



IDAHO DEPARTMENT OF
HEALTH & WELFARE

REQUEST FOR INFORMATION (RFI)
IPRO RFI16000531

Issue date: February 12, 2016

Closing date **AMENDED**: ~~March 11, 2016~~ **March 18, 2016**

Subject: RFI for Idaho Medicaid Idaho Behavioral Health Plan

The Idaho Department of Health and Welfare (Department), Division of Medicaid is in the process of evaluating the Idaho Behavioral Health Plan (IBHP) and is seeking input from stakeholders.

This is a request for information only, not a solicitation. No award will be made based upon the information received from this RFI.

I. Introduction and Background

The IBHP covers medically necessary outpatient behavioral health services for children and adults based on evidence based practices.

The Department's Division of Medicaid contracts with a vendor for management of behavioral health services for Idaho Medicaid participants. Currently the Department's vendor is responsible for administering and managing IBHP enrollment, benefits, utilization, quality management practices, prior authorizations for services, claims payments, complaints and grievances, statewide community outreach, and management of the IBHP provider network. During contract year 2015, an average of 278,231 participants were eligible for Medicaid IBHP benefits. An average of 21,311 of these participants accessed behavioral health benefits, generating an average of 100,000 claims per month.

II. Description of Items or Services Required

The IBHP offers a wide range of outpatient services to its participants. Benefits include, but are not limited to; assessments, individual and family therapy, group therapy, medication management, psychological testing, home and community based services provided by paraprofessionals such as peer support services.

The Department benefits from stakeholder and community involvement in the ongoing improvement efforts pertaining to the IBHP.

III. Information Requested from Respondents

The questions below are directed towards providers, stakeholders, participants and their families. You may reply to any or all questions.

1. What policy changes can the Department make to better meet the behavioral health needs of participants in rural and frontier areas?
2. What evidence based behavioral health services do you feel are important to add to the IBHP benefit plan to address the behavioral health needs of children in their natural environment?
3. What services or models would help the IBHP to facilitate smooth transitions between outpatient and inpatient care?
4. What changes can the Department make to improve transitions between inpatient and outpatient levels of care?
5. How can the IBHP better support the participants who are in need of crisis interventions?
6. What approaches would help patients with multiple health issues (medical, developmental disabilities and behavioral needs) achieve better outcomes?
7. What practices or policy changes can the Department make to increase availability or access to IBHP providers by Medicaid participants?
8. Please provide helpful suggestions on how the Department can improve the IBHP system in the following areas:
 - a. Grievances, complaints and appeals
 - b. Helping providers and members understand the IBHP benefit plan
 - c. Communication regarding claims processes and oversight/auditing
9. Please provide helpful suggestions on how the Department can support the provider network to move towards and meet National Accreditation Standards.
10. What requirements, policies, incentives or changes could be implemented into the IBHP that would promote the integration of primary medical care and behavioral health services?
11. How can the IBHP promote the adoption and implementation of existing and emerging evidenced based behavioral health treatment practices?
12. What steps can the IBHP take to help providers better understand utilization management models and prior authorization requirements?

13. What practices and strategies could the IBHP implement to ensure a high level of customer service?
14. What are the most effective methods to facilitate communication between the IBHP, providers and members?
15. How can the IBHP contractor and providers' best inform participants about appropriate use and access to behavioral health services?
16. What types of outcome indicators could be used to accurately and effectively measure participant stability and recovery?
17. What types of outcome indicators could be used to accurately and effectively measure provider success?
18. What are the advantages and disadvantages to including inpatient services in the IBHP?

IV. Terms and Conditions

- A. All material submitted in response to this RFI becomes the property of the State of Idaho, Department of Health and Welfare, and shall not be returned to the responding vendor.
- B. At the sole discretion of the Department the information provided may be used for the following purposes:
 1. Identify issues and refine the requirements for an RFP which may be released at a later date.
 2. Gather stakeholder input to evaluate and plan improvements to the IBHP.
 3. Assist in projecting a budget for acquiring the services.
 4. Identifying potential vendors who may be interested in providing a future competitive proposal.
- C. The Idaho Public Records Law, Idaho Code Sections 9-337 through 9-348, allows the open inspection and copying of public records. Public records include any writing containing information relating to the conduct or administration of the public's business prepared, owned, used, or retained by a state or local agency regardless of the physical form or character. All, or most, of the information contained in your response will be a public record and as such will be subject to disclosure under the public records law. Certain exemptions from disclosure can apply, one of which may be for "trade secrets" as defined in the Idaho Public Records Act, Idaho Code Section 9-340D(1), a copy of which is available for viewing on-line at:
<http://legislature.idaho.gov/idstat/Title9/T9CH3SECT9-340D.htm>
 1. Trade secrets include a formula, pattern, compilation, program, computer program, device, method, technique or process that derives economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons and is subject to the efforts that are reasonable under the circumstances to maintain its secrecy.

2. If you consider any element of your response to be a trade secret, or otherwise protected from disclosure, you must so indicate by marking each page of the pertinent document. Include the specific basis for your position that it be treated as exempt from disclosure.
3. Marking your entire bid or proposal as exempt is not acceptable or in accordance with the Public Records Act and will not be honored. In addition, a legend or statement on one (1) page that all or substantially all of the response is exempt from disclosure is not acceptable or in accordance with the Public Records Act and will not be honored. Prices quoted in your response are not a trade secret.
4. The Department, to the extent allowed by law and in accordance with these terms and conditions will honor a designation of nondisclosure. You will be required to defend any claim of trade secret or other basis for nondisclosure in the event of an administrative or judicial challenge to the Department's nondisclosure. Any questions regarding the applicability of the Public Records Law should be addressed to the Department or should be presented to your own legal counsel - prior to submission.

D. THIS IS NOT A BID, NO AWARD WILL BE MADE.

V. Address for Responses

If you are interested in providing any of the information requested in Section III. of this RFI, please submit your written response by 5:00 p.m. Mountain Time, Friday ~~March 11~~ **March 18**, 2016 to:

Idaho Dept of Health & Welfare
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*Responses submitted via e-mail or Fax are accepted and encouraged.