REQUEST FOR INFORMATION RESPONSES

RFI responses received after the time and date of the RFI opening will be considered late responses. Rejected late responses will be returned to the respondent unopened, if requested, at respondent's expense. The State is not responsible for responses that are late or lost due to mail service inadequacies, traffic or any other reason(s).

III. PROJECT DESCRIPTION AND SCOPE OF WORK

The Nebraska Department of Health and Human Services (NDHHS), Division of Medicaid and Long-Term Care (MLTC) desires the submission of written information from interested parties, including behavioral health organizations, health maintenance organizations, prepaid health service organizations, providers and provider organizations, recipients, family members and other advocacy organizations, on how to address, under a managed care structure, the delivery of all mental health and substance abuse services offered through Nebraska Medicaid benefits.

MLTC may be contracting for a full risk capitated rate Managed Care program for Mental Health and Substance Abuse (MH/SA) services to meet the needs of Medicaid clients in a coordinated manner that promotes the philosophy of care consistent with best practices. This contract would include:

1. Network Development, Contracting and Management
2. Utilization Management
3. Care Coordination
4. Member Services
5. Community Engagement, Training and Coordination
6. Information/Data Management
7. Reporting
8. Quality Improvement
9. Claims Payment

MLTC is requesting information from interested stakeholders in the manner of how a contractor could provide integrated and coordinated care for multiple populations within the managed care structure, including but not limited to the developmental disabilities population, state wards, Medicare and Medicaid eligible population, those with severe mental illnesses and substance use disorders. This process will also provide respondents and potential RFP vendors with an opportunity to internally assess their capacity to address these issues before the release of a potential Request for Proposal (RFP).

This RFI is a second request which clarifies the background and current system as well as the desired system that will be included in a potential RFP. Responses from the original RFI will be considered for inclusion in a potential RFP and this information does not need to be re-submitted for this RFI. Respondents to the original RFI may submit additional information for this RFI. This RFI is open for comments to all persons and potential RFP vendors regardless of responses to the initial RFI.

B. PURPOSE AND BACKGROUND

The overall goal of a new delivery system is to provide services consistent with best practices that will:

1. decrease reliance on emergency and inpatient levels of care,
2. increase evidence-based treatment,
3. increase outcome-driven community-based programming and support,
4. increase coordination between service providers,
5. promote a Recovery Oriented System of Care, and
6. increase access to high-quality services to meet the needs of our diverse clients.

The expectation of MLTC is that the managed care structure identified by the respondents is for service delivery provided to multiple service categories and that participates in the

coordination of care between multiple divisions to ensure that Medicaid recipients are receiving the most appropriate, necessary and highest quality services.

7. The new delivery system will be based on the following principles for Medicaid MH/SA:
 - a. Services should be part of an overall coordinated and Recovery Oriented System of Care that ensures access to inpatient, crisis, community-based, outpatient, early intervention, and prevention services to treat and prevent mental illnesses and substance use disorders to improve the overall health of every person served. To the fullest extent possible, services should be provided in the community where the client lives.
 - b. Services shall work in partnership with other divisions and agencies that fund behavioral health or supportive services, and their subcontractors, including MLTC's physical health MCOs; the Division of Behavioral Health and its subcontracted Regional Behavioral Health Agencies; and the Divisions of Developmental Disabilities, Child and Family Services, Public Health, Juvenile Justice, Aging, Education, and others.
 - c. Services will provide recovery-based care.
 - d. Services will be trauma informed.
 - e. Services will be responsive to linguistic, cultural and other unique needs of any client of a cultural, racial, sexual, gender, or linguistic minority, or other special population.
 - f. Services will be person-centered, consumer and family driven, and age appropriate.
 - g. Services will be developmentally appropriate.
 - h. Services will be integrated for clients with co-occurring mental health and substance use conditions.
 - i. Medicaid substance use disorder services should be delivered in accord with the principles of recovery-oriented systems of care. Clients shall be able to choose their own provider to the fullest extent possible at all levels of treatment.
 - j. Services will provide a resiliency-based system of care for children and their families.
 - k. Services must include multi-agency collaboration for children and families with intense needs.
 - l. Services must include transitional services for youth between the ages of 18 and 25 to facilitate a smooth transition to necessary adult services.
 - m. Services will promote a service array consistent with the current SAMHSA "Guiding Principles of Recovery" and National Wraparound Initiative's "10 Principles of Wraparound."

C. CURRENT ENVIRONMENT

Currently Nebraska has a Specialty Physician Case Management (SPCM) contract with a single Administrative Services Organization (ASO) for the management of statewide MH/SA services for the mandatory populations. Services provided by this contract include:

1. Provider enrollment
2. Provider education/outreach
3. Network management
4. Utilization management
5. Care management
6. Data Management
7. Quality Improvement
8. Reporting

Medicaid recipients currently excluded from managed care are provided services on a fee-for-service basis. The SPCM ASO provides the above listed services for the managed care eligibles as well as the fee-for-service program. All claims adjudication and program integrity is currently a function of the Department and not the ASO.

1. MEDICAID COVERED SERVICES

Mental Health (MH) and Substance Abuse (SA) Services for Individuals Age 21 and Older. Unless noted, the following are MH only:

- a. Acute Inpatient Hospital
- b. Sub-acute Hospital
- c. Partial Hospitalization
- d. Crisis Assessment
- e. Social Detox
- f. Dual Disorder Residential
- g. Psychiatric Residential Rehabilitation
- h. Secure Residential Rehabilitation
- i. Intermediate Residential – substance abuse
- j. Short-Term Residential
- k. Halfway House
- l. Therapeutic Community – (SA only)
- m. Assertive Community Treatment (ACT) and Alternative ACT (Alt. ACT)
- n. Assessment
- o. Community Support (MH and SA)
- p. Day Rehabilitation
- q. Day Treatment (MH and SA)
- r. Intensive Outpatient (MH and SA)
- s. Medication Management
- t. Medication Assisted Treatment (SA)
- u. Outpatient (Individual, Family, Group) (MH, SA, or Dual MH/SA)
- v. Injectable Psychotropic Medications
- w. Substance Abuse Assessment
- x. Psychological Evaluation
- y. ECT
- z. Initial Diagnostic Interviews
- aa. Mental Health and Substance Abuse Services for Children and Adolescents (ages 0-20)
- bb. Inpatient Hospitalization
- cc. Psychiatric Residential Treatment Facility (through age 21)

- dd.** Therapeutic Group Home (ThGH)
- ee.** Professional Resource Family Care
- ff.** Day Treatment (MH and SA)
- gg.** Partial Hospitalization
- hh.** Intensive Outpatient (MH and SA)
- ii.** Home-based MST
- jj.** Biopsychosocial Assessment and Addendum
- kk.** Psychological Evaluation and Testing
- ll.** Substance Abuse Assessment
- mm.** Sex Offender Risk Assessment
- nn.** Community Treatment Aide
- oo.** Outpatient Treatment (Individual, Family, Group) MH, SA, Dual
- pp.** Interpreter Services for MH/SA services
- qq.** Initial Diagnostic Interviews

Additional mental health and substance abuse services are available to qualified Medicaid recipients (adults and children) through funding and administration from the Behavioral Health Division and the six Behavioral Health Regions.

2. THESE SERVICES INCLUDE:

- a.** 24-hour Crisis Line
- b.** Crisis Response
- c.** Crisis Stabilization
- d.** Emergency Community Support
- e.** Hospital Diversion
- f.** Post-Commitment
- g.** Mental Health Respite
- h.** Housing Related Assistance
- i.** Intensive Community Service
- j.** Intensive Case Management
- k.** Medication Support
- l.** Recovery Support
- m.** Supported Employment
- n.** Wrap Around (Children and Youth) Transition, School and Short-Term
- o.** Children's Emergency Community Support
- p.** Children's Community Support SA
- q.** Supported Employment
- r.** Supported Living
- s.** ERCS Transition Youth

Mental health and substance abuse services for children who are state wards also have an array of supportive services that impact health care delivery and require intensive coordination with a managed care entity – particularly for those requiring residential treatment or intensive community services.

D. SCOPE OF WORK

The respondents should provide the following information in response to this Request for Information:

1. NETWORK

A Medicaid mental health and substance abuse services managed care contractor will establish, operate and manage a behavioral health Provider Network to deliver the Covered Services and to meet the behavioral health needs of clients. Furthermore, the contractor shall assure timely access for all clients to the full range of Covered Services. Please describe mechanisms for ensuring timely access to a full range of behavioral health services.

Throughout the term of a contract a contractor will be required to develop and maintain positive contractor-provider relations; communicate with all providers in a professional and respectful manner; promote positive provider practices through communication and mutual education and provide administrative services in the most efficient manner possible. Please describe mechanisms for ensuring positive provider relations.

A behavioral health managed care contractor will be responsible for recruiting providers for the network taking into consideration the makeup of the geographic challenges in the state with service areas in frontier, rural, and urban counties. Please describe mechanisms for provider recruitment to ensure an appropriate continuum of care throughout the state.

A behavioral health managed care contractor must ensure timely accessibility to a network that contains an adequate number of appropriately trained and sufficiently experienced providers for the treatment of specialty populations such as persons with multiple diagnoses (MH/SA, MH/SA/DD, MH/SA/DD/PM), severe and persistent mental illness, victims of abuse and neglect (e.g. utilizing trauma informed care), and those requiring adaptive communication or other techniques to ensure participation under ADA criteria. Please describe mechanisms for ensuring that providers are available and appropriately qualified to provide these services and how this requirement will be incorporated into the credentialing process. How will compliance with this requirement be monitored on an on-going basis?

Describe how an MCO will ensure that providers are utilizing evidence based practices to ensure quality treatment and positive outcomes.

An MCO will be required to support and coordinate with consumer/peer and family initiatives. Please describe mechanisms for ensuring this coordination and support.

Please describe a process for an MCO to manage and report capacity of services on a "real time" basis including wait lists for services and providers that are not accepting referrals.

2. CARE COORDINATION AND INTEGRATION

Describe a mechanism for decision-making and dispute resolution for persons who are served under multiple managing entities (MCOs, Division of Child and Family Services, Community Behavioral Health Regions, and others) to avoid cost shifting and ensuring that the best interest of the consumer is met.

Please describe how an MCO can provide coordination of services for children who have court ordered services including those that are determined to not meet medical necessity and are not being reimbursed by a contractor.

Please describe how an MCO can provide a program, review process and support for the appropriate use of psychotropic medication for children.

Please describe a mechanism for an MCO to provide behavioral health clinical consultation and expertise to MLTC, DBH, CFS, DD, DPH and the Juvenile Courts as part of a contract.

3. PROVIDER PERFORMANCE AND OUTCOMES

Please provide input on how an MCO will comply with Nebraska Legislative Bill 1158 [102nd Leg., (Neb. 2012)].

LB 1158 requires MLTC to place a contractual cap on administrative spending by an MCO at seven percent (7%) and requires detailed tracking of these expenditures. This bill also requires that administrative expenditures do not include additional profit and that any administrative spending is necessary to improve the health status of the clients served and should not at any time exceed ten percent. Total profit by an MCO shall not exceed three percent (3%) per year and losses shall not exceed three percent (3%) per year as a percentage of the aggregate of all income and revenue earned by a contractor and related parties, including parent and subsidiary companies and risk bearing partners, under a contract. Furthermore, an MCO must provide for reinvestment of any profits in excess of the contracted amount, performance contingencies imposed by the department, and any unearned incentive funds, to fund additional behavioral health services for children, families, and adults according to a plan developed with input from stakeholders, consumers and their family members, the office of consumer affairs within the division, and the regional behavioral health authority and approved by the department. Such plan shall address the behavioral health needs of adults and children, including filling service gaps and providing system improvements; provide for a minimum medical loss ratio of eighty five percent of the aggregate of all income and revenue earned by the contractor and related parties under the contract; provide that contractor incentives, in addition to potential profit, be at least one and one-half percent (1 ½%) of the aggregate of all income and revenue earned by a contractor and related parties under a contract; a minimum of one-quarter (1/4%) percent of the aggregate of all income and revenue earned by a contractor and related parties under a contract be at risk as a penalty if a contractor fails to meet the minimum performance metrics defined in a contract, and such penalties, if charged, shall be accounted for in a manner that shall not reduce or diminish service delivery in any way.

Please describe how an MCO should participate in quality initiatives across the continuum of care.

4. INFORMATION TECHNOLOGY

How will an MCO improve the comprehensiveness and quality of information acquisition, use, and management to add organizational value by (a) supporting current processes and services and (b) facilitating knowledge from information to improve services?

Describe how an MCO will facilitate secured information accessibility and sharing internally (both horizontally and vertically from an organizational perspective) and

externally with other entities with whom an MCO interacts including options for an electronic medical record.

How will an MCO ensure stable system availability seven days/week, 24 hours/day and 365 days/year?

How will an MCO provide system scalability in terms of being able to accommodate any future increase in the number of organizations and users supported, additional organizational functionality and processing, and an ever-increasing amount of data?

5. IMPLEMENTATION ISSUES

Please identify a realistic timeline from contract notification for transition to full implementation.

What issues do you feel need to be addressed in order to assure a successful acquisition of these items or services or preparation of a potential RFP?

Please specify how system stakeholders, including families and individuals who live with serious mental illness and those with co-occurring disorders, can be included in planning and oversight and in employed roles with an MCO.

Form A

Respondent Contact Sheet

Request for Information Number: RFI MH/SA12 (Supplemental)

Form A should be completed and submitted with each response to this solicitation document. This is intended to provide the State with information on the respondent's name and address, and the specific persons who are responsible for preparation of the respondent's response.

Preparation of Response Contact Information	
Respondent Name:	
Respondent Address:	
Contact Person & Title:	
E-mail Address:	
Telephone Number (Office):	
Telephone Number (Cellular):	
Fax Number:	

Each respondent shall also designate a specific contact person who will be responsible for responding to the State if any clarifications of the respondent's response should become necessary. This will also be the person who the State contacts to set up a presentation/demonstration, if required.

Communication with the State Contact Information	
Respondent Name:	
Respondent Address:	
Contact Person & Title:	
E-mail Address:	
Telephone Number (Office):	
Telephone Number (Cellular):	
Fax Number:	