



# Request for Information

#YH19-0084

## Regional Behavioral Health Authority (RBHA) Services Transfer

**Procurement Officer:**

Tiffanie Blanco

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**ISSUE DATE:**

February 12, 2019

**OFFICE ADDRESS:**

**AHCCCS**

Procurement Office

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Phoenix, AZ 85034

[procurement@azahcccs.gov](mailto:procurement@azahcccs.gov)

**RFI NAME: Regional Behavioral Health Authority (RBHA) Services Transfer**

**RESPONSE DUE DATE: Thursday, March 14, 2019** no later than **3:00 pm** AZ time

QUESTIONS CONCERNING THIS RFI SHALL BE SUBMITTED TO THE PROCUREMENT OFFICER VIA E-MAIL BY THURSDAY, FEB 21, 2019, 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.

**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 procurement.

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 assigned procurement officer.

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

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



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## Regional Behavioral Health Authority (RBHA) Services Transfer

### 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, 2019, AHCCCS provides coverage to approximately 1.9 million members in Arizona.

AHCCCS’ 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”.

AHCCCS contracts with Managed Care Organizations (MCO’s) that are responsible for providing physical, behavioral, and long term care services. A list of contracted plans can be found here: <https://azweb.statemedicaid.us/HealthPlanLinksNet/HPLinks.aspx>

AHCCCS also operates the American Indian Health Program (AIHP), a fee for service program that is responsible for care for American Indian members who select AIHP. AHCCCS also has five unique intergovernmental agreements with Tribal Regional Health Authorities (TRBHAs) for the coordination of behavioral health services for American Indian members enrolled with a TRBHA.

The program has a total fund budget for SFY 2019 of approximately \$14.2 billion. AHCCCS has over 81,000 active providers in Arizona, including but not limited to individual medical and behavioral health practitioners, therapy disciplines, institutions, durable medical equipment companies, and transportation entities.

Additional information for this RFI may be found below as well as on the AHCCCS website including the following reporting page: <https://www.azahcccs.gov/Resources/Reports/federal.html>.

### 2. INTRODUCTION / PURPOSE OF RFI

Since the implementation of the AHCCCS Long Term Care System (ALTCS) in 1986, which provides integrated physical, behavioral and long term care services to individuals who are elderly and have physical disabilities, AHCCCS has been gradually moving from fragmented health care delivery to a system that fully integrates the management of care for members into a single plan. For purposes of this RFI, the reader should be aware that in April of 2014 for Maricopa County, and continuing in October of 2015, for Greater Arizona, AHCCCS implemented integrated care for members determined to have Serious Mental Illness (SMI) enrolled in Regional Behavioral Health Authorities (RBHAs). American Indian members determined to have serious mental illness have continued to have the option to have integrated care or various non-integrated options with AIHP, managed care plans, RBHAs and TRBHAs.



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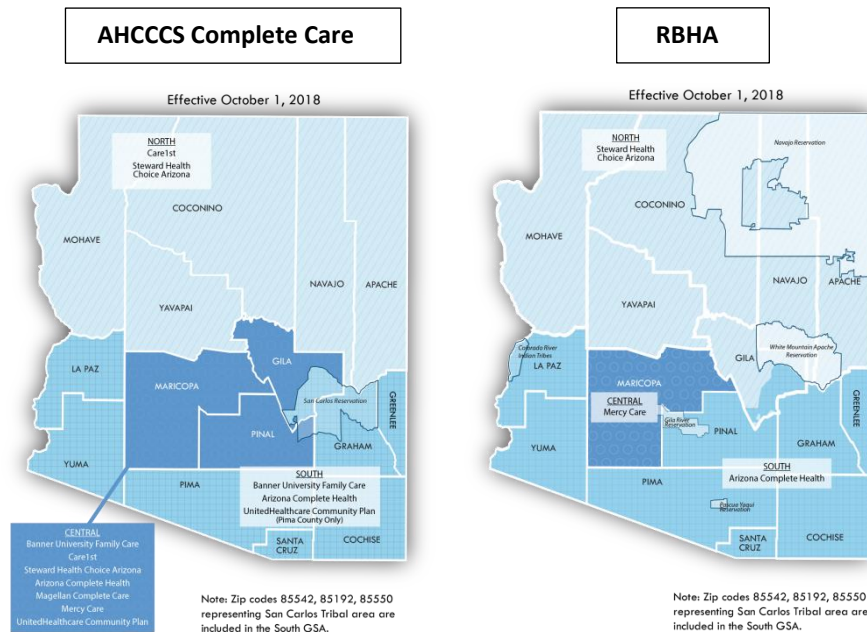
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## Regional Behavioral Health Authority (RBHA) Services Transfer

### Integration and AHCCCS Complete Care (ACC)

On October 1, 2018, AHCCCS took the largest step to date toward this strategic goal of fully integrated care delivery when 1.6 million members were enrolled in one of seven integrated AHCCCS Complete Care (ACC) health plans and AIHP. ACC plans and AIHP provide a comprehensive network of providers to deliver all covered physical and behavioral health services to child and adult members not determined to have SMI. The ACC plans and AIHP also provide services for members with Children’s Rehabilitative Services (CRS) conditions. ACC plans and AIHP are able to address the whole health needs of our state’s Medicaid population which is vitally important to improving service delivery for AHCCCS members and reducing the fragmentation that has existed in our health care system.

The YH19-0001 AHCCCS Complete Care Request for Proposal (ACC RFP) awarded in March of 2018 resulted in seven awarded ACC plans across the state in three Geographic Service Areas: North, Central, and South. Three of these ACC plans are affiliated with current AHCCCS RBHAs and were required to align the RBHA and ACC contracts under one organization. See maps below showing the contracted ACC plans and RBHAs and the different Geographic Service Areas (GSAs) served.





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#### Regional Behavioral Health Authorities (RBHAs)

Although a significant portion of behavioral health service delivery for adults and children has been moved to the ACC plans, the RBHAs continue to play a critical role providing the following services:

- Integrated physical and behavioral health services for members determined to have SMI,
  - North GSA Enrollment - 5,725
  - Central GSA Enrollment - 21,597
  - South GSA Enrollment - 13,352
- Behavioral health services for foster care members in the Department of Child Safety/Comprehensive Medical and Dental Program (DCS/CMDP)
- Behavioral health services for ALTCS members enrolled with the Department of Economic Security/Division of Developmental Disabilities (DES/DDD),
- Crisis Services including telephone, community-based mobile, and facility-based stabilization (including observation not to exceed 24 hours), and
- SAMHSA Grants and Other Non-TXIX/XXI funded services to TXIX and Non-TXIX members.

DES/DDD is currently working to integrate behavioral health services for their members starting October 1, 2019. At that time, behavioral health service responsibility for these members will transition from the RBHAs to the integrated DDD contracted health plans. This transition will include members enrolled with DDD that are determined to have SMI. In addition, it is anticipated that behavioral health services for foster children will transition from the RBHAs in 2020 in order to integrate physical and behavioral health service responsibility. Integration efforts for American Indian members served by DDD and CMDP will be clarified at a later date following additional stakeholder feedback including Tribal Consultation.

AHCCCS wants to engage stakeholders around important system design questions and decisions that need to be made in order to continue to serve these vulnerable populations currently being served by the RBHAs.

#### Future of RBHA Service Delivery

The YH19-0001 ACC RFP announced that, at its sole discretion, AHCCCS may elect to allow at least one ACC plan in each GSA to expand their provision of services to include those unique services currently provided by RBHA Contractors under YH17-0001. Along with the ACC RFP responses, the ACC plans had the option to request to be included in a group of plans that would be considered and evaluated for future expansion for the provision of unique RBHA services. As described in the ACC RFP, the expansion of services would begin on a date determined by AHCCCS, but no earlier than October 1, 2020. In the event that AHCCCS elects not to select an ACC plan (utilizing a Request for Proposal that is limited to current ACC Contractors) for provision of expanded services, AHCCCS reserves the right to issue a Request for Proposal publicly.

**AHCCCS does intend to expand the provision of services for at least one ACC plan in each GSA, in lieu of a public RFP for the solicitation of unique RBHA services.**



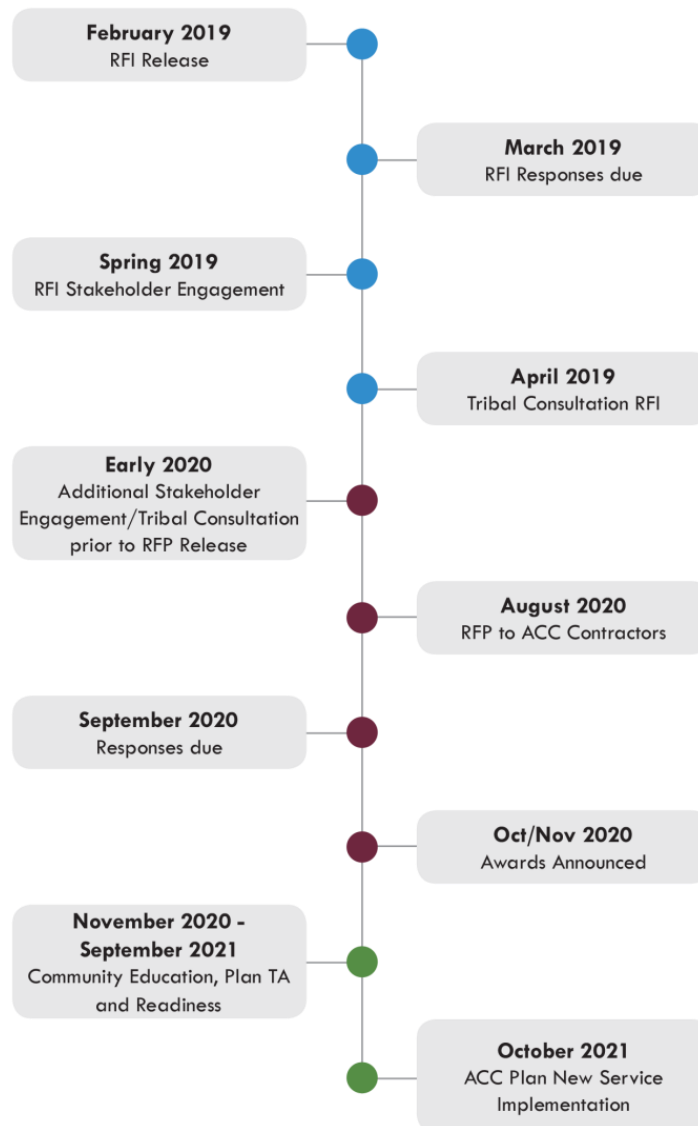
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The current RBHA contract term in the Central GSA ends on September 30, 2020 and the RBHA terms in Greater Arizona (North and South GSA) are currently operating in the first of two optional extension periods which ends on September 30, 2020 with a second optional two-year extension ending September 30, 2022. In order to delay this move of specialized service delivery from the current RBHAs and to allow further evaluation of the performance of the ACC Plans, AHCCCS is extending the Central RBHA contract term by one year to September, 2021. This will allow for the expansion of services with at least one ACC plan in each GSA to take place statewide on October 1, 2021.

AHCCCS anticipates the timeline for RFP activities may be as follows:





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### Crisis System 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.

Currently each RBHA is responsible for contracting and coordinating crisis services in their geographic service area. This crisis responsibility and delivery methodology could be maintained in contracts with a single ACC Contractor in each GSA. However, AHCCCS is also exploring a change to a single statewide crisis vendor that is either selected and contracted with AHCCCS or jointly selected and contracted with each health plan. The statewide crisis vendor would control and coordinate telephone lines and crisis delivery, incorporating the above crisis system elements and the current crisis providers statewide. AHCCCS is exploring whether it would be most prudent to procure the single vendor directly, on behalf of the ACC Plans, or to require the plans to select and utilize a single vendor. Either way, AHCCCS would implement new required minimum performance standards.

In addition to the above considerations, crisis phone line options include maintaining the existing structure with regional crisis lines or the development of a single statewide crisis line. AHCCCS is interested in feedback regarding 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 also interested in feedback regarding coordination with the 22 Tribes across the state of Arizona (including obtaining right of entry, coordinating crisis services with other governmental entities and working with communities with unique geographic and cultural needs).

### Current Options for Individuals determined to have SMI

Currently, members determined to have SMI are enrolled for integrated services with a single RBHA in each GSA for integrated services. When requested, AHCCCS allows members determined to have SMI to administratively decertify, to remove the SMI designation when AHCCCS claim records indicate that they have not received behavioral health services for at least two years. AHCCCS administratively decertifies approximately 100 individuals per year with the member's understanding that it is a voluntary decision to forego the SMI designation and SMI specific provisions in order to be enrolled in a different ACC plan.

In addition, per the AHCCCS 1115 Waiver authorities, individuals with SMI have the option to opt-out of the RBHA for physical health services and be transferred to an ACC plan for physical health services under the following conditions:

- a. Either the beneficiary, beneficiary's guardian, or beneficiary's physician successfully dispute the beneficiary's diagnosis as SMI,
- b. Network limitations and restrictions, e.g. if a beneficiary's preferred provider is not contracted with a RBHA or there is only one provider in a service area and the provider is not contracted with a RBHA,



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- c. Physician or provider course of care recommendation and subsequent review by the RBHA and the state,
- d. The member established that due to the enrollment and affiliation with the RBHA as a person with a SMI, and in contrast to persons enrolled with an acute care provider, there is demonstrable evidence to establish actual harm or the potential for discriminatory or disparate treatment in:
  - i. The access to, continuity or availability of acute care covered services,
  - ii. Exercising client choice,
  - iii. Privacy rights,
  - iv. Quality of services provided, or
  - v. Client rights under Arizona Administrative Code, Title 9, Chapter 21.

From October 1, 2015 through December 31, 2018, there were a total of 22 opt outs for the above reasons.

#### American Indian Members

Today, American Indian members have some unique choices for Medicaid service delivery. The American Indian Health Program (AIHP) is a fee for service program delivered through AHCCCS that is responsible for integrated care for American Indian child and adult members who select AIHP and who have not been determined to have an SMI. Integrated care services include both physical and behavioral health services, including services related to a CRS condition. American Indians not determined to have SMI can choose to enroll as follows:

- a. In an ACC plan to receive both physical health services and behavioral services,
- b. In AIHP for physical and behavioral health services, or
- c. In AIHP for physical health services and receive behavioral health care coordination services from a Tribal RBHA (TRBHA) when available.

American Indian members who are determined to have SMI are assigned to the RBHA for all services but also have a choice of staying with the RBHA or selecting AIHP for physical health services and the RBHA or TRBHA (when available) for provision of behavioral health services. American Indian members determined to have SMI are also currently permitted to be enrolled in the ACC plan and the TRBHA or to opt out of the RBHA as specified in ACOM Policy 442 to be served by the ACC plan for physical health services and the RBHA for behavioral health services. American Indian members can always access services from IHS/638 facilities at any time regardless of enrollment.

AHCCCS wants to engage stakeholders around important system design questions and decisions that need to be made for American Indian members being served by the RBHAs and TRBHAs. Should American Indian members continue to have choice of enrollment with portions of their services delivered through managed care, AIHP, RBHAs and TRBHAs? – OR – Should the change be consistent with ACC choice for members not determined to be SMI, allowing integrated options to enroll as follows?

- a. In an ACC plan to receive both physical, behavioral and other non-TXIX supplemental services,
- b. In AIHP for physical, behavioral and other non-TXIX supplemental services, or



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- c. In AIHP for physical health services and receive behavioral health care coordination services from a Tribal RBHA (TRBHA) when available.

AHCCCS is also interested in feedback on how non-TXIX services should be administered with options 2 and 3.

#### Other Program Considerations

**Housing:** AHCCCS recognizes that significant investment has been made with the development of permanent supportive housing programs throughout the State of Arizona. AHCCCS is committed to maintaining and growing the portfolio of affordable housing units available for individuals determined to have SMI. There are several options that exist for operating the permanent supportive housing, rapid rehousing and all rental subsidy programs.

1. One option would be to continue the system as it exists, maintaining the health plan as the responsible party for the allocation of housing funds for individuals with SMI and allowing the health plan to work directly with housing providers to administer the program. The health plan would also be responsible for ensuring the supported housing services like transportation and case management are available through their contracted providers. This first option could be augmented with stricter guidelines about administrative expenses allowed, and reporting requirements that include a monthly roster of members being housed and the amount of the subsidy. Under this construct, the health plan(s) responsible for individuals with an SMI would also administer the housing subsidy program for individuals accessing general mental health and substance use (GMH/SU) services requiring care coordination with all ACC plans.
2. A second option for consideration would be for AHCCCS to take the lead in issuing an RFP for the housing subsidy program, allowing housing specific contractors to bid on administering the housing programs. AHCCCS could either continue to take the lead to oversee this contract or could require the health plans that serve individuals with SMI to work directly with the chosen housing contractor. In a centralized model, the RBHA or health plans would be responsible for the provision of supported housing services and coordinating with the housing contractor to ensure necessary services are being delivered. A benefit to this may be lower administrative costs and continuity in the administration of the program statewide. AHCCCS is interested in hearing thoughts about these options, including suggestions regarding the operational framework if the state were to elect to use a centralized housing contractor to administer the housing program, including how the contractor would work with the RBHAs to ensure supported services.

AHCCCS is interested in hearing thoughts about both of these options. If the housing subsidy program continues to be administered through the health plan(s) serving the SMI population, what changes could be potentially made and how would stricter reporting and monitoring of administrative costs affect programs? For the second option, what affect would the centralized administration of the housing program have, and how could the contractor work with the





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health plan(s) to ensure the provision of supportive services to individuals with SMI and individuals with GMH/SU.

**Court Ordered Evaluation (COE):** Currently, all RBHAs are contracted for payment of some or all court ordered evaluation services in one county within their geographic service area. AHCCCS is interested in feedback on how county delegated payment for COE should be handled starting October 1, 2021.

### 3. INFORMATION REQUESTED

AHCCCS is seeking written feedback/responses on the following:

1. As stated in the YH19-0001 ACC RFP, AHCCCS anticipates allowing at least one ACC Plan to expand services in each GSA. In addition, ACC Plans will only be allowed expansion of services in a GSA/Pima County for which they operate an ACC Plan. Given the limited enrollment, AHCCCS does not anticipate allowing more than one ACC Plan to provide unique RBHA services in the North GSA or outside of Pima County in the South GSA. Please provide feedback on the following:
  - a. Should AHCCCS allow choice of plan by allowing more than one ACC Plan to offer unique RBHA services in the Central GSA and Pima County?
  - b. If the answer to the first question is "yes", please provide feedback on the suggested methodology for splitting Non-TXIX funds (both grant funding for services to all NTXIX members and other state-only funding for individuals with Serious Mental Illness).
  - c. If the answer to the first question is "no", should AHCCCS allow members with SMI to administratively decertify and/or opt out of a single ACC Plan to receive physical health services through a different ACC plan?
  - d. Should AHCCCS continue to allow members that have not received behavioral health services in two years to decertify as SMI?
  - e. The options presented for crisis services.
  - f. What should AHCCCS consider related to RBHA specific services such as crisis and NTXIX service delivery on tribal lands?
2. Provide feedback on the options presented for crisis services and any other feedback regarding crisis services that AHCCCS should consider with the transition. AHCCCS is also interested in any other thoughts to improve our current crisis system as it relates to the first 24 hours of crisis service delivery as well as the provision of crisis services on tribal lands and working with tribes across the state.
3. Provide feedback regarding changes to the American Indian Health Program and options for American Indian members.
4. Provide feedback regarding the housing options. If the housing subsidy program continues to be administered through the health plan(s) serving individuals with SMI population, what changes



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could be potentially made and how would stricter reporting and monitoring of administrative costs affect programs? For the second option, what affect would the centralized administration of the housing program have, and how could the contractor work with the health plan(s) to ensure the provision of supportive services to individuals with SMI and individuals with GMH/SU needs?

5. Provide feedback regarding the transfer of delegated county payment responsibility for court ordered evaluation services.
6. Currently AHCCCS requires both ACC plans and RBHAs to have an Individual and Family Affairs Administrator and unit within the health plan including specific member liaisons for adults and children. The unit is required to bring lived experience receiving and navigating behavioral health services in order to:
  - Build partnerships with individuals, families, youth, and key stakeholders to promote recovery, resiliency and wellness,
  - Establish structure and mechanisms to increase the member and family voice in areas of leadership, service delivery and Contractor decision-making committees and boards,
  - Advocate for service environments that are supportive, welcoming and recovery oriented by implementing Trauma Informed Care service delivery approaches and other initiatives,
  - Communicate and collaborate with members and families to identify concerns and remove barriers that affect service delivery or member satisfaction,
  - Oversee the provision and utilization of Peer and Family Support services, and
  - Actively collaborate and participates with AHCCCS' Office of Individual and Family Affairs in projects, initiatives and events.

What should AHCCCS consider as the responsibilities are blended within one plan in order to maintain focus on the needs of individuals determined to have SMI?

7. What other feedback should AHCCCS consider as we plan the next step with health plan integration?

#### 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.
- 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



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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 Contact Information:** Including contact information, 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 to the procurement officer listed on the front page of this RFI.

#### 6. CONFIDENTIAL/PROPRIETARY INFORMATION

- a. 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.
- b. ***Do not submit anything marked as confidential or proprietary.***

#### 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 procurement.

#### 9. APPENDIX

Refer to the AHCCCS website, *Open Solicitations* section for the RFI Appendix, which provides select utilization and cost data related to the populations impacted by this RFI.

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**Attachment A: Respondent's Contact Information**

Company Name
Address
Federal Employer ID Number/Tax ID

For Clarification of this Response Contact:

Printed Name
Title
Phone
Email

Signature of Authorized Person
Printed Name
Title
Date

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