

**Community Care Services (CCS)**

**Request for Information  
No. RFI-MQD-2021-010**

**Department of Human Services  
Med-QUEST Division  
July 21, 2020**

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## **REASON FOR THE RFI**

The State of Hawai'i, through its Medicaid agency, the Department of Human Services (DHS), Med-QUEST Division (MQD), is issuing this Request for Information (RFI) to seek information and comments to prepare a Request for Proposal (RFP) for the Community Care Services (CCS) re-procurement of a managed care organization (MCO) or a behavioral health organization (BHO).

The information received through this RFI will assist MQD in preparing the RFP. Responses from all stakeholders – not just potential CCS MCOs or BHOs – will be considered in the preparation of the RFP. Information submitted by MCOs and BHOs in response to this RFI will not be considered in evaluation of subsequent proposals submitted in response to the RFP.

In addition to re-procurement for the CCS program, DHS is also in the process of re-procurement for the QI program. Both programs provide healthcare to all CCS members simultaneously. CCS provides the behavioral healthcare and QI provides the physical healthcare. Because these programs work in tandem, and because the integration of behavioral and physical healthcare is a focal point of the CCS program, it is important to understand and consider both in the context for this CCS RFI. Below, is a brief introduction to both programs.

## **BACKGROUND**

MQD is the Division within DHS that administers the Medicaid program in Hawai'i. Medicaid, a federal and state partnership program created by Congress in 1965, provides medical assistance benefits to qualified uninsured and underinsured Hawai'i residents.

MQD provides most of its healthcare services in a managed care environment for Medicaid beneficiaries. The majority of the Medicaid beneficiaries receive medical, behavioral health, and long term care services through the QUEST Integration (QI) program, implemented in 2015. QI currently serves approximately 360,000 individuals, the vast majority of Medicaid beneficiaries in Hawai'i. Medicaid beneficiaries include pregnant women, children, parents and caretakers, adults, and individuals who are aged, blind, and/or disabled.

MQD is committed to laying the foundation for innovative programs that support and create healthy families and healthy communities through the QI program. MQD has designed the Hawai'i 'Ohana Nui Project Expansion (HOPE) initiative, a roadmap to achieve this vision of Medicaid health system transformation.<sup>1</sup> Investing in primary care, prevention, and health promotion; improving outcomes for high-need, high-cost Medicaid beneficiaries; payment reform and alignment; and support community driven

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<sup>1</sup> See Hawai'i 'Ohana Nui Project Expansion at [https://medquest.hawaii.gov/content/dam/formsanddocuments/med-quest/hawaii-state-plan/ATT\\_L\\_-\\_Hawaii\\_Medicaid\\_Ohana\\_Nui\\_Project\\_Expansion.pdf](https://medquest.hawaii.gov/content/dam/formsanddocuments/med-quest/hawaii-state-plan/ATT_L_-_Hawaii_Medicaid_Ohana_Nui_Project_Expansion.pdf)

initiatives to improve population health remain key strategies of the HOPE initiative and the QI program.

One of key tenets of MQD's transformation vision is supporting a robust continuum of services for behavioral health. MQD remains committed to this vision of whole person care, even if service delivery for some behavioral health services exist outside of QI. MQD's delivery system for behavioral health has historically been focused on building capacity by leveraging organizations with specialized expertise, including:

- A behavioral health carve-out for children, via a Memo of Understanding with the Children and Adolescent Mental Health Division (CAMHD) at the Department of Health (DOH); and
- A specialty behavioral health carve-out for adults, via the Community Care Services (CCS) program.

Community Care Services is a behavioral health program that provides intensive behavioral health services, in addition to the basic behavioral health services provided by QI health plans, to adults diagnosed with a qualifying serious mental illness (SMI) and/or a serious and persistent mental illness (SPMI) and determined to meet specific CCS eligibility criteria by the Department of Human Services, Med-QUEST Division. Once a member is enrolled into the CCS program, all behavioral health services are covered and provided by CCS. All medical benefits and services continue to be provided by the member's QI health plan.

In addition to MQD's efforts, DOH recently launched the Coordinated Access Resource Entry System (CARES), a substance use disorder (SUD) organization, to further develop behavioral health resources in the state. Furthermore, DOH Adult Mental Health Division (DOH-AMHD) provides behavioral health services for adults who are legally encumbered or uninsured.

While CAMHD, DOH-AMHD, and CARES are programs independent of CCS and are not part of the CCS procurement per se, MQD considers them key parts of the overall delivery system that CCS and QI must interact with and support. Accordingly, MQD is viewing the CCS procurement and the QI procurement as interrelated programs and has decided to solicit feedback on how the two programs can achieve greater alignment. There is a separate RFI for the QI procurement (No. RFI-MQD-2021-008). This RFI has a complementary set of questions. However, MQD staff will be considering the responses as complementary. It is not a requirement for stakeholders to respond to both RFIs.

Finally, the continuing impact of the COVID-19 pandemic will influence health system transformation and the extension of the CCS program during the next contract term.

COVID-19 has already had a profound effect on the healthcare landscape in Hawai'i, impacting access to care and driving MQD to accelerate efforts to provide services in new ways, like telehealth. MQD is dedicated to ensuring that the CCS program adapts and is responsive to the challenges of COVID-19 and its long-term impact.

## **RFI RESPONSES**

The following inquiries have been grouped by topic. Please provide responses based on how your organization would propose to advance the strategies and objectives of behavioral health integration per the HOPE initiative in these areas. MQD encourages respondents to answer all questions, but will consider responses that do not address all sections and questions.

Please note that participation in this RFI process is optional, and is not required in order to respond to any subsequent procurement by DHS. Neither DHS nor the responding party has any obligation under this RFI. This is an RFI only, and as such, will NOT result in any award of contract.

## **QUESTIONS FOR RESPONDENTS**

### **Standardization and Administrative Improvements**

(Limit response to 1 page)

DHS supports increased standardization and reduced administrative burden at the DHS level, MCO/BHO level and the provider level in key areas such as quality assurance, quality improvement, billing, credentialing, prior authorization processes and tools, and other areas.

1. What recommendations should MQD consider adopting that would increase standardization, reduce administrative burden, and maintain program integrity?

### **Integration of Behavioral and Physical Healthcare**

(Limit response to 4 pages)

DHS is interested in aligning incentives, strategies, and policies to create a health care system that better integrates the behavioral health services provided through CCS, and the physical and long-term services and supports provided by the QI MCOs.

2. What strategies should MQD consider adopting that support movement along the continuum of value-based care/payment models?
3. What strategies should DHS adopt that align incentives with the CCS and QI programs that improve outcomes, while better managing financial resources? Please suggest measures that would be effective and appropriate to include in

the Performance Incentives for the CCS contractor. Include an explanation as to why these measures are suggested.

Health outcomes are optimal when physical healthcare and behavioral healthcare are integrated and addressed cohesively and in harmony.

4. What specific activities should the BHO do and prioritize to meaningfully and proactively impact and facilitate such integration?

### **Promoting a Behavioral Health Continuum**

(Limit response to 5 pages)

5. What are the best ways to align CCS with QI, Hawaii CARES, DOH-AMHD, DOH-CAMHD, Judiciary, and Public Safety programs?
6. What considerations should DHS be aware of in relationship to CCS eligibility determination and services access? Are there any contractual changes that could be made to support improvements in this area?
7. What new or existing key staff positions should the CCS BHO have in order to facilitate such alignment? Provide suggested qualifications for each of such positions discussed.

### **Reimbursement Considerations**

(Limit response to 2 pages)

Currently, CCS has five service levels within a stepped care model, with level V being the most intensive service level. The current reimbursement system for the subcontracted community based case management (CBCM) agencies is a single per member per month (PMPM) payment for all service levels I – IV, with level V members receiving services directly from the CCS health plan.

8. Provide recommendations for a case management reimbursement model that would produce best case management practices and services for CCS members.
9. How should we structure reimbursement to incentivize providers to appropriately place members along the stepped care continuum?

## **Responding to the Pandemic**

(Limit response to 2 pages)

10. With the advent of COVID-19, what should be considered for CCS in the context of telehealth?

## **Miscellaneous**

(Limit response to 3 pages)

11. Describe the components of CCS that work well or that you would recommend DHS keep and/or build upon. Provide detail.
12. What recommendations or considerations should DHS be aware of in relationship to behavioral health crisis management and response? Describe what works well and what can be improved.
13. Data and electronic health information exchange has been an ongoing discussion. What are your thoughts on how CCS can continue to play a role in data sharing and other related electronic health efforts?

## **Additional Input from Stakeholders**

(Limit response to 1 page)

Stakeholders may write one page on other issues concerning the procurement to provide input to MQD.

## **RESPONSE SUBMISSION**

RFI submission must include the name, organization (if applicable), and contact information of the person/organization submitting the response. Each organization is limited to one response.

Responses to this RFI are due by 2:00 p.m. Hawai'i Standard Time (HST) on August 14, 2020. Please comply with the page limits indicated for each RFI section.

Responses shall be submitted in size 12 Arial font or equivalent (also applies to tables and graphics). MQD accepts the following file types: Word (.doc or .docx); Excel (.xls or .xlsx); Portable Document format (.pdf). Page margins must be 1 inch.

Indicate "Community Care Services (CCS) [RFI-MQD-2021-010]" on the cover of the document or in the subject line on the email response. Responses should be e-mailed to [QUEST\\_Integration@dhs.hawaii.gov](mailto:QUEST_Integration@dhs.hawaii.gov).

Email responses are strongly encouraged, but responses may also be mailed or delivered to:

Mr. Jon Fujii  
c/o Eric Nouchi  
Department of Human Services/Med-QUEST Division  
1001 Kamokila Boulevard, Suite 317  
Kapolei, HI 96707

### **CONFIDENTIAL INFORMATION**

If respondents believe portions of their RFI response should remain confidential, respondents shall clearly identify those portions of their response and include a statement detailing the reasons the information should not be disclosed. There shall be no blanket labeling of the entire document as “proprietary” or “confidential.” This shall invalidate the confidentiality of the document and it will not be reviewed as such.

The detailed reasons shall include the specific harm or perceived prejudice that may arise. The DHS Director, MQD Administrator, and the Health Care Services Branch Administrator shall determine whether the identified information should remain confidential. Notice shall be provided to the respondent prior to any information, which was requested to be confidential, becoming part of public distribution/information.

### **COST OF RESPONSE**

DHS will not reimburse any respondent for the cost of preparing and submitting a response to this RFI.

### **USE OF INFORMATION**

DHS reserves the right to incorporate in a solicitation, if issued for such a contract, any recommendations presented in response to this RFI.

Please submit any questions or clarifications pertaining to this RFI to [QUEST\\_Integration@dhs.hawaii.gov](mailto:QUEST_Integration@dhs.hawaii.gov).