

December 31, 2020

Hawaii Department of Health
Adult Mental Health Division

Request for Information (RFI)
RFI Number AMHD 420-4-21

Concerning

**PRIMARY BEHAVIORAL HEALTH CARE INTEGRATION PROJECT
KNOWN AS THE LIVING WELL HAWAII PROJECT
Statewide**

Purpose of this request for information:

- ☒ To obtain community input in preparation for developing an RFP.
- ☐ To include a provider(s) in a federal grant application pursuant to section 3-143-614, HAR. If the State is awarded the grant, no RFP for this section will be issued and the provider(s) selected and named in the grant application as a result of this RFI will be awarded a contract for the service.
- ☐ Other: _____

The Adult Mental Health Division (AMHD) is requesting interested providers and community members to provide information and feedback that will assist AMHD as it develops a request for proposals to procure Primary Behavioral Health Care services to integrate in the Community Mental Health Centers, statewide.

WHERE ADDITIONAL INFORMATION IS AVAILABLE: To receive a copy of the RFI by mail or fax, please contact the AMHD Contracts Unit at (808) 586-8282 or (808) 586-4667.

SUBMITTAL DEADLINE FOR RESPONSE TO THE RFI: Responses to this RFI are requested by Tuesday, January 18, 2021, 2:00 p.m., HST.

FORMS OF RESPONSE REQUESTED: Interested parties are requested to reply in writing to any or all of the questions stated in the RFI. Responses may be of any length and in any format elected by respondents. Responses may be sent by mail or fax.

DATE AND LOCATION OF ORIENTATION MEETING: AMHD does not intend to hold an orientation meeting as part of this RFI.

AMHD CONTACT PERSON: Responses to this RFI or questions concerning it should be addressed to: Ms. Enid Kagesa, Contracts Coordinator
1250 Punchbowl Street, Room 256
Honolulu, Hawaii 96813
Telephone: (808) 586-4667; Fax: (808) 586-4745

Interested parties should note the following:

1. Participation in the RFI process is **optional** and is not required in order to respond to any subsequent procurement by the AMHD.
2. Neither the Department of Health, AMHD, nor any interested party responding to the RFI has any obligation under this process.
3. The purchasing agency reserves the right to adopt or not adopt any recommendations presented in the response to the RFI.
4. This RFI does not commit AMHD to solicit or award a contract or to pay any costs incurred in the preparation of information submitted. AMHD reserves the right to accept, reject, or utilize without obligation, any information submitted in response to this request.

Hawaii State Department of Health (DOH)
Adult Mental Health Division

Request for Information (RFI)
RFI Number: AMHD 420-4-21
Primary Behavioral Health Care Integration Project
known as the Living Well Hawaii Project
Statewide

Before issuing a Request For Proposals for the Primary Behavioral Health Care Integration Project, known as the Living Well Hawaii Project services for persons with severe and persistent mental illness, statewide, the Adult Mental Health Division (AMHD) is seeking comments from interested parties on the availability and interest of potential service providers, staffing capabilities for these services, and other information on local conditions and areas of concern.

A. BACKGROUND INFORMATION

Please note the following information on the proposed service.

Geographic Area to be Served: Statewide

The DOH, AMHD intends to contract with one or more primary care organizations to embed primary care services into eight state-operated Community Mental Health Centers (CMHCs): Kalihi-Palama CMHC, Central Oahu CMHC, Diamond Head CMHC, Windward CMHC on Oahu; East and West Hawaii CMHCs on the Big Island; Maui CMHC on Maui; and the Kauai CMHC on Kauai. Primary care services are expected to be implemented within the CMHCs on a staggered timeline, with full implementation in all of the abovementioned CMHCs completed within approximately 3 years. The AMHD estimates that it will implement the integrated model, at a rate of two or more CMHCs per year. The contracted primary care provider(s) will NOT receive any direct monies from AMHD for the project and will be expected to sustain the services provided to this project through direct billing of primary care services to the enrollees' applicable insurers.

The primary purpose of the Living Well Hawaii project is to improve the physical health status of people who have serious mental illness and co-morbid chronic medical conditions through the provision of integrated and collaborative primary care and behavioral health services within the CMHCs.

The goals of the project are to:

1. Establish a consumer-centered integrated primary care and behavioral health care health home within the CMHCs that meets the definition of a Medicaid Health Home established by the Affordable Care Act, meets the National Committee for Quality Assurance (NCQA) Patient Centered

Medical Home standards for Level 1 Recognition or higher, and the criteria for the MacColl Center for Health Care Innovation Chronic Care Model;

2. Provide integrated services to CMHC service recipients who have, or at risk of, co-occurring chronic medical conditions. Depending on the size of the CMHC, the estimated number of consumers with co-occurring chronic medical conditions is 150-300 per CMHC. Consumers with chronic medical conditions will not be enrolled automatically in the Living Well Hawaii project; they must voluntarily opt in. The estimated enrollment per year is 150- 300 consumers in each of the first three years;
3. Implement electronic lab ordering and notification of results, electronic prescribing, and capability to share health information between the CMHCs', Primary Care Providers', and hospitals' electronic health record systems.

Services that the collaborative partner will be expected to provide within the CMHCs are:

1. Initial registration, intake and periodic follow up medical screenings and assessments;
2. Collaborative team-based consumer-centered treatment planning;
3. Participation in collaborative daily morning "huddle" meetings to review test results, medications, reason for appointment, and other pertinent updates for the day's scheduled shared cases;
4. Provision of evidence-based self-management support, health promotion and prevention activities, including Chronic Disease Self-Management, Diabetes Education, Cardio-metabolic Risk Reduction, Physical Activity/Exercise, and Tobacco Cessation;
5. Referrals to specialty care and ancillary services, such as physician specialists, radiology, physical therapy, respiratory therapy, diagnostic laboratory testing, vision, dental, and community resources and social supports;
6. Transitional care to and from inpatient and other settings;
7. Blood draws and specimen collection on site;
8. Collection of service utilization, cost of care, clinical and quality outcome and performance data to demonstrate effectiveness of integrated service model;

9. Telephonic emergency after-hours consultation availability 24 hours a day, 7 days a week; and
10. Scheduling of medical appointments.

B. INFORMATION REQUESTED

Interested parties are invited to respond to any or all of the following questions.

- Question 1.** Please describe your organization's experience providing programs that integrate primary care and behavioral health care services, including the number of years of experience, the integration model used, and the geographic and demographic population served.
- Question 2.** Describe your organization's experience in treating people with co-occurring mental health and chronic medical conditions, including the most common diagnoses treated, evidence-based practices used, and culturally or linguistically customized practices.
- Question 3.** What is your organization's current capability to provide primary care services that adhere to the patient-centered medical home model, including meeting NCQA Level 1 or higher recognition criteria? If not met currently, what is your timeline for obtaining NCQA recognition?
- Question 4.** Describe your organization's experience and approach to the provision of self-management support of chronic conditions, health promotion and prevention activities. Please describe any condition management programs you may offer, such as tobacco cessation.
- Question 5.** What capacity do you have for electronic lab ordering and notification of results, electronic prescribing and electronic sharing of health information with external organizations? Do you use an electronic health record currently and, if so, is it certified for meaningful use?
- Question 6.** Does your organization currently have full accreditation status as an outpatient facility by either The Joint Commission or the Commission on Accreditation of Rehabilitation Facilities (CARF)? If yes, please indicate number of years accredited and type of accreditation.
- Question 7.** Describe your organization's staffing capacity to provide the types of services described above and the minimum qualifications of the persons providing those services within your organization currently. What is the configuration of staffing that you estimate will be needed to serve the

population in the CMHC(s) you are interested in providing primary care services to? Please include number and type of staff positions.

- Question 8.** Based on the number of consumers expected to be served, please estimate the number of primary care office visits you anticipate this population will utilize annually. As noted above, the partner provider will not receive any monies from AMHD to provide services and is expected to sustain the services through direct billing of primary care services to enrollees' health insurers. Describe any concerns you may have about the financial viability of providing these primary care services without additional supplemental funding.
- Question 9.** Would your organization be able to meet the stated timeline for implementing integrated services in the CMHC(s) you might be interested in? If not, what would be a realistic timeline for implementation? Which CMHCs would you be interested in providing primary care services to?
- Question 10.** Please describe the minimum space your organization would need within a CMHC in order to be able to provide the services described above. Please note that AMHD will provide one physical examination room with a sink, a blood drawing space (which may or may not be separate from the exam room), and medical staff office with telephone, fax, data line, electric, and water utilities paid by the Department of Health. The provider would be responsible for the provision of any medical equipment, computers, printers, fax machines, and medical supplies.
- Question 11.** Please describe your experience and capacity to provide culturally competent, linguistically appropriate health services, including interpreter and translation services.
- Question 12.** Please describe any other qualifications, experience, evidence-based practices, etc. that should be considered for an ideal collaborative provider.