



ARKANSAS DEPARTMENT OF HUMAN SERVICES

Request for Information DHS-RFI-17-001

The Arkansas Department of Human Services (DHS) is seeking information regarding best practices for the management of independent standardized assessments or other related tools and case management functions for Arkansans receiving DHS services in one or more of the following qualified programs: behavioral health (BH), intellectual and developmental disabilities (DD), youth served in the foster care systems (CF), youth involved in the juvenile justice system (YS), and aging and physically disabled adult populations (AA).

Issue Date: July 13, 2016

Closing Date: July 27, 2016

1. INTRODUCTION

1.1 INSTRUCTIONS TO RESPONDENTS

The State of Arkansas is issuing a Request for Information (RFI) as specified below. Responses are to be submitted by **12 PM Central Time on July 27, 2016** in an e-mail attachment in Microsoft readable format. Responses should be submitted to dhsofficeofprocurement@dhs.arkansas.gov. No .zip attachments will be accepted. Please keep attachments below 10mb per email.

Questions regarding the contents of this RFI may be directed to the above address prior to 12 PM CT on July 19, 2016. Responses to questions will be posted no later than July 21, 2016.

1.2 DISPOSITION OF RESPONSES

All responses become the public property of the State and will be a matter of public record subject to the provisions of the Arkansas Freedom of Information Act, Ark. Code Ann. § 25-19-101 *et seq.*

If the response contains material that is considered by the respondent to be confidential under state or federal law for any reason including because it is proprietary, copyrighted, or capable of giving an unfair advantage to competitors, the respondent must submit a second electronic copy of the response in Microsoft readable format with that material redacted. In an attachment to the response, respondent shall set out the basis for the claim of confidentiality or potential unfair advantage. Even if redacted material is withheld from public release, the redacted material may nonetheless be shared in full with members of the DHS Exploratory Team.

The State shall have the right to use all ideas, or adaptations of those ideas, contained in any response received to this RFI. While all questions in this RFI are optional, respondents are strongly encouraged to provide responses to all items as thoroughly as possible.

1.3 INTENT OF THE RFI

DHS is issuing this RFI for planning purposes with the intent to gather information on potential future strategic opportunities related to the program areas covered. This RFI shall not be construed as a commitment by DHS to solicit contractual offers or award contracts. Updates, amendments, addendums, etc. may be released during the posting period.

Review of the responses to this RFI by DHS will be undertaken primarily to gauge the aggregate level of qualified interest from potential vendors, assess the overall magnitude of the opportunity identified by potential vendors, and inform the design of any solicitation(s) and/or eventual program(s). Responses will not be reviewed on a competitive basis, and at no point does DHS intend to publish formal results of the review of responses to this RFI.

DHS will, at its sole discretion, exercise the option to meet with one or more organizations who submit responses to this RFI after the submission of responses by the deadline specified above.

1.4 PURPOSE

Over the past three years, Arkansas has been involved in a multi-payer and multi-stakeholder reform effort to create a sustainable, patient-centered health system that (1) improves the health of the population; (2) enhances the patient experience of care, including quality, access and reliability, and (3) reduces, or controls, the cost of health care. At the center of this effort is the desire to deliver coordinated, patient-centered and cost-effective care, organized around consumers' comprehensive health needs across providers and over time.

As part of its continued commitment to efficiency and innovation, DHS is exploring opportunities to better serve Arkansans receiving DHS services in one or more of the following qualified programs: behavioral health (BH), intellectual and developmental disabilities (DD), youth served in the foster care systems (CF), youth involved in the juvenile justice system (YS), and aging and physically disabled adult populations (AA).

1.4.1 Goals and Objectives

DHS considers the following goals to be central to its efforts to continually improve care for each of the populations covered by this RFI:

- **Improving the experience of care**, including quality, access and reliability, for all Arkansans that use these services
- **Enhancing the performance of the broader health system**, leading to improved overall population health
- **Slowing or reversing spending growth** for these populations and services while maintaining quality and access to care
- **Furthering the objectives of Arkansas payment efficiency** and the State's ongoing commitment to innovation as outlined in this document.

In support of the above goals, DHS seeks to achieve the following objectives for this RFI process specifically:

- **Understanding the capabilities and interests of potential partners** in serving the populations and services described below
- **Learning from the experience and perspectives of providers and other states** on program structure and design for a potential program
- **Generating new ideas and approaches** that will inform the course of the State's review of program opportunities
- **Garnering an initial view** from potential partners on the opportunity for performance improvement in outcomes, access, and efficiency available within each program area.

1.4.2 Anticipated Population

Arkansas DHS has an important responsibility to care for some of the state's most vulnerable populations including those with behavioral health needs (BH), intellectual and developmental disabilities (DD), youth served in the foster care systems (CF), youth involved in the juvenile

justice system (YS), and aging and physically disabled adult populations (AA) as well as others. It is estimated that up to 73,000 qualified Arkansans could utilize the proposed services.

2. INFORMATION REQUESTED

2.1 Response Specifications

Responses to the information posed in this section should be provided for all three program areas if possible. Respondents proposing some degree of integration between these areas are asked to structure their responses in a way that reflects this proposed program integration.

2.2.1 Itemized Information Request

- A.** Describe current market and/or implemented standardized assessment tools used to determine initial eligibility of services. Please elaborate on the opportunities and challenges of each based on population served.
- B.** Describe current market and/or implemented standardized assessment tools used to determine service delivery, not eligibility. Please elaborate on the opportunities and challenges of each based on population served.
- C.** Describe in detail the best practices of when and how the standardized assessment should be administered initially and for the frequency thereafter.
- D.** Describe how assessment tools can be utilized for determining resource allocation.
- E.** Describe in detail how other states have complied with conflict-free case management by having an independent vendor perform an independent standardized assessment, develop the client's plan of care, make referrals for needed services, and monitor compliance.
- F.** Describe what is considered a best practices project management plan including optimal vendor staff size, optimal vendor staff qualifications, and optimal vendor staff roles.
- G.** Describe any potential implementation barriers and solutions to those barriers.
- H.** Describe in detail how other states have ensured conflict-free case management if a single entity is responsible for conducting assessments, developing the client's Plan of Care, making referrals, and monitoring for compliance. What "firewalls" or other safeguards exist to mitigate risk of potential conflict?
- I.** Describe how the role of care coordination exists within the direct care agency once conflict-free case management is implemented. Please elaborate on best practices coordination with the current provider community to ensure continuity of services.
- J.** Describe best practice models and experience for monitoring compliance. Specifically, elaborate on models that include monitoring data and/or completing on-site monitoring visits.
- K.** Describe best practices and experiences regarding compliance with the Home and

Community Based Services (HCBS) Settings Rule and elaborate on the administration of conducting a settings survey and ensuring settings compliance.

- L. Describe best practices and experiences regarding capturing and tracking data. Are these types of tools standard with delivery of said program(s) or are add-ons needed?
- M. Describe the potential costs associated with implementing such program(s) and service(s) for the populations described.

2.2.2 Lessons Learned

- A. **General Experiences.** Please describe your organization’s experience with establishing independent, standardized assessments or other related tools and case management functions for populations who require services in one or more of the following special needs areas: Behavioral Health Services (BH) and Developmental Disabilities (DD), and Aging and Physically Disabled Adult Populations (AA) as well as the outcomes that your organization has achieved in other, similar programs.
 - Describe in detail the experiences that your organization has had in implementing programs that serve the special needs areas included in your response, clearly delineating between Medicaid and non-Medicaid (e.g., commercial) experience.
- B. **Innovation.** Please elaborate in detail on the approaches and tactics that your organization would pursue in improving those programs.
 - Please describe in detail the experiences that your organization has had in achieving policy goals similar to those outlined above, providing further detail behind each experience and implementation.
- C. **Challenges.** What challenges have you encountered during implementation of the objectives described (e.g., standardized assessments, value-based payments, optimizing setting of care, and Health Homes or other coordinated care models)?
- D. **Implementation and timeline.** Provide a draft or utilized timeline of implementation including time required between contract award(s) and go-live, as well as any additional time required following go-live to meet specific policy objectives.
 - Please outline the amount of time required for activities such as developing the necessary infrastructure; hiring staff and building systems and protocols; engaging with stakeholders; and educating clients and their families
 - Please comment on best practices approach to ensuring continuity of care and seamless care plans transitions for clients

2.2.3 Partnership Terms

- A. **Contract Length:** What are the challenges and opportunities associated with the following Terms of Contract?
 - Three years subject to one additional successive period of 24 months
 - Five years subject to one additional successive period of 24 months
 - Three years subject to two additional successive periods of 24 months each
 - Alternative terms of contract should be considered?

- B. Additional terms:** What other terms should the state consider for contract(s)?
- C. Quality improvement:** What opportunities exist for measuring, reporting and ultimately improving quality for the populations/services covered in your response? What are the obstacles to doing so and how can these obstacles be addressed?
- D. Delivery system:** What role can these programs play in working with the provider network to collaboratively build capabilities?

2.2.4 Additional Information

You may include any additional information you feel pertinent to establishing a strong program or programs. We all request you attach any applicable solicitations from other states for reference.