



# Request for Information

#YH17-0059 2018 Integrated Contractors

**Procurement Officer:**

**ISSUE DATE:**

January 24, 2017

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**OFFICE ADDRESS: AHCCCS**

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Phoenix, AZ 85034

**RFI NAME: 2018 INTEGRATED CONTRACTORS**

**RESPONSE DUE DATE: February 27, 2017 no later than **3:00 pm** AZ time**

QUESTIONS CONCERNING THIS RFI SHALL BE SUBMITTED TO THE PROCUREMENT OFFICER VIA E-MAIL BY February 6, 2017, 5:00 PM ARIZONA TIME ON THE Q&A FORM PROVIDED WITH THIS RFI. ANSWERS TO QUESTIONS WILL BE POSTED ON THE AHCCCS WEBSITE FOR THE BENEFIT OF ALL POTENTIAL RESPONDENTS.

Responses to this RFI must be in the actual possession of AHCCCS on or prior to the time and date; and at the location indicated above. Responses will be limited to twenty (20) pages. **Late responses will not be considered.**

**This is a Request for Information ("RFI") only and as such will NOT result in any award of contract.**

AHCCCS is in the information gathering stage and no decisions have been made concerning the agency's intent to issue a formal Request for Proposal. Responding to this RFI is appreciated and will NOT prohibit the respondents from responding to any future procurements.

Persons with a disability may request a reasonable accommodation, such as a sign language interpreter, by contacting the appropriate Procurement Agency. Requests should be made as early as possible to allow time to arrange the accommodation. A person requiring special accommodations may contact the person responsible for this request as identified below.

**RESPONDENTS ARE STRONGLY ENCOURAGED TO CAREFULLY READ THROUGH THE ENTIRE RFI.**

***SEE THE APPENDIX ATTACHED TO THIS RFI FOR SELECT UTILIZATION AND COST DATA RELATED TO THE POPULATIONS IMPACTED BY THIS RFI.***



# Request for Information

#YH17-0059 2018 Integrated Contractors

## 1. AHCCCS OVERVIEW

AHCCCS is the single state Medicaid agency for the State of Arizona. In that capacity it is responsible for operating the Title XIX and Title XXI programs through the State’s 1115 Research and Demonstration Waiver, which was granted by the Centers for Medicare and Medicaid Services (CMS), U.S. Department of Health and Human Services. As of January 1, 2017, AHCCCS provides coverage to approximately 1.9 million members in Arizona.

AHCCCS’s mission “reaching across Arizona to provide comprehensive, quality health care to those in need” is implemented through the vision of “shaping tomorrow’s managed care...from today’s experience, quality and innovation.”

Over 86.7% of the AHCCCS program’s expenditures in State Fiscal Year (SFY) 2016 were through managed care programs. AHCCCS contracts with Managed Care Organizations (MCO’s) that are responsible for providing Acute, Long Term Care, and Behavioral Health Services. A list of contracted plans can be found here: <https://azweb.statemedicaid.us/HealthPlanLinksNet/HPLinks.aspx>

The program has a total fund budget for SFY 2017 of approximately \$12.2 billion. AHCCCS has over 60,000 active providers in Arizona such as individual medical and behavioral health practitioners, therapy disciplines, institutions, durable medical equipment companies and transportation entities. Additional information may be found on the AHCCCS website reporting page: <https://www.azahcccs.gov/Resources/Reports/federal.html>.

## 2. INTRODUCTION / PURPOSE OF RFI (and/or Background)

AHCCCS believes that health care delivery system design is essential to improving outcomes for our members while assuring the care provided is cost effective and easy for members and families to access. Integrated health plan contractors able to address the whole health needs of our state’s Medicaid population are key to reducing the fragmentation that exists in our health care system and improving service delivery to AHCCCS members. As was achieved with Children’s Rehabilitative Services (CRS) and individuals with Serious Mental Illness (SMI), AHCCCS is striving to continue to weave fragmented parts of service delivery together to create a more effective health care system. AHCCCS’ efforts to further integrate care delivery systems and properly align incentives are designed to transition the structure of the Medicaid program to improve health outcomes and better manage limited resources. As part of the Acute and CRS contracting cycle which begins with Contract Year 2019 (CYE 19), starting on October 1, 2018, AHCCCS intends to offer fully integrated contracts to manage the whole individual. AHCCCS envisions these Integrated Contractors (which may include current RBHAs) offering behavioral health (including mental health and substance use disorder) and physical health services to children (including children with CRS conditions) and adult AHCCCS members not determined to have SMI. AHCCCS envisions the implementation of integrated services may need to occur in phases following the start of the new contracts on October 1, 2018. AHCCCS wants to engage stakeholders around important system design questions and decisions that need to be made in order to continue integrating Medicaid services in Arizona.



## Request for Information

#YH17-0059 2018 Integrated Contractors

### Regional Behavioral Health Authorities (RBHAs)

The current AHCCCS contract structure includes a behavioral health services carve-out for most members requiring navigation of two or more separately funded health care systems that necessitates complicated coordination of care activities and contributes to member confusion. Currently, RBHAs develop a system of care and contract with providers to deliver the vast majority of behavioral health services to AHCCCS members. RBHAs particularly play a critical role in serving individuals with SMI and children in foster care, in managing the crisis system, and in coordinating other critical support services. As of October 1, 2018, the Maricopa County RBHA Contractor will have six months remaining on its existing contract, and the Greater Arizona RBHA Contractors will have up to four years remaining on their existing contracts. The contract terms for the RBHAs are noted below.

#### MARICOPA COUNTY RBHA

Year 1: 4/1/14 - 3/31/15

Year 2: 4/1/15 - 3/31/16

Year 3: 4/1/16 - 3/31/17

\*Year 4: 4/1/17 - 3/31/18 Extension Year

\*Year 5: 4/1/18 - 3/31/19 Extension Year

*\*AHCCCS is exploring extending the term of the contract and aligning to a 9/30 end date.*

#### GREATER ARIZONA RBHAs

Year 1: 10/1/15 – 9/30/16

Year 2: 10/1/16 – 9/30/17

Year 3: 10/1/17 – 9/30/18

Year 4 and 5: 10/1/18 – up to 9/30/20 Extension years [up to 24 months]

Year 6 and 7: 10/1/20 – up to 9/30/22 Extension years [up to 24 months]

### Possible Future Structure

#### RBHAs

AHCCCS recognizes that RBHAs have been going through a significant transformation in Arizona over the past several years as they have partnered with Acute Care Contractors and built extensive physical health networks to offer integrated services to members with SMI. AHCCCS is contemplating modifications to the RBHA structure as part of the CYE 19 Integrated Contractor RFP process and is seeking stakeholder feedback. The following should be considered when responding to the requested information:

- AHCCCS contemplates that children in foster care would remain with the RBHAs for behavioral health services only, since they are uniquely served through the Comprehensive Medical and Dental Program (CMDP) Contractor for physical health services.

- Individuals with SMI who are Medicaid eligible and receiving integrated services, as well as those not Medicaid enrolled who are receiving behavioral health services, would remain with the RBHAs.
- AHCCCS is considering the need for choice of plans in the future for individuals with SMI in the Central GSA which is inclusive of Maricopa County.
- Member choice for the new contracts effective October 1, 2018, would traditionally include only the newly awarded Integrated Contractors, formerly known as Acute Care Contractors. AHCCCS believes that members who have been utilizing behavioral health services through the behavioral health carve-out offered by the RBHAs (non-dual adult members utilizing General Mental Health and Substance Abuse (GMH/SA) services and non-CMDP children) may feel more comfortable remaining with the RBHAs and may wish to choose a RBHA for both physical and behavioral health services. AHCCCS proposes to allow these utilizing members a choice of either the newly awarded Integrated Contractors or existing RBHAs (for the remainder of the RBHA contract terms). This choice option would be dependent on the existing RBHAs demonstrating the ability to meet network expectations and readiness for many contractual requirements. In the event a RBHA elects to not provide these ongoing behavioral health services and expanded physical health services or does not meet contractual readiness requirements at a predetermined point in time prior to implementation, the existing RBHA would not be a choice option and would no longer serve non-dual GMH/SA adults and non-CMDP children for behavioral health services effective October 1, 2018. Post October 1, 2018, AHCCCS may choose to continue offering new members choice of the RBHA as an Integrated Contractor for those RBHAs which do meet the network expectation and readiness requirements prior to October 1, 2018.

#### **Affiliated Organizations**

AHCCCS recognizes that it is not helpful to structure contracts that result in organizations having to compete against themselves for the same members in the same market. For purposes of this RFI, AHCCCS is defining the term “**affiliated organization**” as an entity bidding on the Integrated Contract which also has 50% or more ownership or control interest of a current RBHA or is a current RBHA in Arizona. Given the complexities of these affiliated organizations and the separate contracts in place, AHCCCS proposes the following:

- If an affiliated organization has a RBHA and an incumbent Acute Care Contractor in the same GSA (or one or more counties within the GSA), and that affiliated organization is awarded a contract as an Integrated Contractor effective October 1, 2018, that organization may choose to consolidate both AHCCCS contracts under a single corporate entity and brand. This Integrated Contractor would operate under the newly-awarded CYE 19 Integrated Contract which would be amended to include the unique RBHA



## Request for Information

#YH17-0059 2018 Integrated Contractors

functions. In addition to corporate consolidation, the plan may choose to integrate all existing Acute Care members under that single Integrated Contract for physical and behavioral health services. Since the affiliated organization was awarded a Contract, the existing membership served by the incumbent Acute Care Contractor that is assigned to the RBHA for behavioral health services only would remain with the Integrated Contractor for all integrated services including behavioral health services as part of the CYE 19 Integrated Contract award.

If an affiliated organization is not awarded a CYE 19 Integrated Contract, the RBHA still could be a choice for integrated services, as noted previously, as long as the network adequacy and readiness requirements are met. The contract term would be the remaining RBHA contract term.

### Awards and Responsibilities

Taking into account the definition of an “affiliated organization” as an entity bidding on the Integrated Contract which also has 50% or more ownership or control interest of a current RBHA or is a current RBHA in Arizona, the following charts show potential scenarios with proposed numbers of Integrated Contractor awards and proposed RBHA responsibilities/changes.

- North GSA

AHCCCS envisions having up to two different Integrated Contractors serving the North GSA to offer choice to members. AHCCCS is seeking feedback from stakeholders on this proposal for the North GSA.

Scenario	# of Affiliated Organization Awards	# of Non-Affiliated Organization Awards	RBHA Considerations
1 North GSA	1	1	Organizations and branding are consolidated under affiliated Integrated Contract; incumbent acute care Contractor members of the affiliated organization and assigned to the RBHA remain with the affiliated Integrated Contractor for both physical and behavioral health services; unique RBHA contract requirements move under affiliated Integrated Contract
2 North GSA	0	2	Current RBHA remains until RBHA contract expiration; unique RBHA contract requirements remain with RBHA; expansion of RBHA services to include physical health for noted populations and RBHA is available for choice to members for remaining RBHA contract term



# Request for Information

## #YH17-0059 2018 Integrated Contractors

- South GSA

AHCCCS envisions having up to two different Integrated Contractors serving the South GSA to offer choice to members (with additional choice in Pima County). With the ALTCS E/PD RFP, AHCCCS will be awarding 1 contract in the South GSA with the exception of Pima County where up to 2 contracts will be awarded and no statewide awards will be made. Should an affiliated organization be awarded an Integrated Contract in the South GSA, there is no incumbent Acute Care Contractor associated with that affiliated organization. AHCCCS is seeking feedback from stakeholders on this proposal for the South GSA.

Scenario	# of Affiliated Organization Awards	# of Non-Affiliated Organization Award	RBHA Considerations
1 South GSA (excluding Pima County)	1	1	Organizations and branding are consolidated under affiliated Integrated Contract; unique RBHA contract requirements move under affiliated Integrated Contract
2 South GSA (excluding Pima County)	0	2	Current RBHA remains until RBHA contract expiration; unique RBHA contract requirements remain with RBHA; expansion of RBHA services to include physical health for noted populations and RBHA is available for choice to members for remaining RBHA contract term
1 Pima County	1	2+	Organizations and branding are consolidated under affiliated Integrated Contract; unique RBHA contract requirements move under affiliated Integrated Contract
2 Pima County	0	3+	Current RBHA remains until RBHA contract expiration; unique RBHA contract requirements remain with RBHA; expansion of RBHA services to include physical health for noted populations and RBHA is available for choice to members for remaining RBHA contract term

- Central GSA

AHCCCS envisions having at least four Integrated Contractors serving the Central GSA to offer choice to members. AHCCCS is seeking feedback from stakeholders on this proposal for the Central GSA.



# Request for Information

#YH17-0059 2018 Integrated Contractors

Scenario	# of Affiliated Organization Awards	# of Non-Affiliated Organization Awards	RBHA Considerations
1 Central GSA	1	3+	Organizations and branding are consolidated under affiliated Integrated Contract; incumbent acute care Contractor members of the affiliated organization and assigned to the RBHA remain with the affiliated Integrated Contractor for both physical and behavioral health services; unique RBHA contract requirements move under affiliated Integrated Contract only for remaining RBHA contract term
2 Central GSA	0	4+	Current RBHA remains until RBHA contract expiration; unique RBHA contract requirements remain with RBHA; expansion of RBHA services to include physical health for noted populations and RBHA is available for choice to members

**Other Program Considerations**

- AHCCCS recognizes that significant investment has been made to develop a variety of responsive crisis service delivery methods throughout the state. AHCCCS is committed to maintaining a robust crisis system that incorporates telephone crisis triage and intervention, community-based mobile teams, facility-based observation and stabilization, crisis transportation, hospital rapid response and rapid response for children in foster care. A multitude of structural options exist for the crisis system including the RBHA in each region continuing to control and coordinate crisis services as currently outlined in contract or a requirement that all Contractors go through one statewide crisis vendor to control and coordinate a statewide crisis system that incorporates the various delivery methods that are currently operational. Additionally, crisis line options include maintaining the existing structure in which RBHAs contract with a regional crisis line or the contracting of a single statewide crisis line vendor. With all options, AHCCCS is also interested in hearing thoughts about the possibility of a single crisis phone number that could also be used to direct calls to the regional crisis line if a single statewide vendor is not in place.
- AHCCCS is interested in feedback on changes to the current Geographic Service Area (GSA) structure for the CYE 19 Integrated Contractor RFP. AHCCCS prefers to align the GSAs for the Integrated Contractors, as well as RBHAs, with the ALTCS–EPD GSA structure that will be effective October 1, 2017.

The ALTCS-EPD GSA structure effective October 1, 2017 includes:



## Request for Information

#YH17-0059 2018 Integrated Contractors

- **North GSA:** Mohave/Coconino/Apache/Navajo/Yavapai
- **Central GSA:** Maricopa/Gila/Pinal
- **South GSA:** Cochise/Graham/Greenlee/LaPaz/Pima/Santa Cruz/Yuma (including 85542, 85192, and 85550)

The current GSA structure for the RBHAs includes:

- **North GSA:** Mohave/Coconino/Apache/Navajo/Yavapai/Gila (excluding zip codes 85542, 85192 and 85550)
- **Central GSA:** Maricopa (including zip codes 85120 85140, 85143, and 85220)
- **South GSA:** Cochise/Graham/Greenlee/LaPaz/Pima/Pinal/Santa Cruz/Yuma/Gila (including 85542, 85192 and 85550 and excluding zip codes 85120, 85140, 85143, and 85220)

The current GSA structure for the Acute Program:

- **GSA 2:** La Paz/Yuma
- **GSA 4:** Apache/Coconino/Mohave/Navajo
- **GSA 6:** Yavapai
- **GSA 8:** Gila/Pinal
- **GSA 10:** Pima/Santa Cruz
- **GSA 12:** Maricopa
- **GSA 14:** Cochise/Graham/Greenlee

### 3. INFORMATION REQUESTED

AHCCCS is seeking written feedback/responses on the following proposals/questions:

1. As part of the Acute and CRS contracting cycle which begins with Contract Year 2019 (CYE 19), starting on October 1, 2018, AHCCCS intends to offer fully integrated contracts to manage the whole individual. AHCCCS envisions these Integrated Contractors (which may include current RBHAs) offering behavioral health (including mental health and substance use disorder) and physical health services to children (including children with CRS conditions) and adult AHCCCS members not determined to have SMI. What specific considerations should AHCCCS be aware of with this change for these adult and child members?

2. Proposal: If an affiliated organization (as defined in this RFI) has a RBHA and an incumbent Acute Care Contractor in the same GSA, and that affiliated organization is awarded a contract as an Integrated Contractor effective October 1, 2018, that organization may choose to consolidate both AHCCCS contracts under a single corporate entity and brand. In addition to corporate consolidation, all existing Acute Care members will be integrated under that single Integrated Contract for physical and behavioral health services. This entity would also retain all RBHA functions.
3. Proposal: Allow the RBHAs to be a choice for physical and behavioral health services to non-dual GMH/SA adults and non-CMDP children under the RBHA contract for the duration of the RBHA term.
4. AHCCCS proposes to allow members (Non-dual GMH/SA and children not in foster care) that are utilizing behavioral health services with the RBHA, a choice of either the newly awarded Integrated Contractors or their existing RBHAs (for the remainder of the RBHA contract terms). Should all members receive that option in advance of integration or should those utilizing behavioral health services over some period be targeted for choice?
5. What should the timeline for integrated services look like? Please provide recommendations, comments and concerns regarding phasing in the change of behavioral health service delivery to Integrated Contractors for the adult and children populations impacted.
6. Upon completion of the current RBHA contracts, AHCCCS is considering including an option in the CYE 19 Integrated Contract that would permit the State at its sole discretion, the ability to expand the scope of the Integrated Contractor's responsibility to include the unique RBHA responsibilities. The precise nature of the expansion options and the timing of AHCCCS' right to exercise the option will be included in the terms of the CYE 19 Integrated Contract.

Upon completion of the current RBHA contract, AHCCCS will either re-bid the unique RBHA responsibilities (care for persons with SMI and foster children, and management of the crisis system) or AHCCCS may exercise its option under the Integrated Contract to expand the responsibilities of one Integrated Contractor in each GSA to assume those responsibilities. AHCCCS invites feedback on these options as well as on how the Administration should select the Integrated Contractor that would receive the expanded responsibilities.

7. When the RBHA term of contract in the Central GSA is complete, should more than one plan serve individuals with SMI or children in foster care?
8. Please provide feedback on the options presented for crisis services considering the proposal to further integrate behavioral health services.
9. What other issues does AHCCCS need to consider as part of this integration effort?

10. AHCCCS currently has three separate GSA structures as described. Please provide comments on what AHCCCS needs to consider as part of determining the best GSA structure for the CYE 19 Integrated Contract. What GSA structure makes the most sense from a delivery system perspective?
11. Provide recommendations and thoughts on the number of plans per GSA. Should plans be limited to serving a certain number of GSAs? Should Pima County be differentiated from the South GSA?
12. AHCCCS receives SAMHSA grant funding totaling approximately \$46 million per year to support the delivery of behavioral health services. Currently, this grant funding is primarily managed and distributed to providers and coalitions by AHCCCS and the RBHAS. Please provide feedback on how this funding would be most effectively and efficiently administered in a delivery system with the changes proposed.
13. Should the duration of the Integrated Contracts be 5 or 7 years?
14. AHCCCS is interested in thoughts regarding the best approach for engaging the community in the proposals contained in this RFI and the development of the RFP.

**Children's Rehabilitative Services (CRS)**

Children's Rehabilitative Services (CRS) is an Arizona program that provides medical treatment to AHCCCS members with CRS-qualifying conditions. CRS members receive the same AHCCCS covered services as non-CRS AHCCCS members. Services are provided for the CRS condition and other medical and behavioral health services for most CRS members. CRS members are able to receive care in the community, or in clinics called Multi-Specialty Interdisciplinary Clinics (MSICs), which bring many specialty providers together in one location. Currently, once approved for the CRS program, most members are enrolled with a single Contractor that manages care for the CRS condition(s), as well as acute health and behavioral health conditions. There may be exceptions for some CRS enrolled members. There are currently approximately 24,700 children that are enrolled in CRS, which account for expenditures of \$275 million in total funds annually.

Additional information regarding the CRS program can be found at:

<https://www.azahcccs.gov/Members/GetCovered/Categories/CRS.html>

As noted above, AHCCCS requires that covered services for CRS members are delivered through a combination of established Multi-Specialty Interdisciplinary Clinics (MSICs), Field Clinics, Virtual Clinics, and in community settings. In addition to these clinic settings, the Contractor provides a network of community-based providers to include primary care, dental, and other specialty providers throughout the State. The CRS network is unique with the requirement to include physicians (including adult and child psychiatrists), laboratory, x-ray and therapy services through a network of contracted MSICs to include a contract with at least one (1) MSIC site in Maricopa County, at least one (1) MSIC site in Pima



## Request for Information

#YH17-0059 2018 Integrated Contractors

County, at least one (1) MSIC site in the Prescott/Sedona/Flagstaff area, and at least one (1) MSIC site in the Yuma area.

AHCCCS is inviting feedback on the proposal that CRS-eligible children enrolled in the CRS program (non ALTCS-EPD/DD) be fully integrated into all of the Integrated Contractors effective October 1, 2018. The CRS member and his/her family would have choice of plans. AHCCCS envisions that members qualifying for CRS who have a developmentally disability will be served by DES for all services effective October 1, 2018.

Currently, foster children are served by the CRS Contractor for CRS services and behavioral health services and are served by CMDP for other acute services. AHCCCS envisions that CMDP would serve foster children for CRS services and the RBHA would continue to serve the member for behavioral health services.

American Indian members enrolled in the acute program currently have the following choices:

- CRS for all services
- CRS for CRS services only, American Indian Health Program (AIHP) for physical health and TRBHA for behavioral health services
- CRS for CRS services only, AIHP for physical health and RBHAs for behavioral health
- CRS for CRS services and physical health and TRBHA for behavioral health

AHCCCS envisions that American Indian members would have the choice of the Integrated Contractor, RBHA or AIHP for all services. TRBHAs would remain an option under AIHP. AHCCCS envisions there would be no option to select a contractor for CRS service delivery only.

The current CRS contract term aligns with the Acute Contract term as follows:

Year 1: 10/1/13 – 09/30/14

Year 2: 10/1/14 – 09/30/15

Year 3: 10/1/15 – 09/30/16 Extension Year

Year 4: 10/1/16 – 09/30/17 Extension Year

Year 5: 10/1/17 – 09/30/18 Extension Year

AHCCCS is seeking written feedback/responses on the following proposals/questions:

15. Should CRS services be offered by all new Integrated Contractors ensuring choice for members or should AHCCCS continue to limit the number of plans serving CRS members?
16. Should AHCCCS maintain CRS network requirements for MSICs and if so, for what geographic areas?
17. AHCCCS wants to continue to ensure American Indians are offered choice. Please provide any feedback on the options presented.

18. Given that there is no longer a state only CRS population and that all CRS services are mandatory covered services under Medicaid, should the designation of CRS be removed?

### **Other Children's Integration Issues**

In the spring of 2015, an Autism Spectrum Disorder (ASD) Advisory Committee was appointed by the Governor's Office. The Committee was charged with articulating a series of recommendations to the State for strengthening the health care system's ability to respond to the needs of AHCCCS members with or at risk for ASD, including those with comorbid diagnoses. The charge included focusing on individuals with varying levels of needs across the spectrum, including those who are able to live on their own and those who may require institutional levels of care, and addressing both the early identification of ASD and the development of person-centered care plans. The full recommendations of the Committee can be found at:

<https://www.azahcccs.gov/shared/Downloads/ASD/ASDAdvisoryCommReport.pdf>

The Committee's recommendations include both systems-level changes that will take time to implement and are expected to address the root causes of many of the current problems, as well as short-term activities that could more quickly enhance an understanding of the current system by the full range of stakeholders and improve access for AHCCCS members with ASD. The systems-level changes include integration of physical and behavioral health care; delivering all Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services through acute health plans, with multiple plans available to ensure consumer choice; access to care coordination; and value-based purchasing. This RFI solicits feedback on the proposal to integrate services for members with ASD into the Integrated Contractors.

Foster children will continue to be served by CMDP for physical health services. Please see the AHCCCS SB1375 report sent to the legislature in October 2015 that summarizes recommendations on how best to serve this population. <https://www.azahcccs.gov/Members/Downloads/Resources/SB1375Report10-1-15.pdf>

AHCCCS is seeking written feedback/responses on the following proposals/questions:

19. AHCCCS supports the Governor's ASD Advisory Committee recommendation to offer fully integrated services with choice of Integrated Contractor to children with or at risk of autism. AHCCCS envisions implementing this structure on October 1, 2018 or shortly thereafter under the implementation of the Integrated Contractors. What issues must AHCCCS consider as part of this implementation?

#### **4. CONTENTS OF YOUR RESPONSE**

If you are interested in responding to any or all of the areas identified above, AHCCCS is requesting the following

- a. **Detailed Written Response** to any/all areas listed above.



## Request for Information

#YH17-0059 2018 Integrated Contractors

- b. **Presentations/ Demonstrations:** AHCCCS reserves the right to decide if presentations will be scheduled for some or any of the respondents. Please indicate your willingness to schedule an in-person presentation. Should this opportunity become available, AHCCCS will contact you with dates and times that are convenient for both parties.
- c. **A completed Attachment A,** Respondent's Information, which includes contact information, including name, title, mailing address, email address, authorized signature, and phone number of the contact person for questions relating to the RFI.

### 5. HOW TO RESPOND

- a. Submit one (1) electronic copy of the RFI response via email attachment
- b. Submit your response no later than the time indicated on the front page of this RFI. Please take into consideration the Arizona time zone.
- c. Submit your response electronically (or by mail/physically) to the procurement officer listed on the front page of this RFI.

### 6. CONFIDENTIAL/PROPRIETARY INFORMATION:

- a. DO not submit anything considered by you to be confidential or proprietary. DO not indicate confidential or proprietary on any submission documents.
- b. To the extent allowed by law, information contained in a response to a request for information shall be considered confidential until a formal procurement process is concluded or for two (2) years, whichever occurs first. This RFI and responses to the RFI are subject to the Arizona Public Records law and as such, are open to public inspection after this time.

### 7. REIMBURSEMENT:

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

### 8. NO AWARD OF CONTRACT:

This is a Request for Information ("RFI") only and as such will NOT result in any award of contract. AHCCCS is in the information gathering stage and no decisions have been made concerning the agency's intent to issue a formal Request for Proposal. Responding to this RFI is appreciated and will NOT prohibit the respondents from responding to any future procurements.

## Attachment A: Respondent's Contact Information

Arizona Transaction (Sales) Privilege Tax License No.:

\_\_\_\_\_

Federal Employer Identification No.:

\_\_\_\_\_

E-Mail Address:

\_\_\_\_\_

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

For clarification of this response, contact:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Authorized to Sign

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

**END OF DOCUMENT**

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