CHARLES SMITH, EXECUTIVE COMMISSIONER

Request for Information (RFI)
for

Texas CHIP and Medicaid
Managed Care Services for Serious Mental Illness

RFI No. HHS0001303

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Procurement and Contracting Services (PCS) Division
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Mail Code: 2020

Table of Contents

1. Introduction

The Texas Health and Human Services Commission ("**HHSC**") is issuing this Request for Information ("**RFI**") to seek information and comments regarding managed care services for individuals with serious mental illness ("**SMI**"), or children and adolescents with serious emotional disturbance ("**SED**").

HHSC is looking for ways to improve quality and continuity of care for persons with SMI and children and adolescents with SED in a cost effective manner for Texas Medicaid and Children's Health Insurance Program ("**CHIP**") programs.

This is only an RFI. HHSC is NOT seeking proposals for services.

1.1. Purpose

The purpose of this RFI is to provide a means for stakeholders to share ideas, suggestions, and/or recommendations to improve managed care services for individuals with SMI or SED. Senate Bill 1, General Appropriations Act, 2017, 85th Regular Session, Rider 45 allows HHSC to develop and procure a managed care program for an "alternative model" of managed care in at least one service delivery area of the state to serve persons with SMI in Medicaid and CHIP managed care programs, if cost effective. The responses to this RFI will inform HHSC on potential program design factors that will impact budget assumptions.

The Texas Statewide Behavioral Health Strategic Plan, Fiscal years 2017-2021 identifies a number of gaps in services impacting individuals with behavioral health needs. These gaps include the following: lack of access to appropriate behavioral health services; access to timely treatment services; access to care for behavioral health services for individuals with intellectual disabilities; effective continuity of care for individuals exiting jails; and other challenges.

Specifically, through this RFI, HHSC is seeking to gather:

- Information on best practices to improve and address gaps in services for individuals with SMI or SED, including in the managed care service delivery model;
- Data on outcomes and fiscal impacts of implementing best practices;
- Recommendations on how to best monitor for quality and program outcomes; and
- Input from the public to inform HHSC on assumptions related to an integrated pilot program.

1.2. Background

HHSC was created in 1991 to oversee and coordinate the planning and delivery of health and human services programs in Texas. HHSC was established pursuant to Chapter 531, Texas Government Code, and is responsible for oversight of the Texas Health and Human Services agencies. HHSC is designated as the single state agency for the purpose of administration of the Texas Title XIX Medicaid Program and Title XXI Children's Health Insurance Program (CHIP).

In Texas, the Texas Medicaid Program is authorized by Title XIX of the Social Security Act, Chapter 32 of the Texas Human Resources Code and Chapters 531 and 533 of the Texas Government Code. CHIP is authorized by Title XXI of the Social Security Act and Chapter 62, Texas Health and Safety Code.

Medicaid and CHIP are jointly-funded state-federal programs that offer healthcare services to qualified individuals. In 2017, 92 percent of Texas Medicaid recipients and 100 percent of Texas CHIP recipients receive services through one of several managed care programs operating statewide. The Medicaid and CHIP managed care programs include:

- STAR
- STAR Health
- STAR Kids
- STAR+PLUS
- CHIP

During state fiscal year 2016, there were more than 5 million individuals enrolled in Texas Medicaid and CHIP managed care programs.[1] Based on state fiscal year 2016 administrative data, more than 281,000 individuals with a diagnosis of a SMI or SED received services from their managed care program.[2]

1.3. Definitions

CHIP is a program for low-income, uninsured children in families with incomes too high to qualify for Medicaid. CHIP coverage includes prescription drugs, hospital care, primary and specialty care, preventive care, and mental health services.

[1] Data Quality and Dissemination, Center for Analytics and Decision Support, Texas Health and Human Services Commission, March 2018
[2] Data Quality and Dissemination, Center for Analytics and Decision Support, Texas Health and Human Services Commission, March 2018

Recovery Oriented Systems of Care (ROSC) are a collaboration of local stakeholders, service providers, community and faith-based organizations, and peers (persons with lived experience with substance use disorders), who work together to ensure a continuum of care and support for persons affected by substance use disorders (SUD) who may also experience mental health issues. ROSCs provide a framework for coordinating multiple systems, services, and supports that are person-centered, self-directed, and designed to readily adjust to meet the individual's needs and chosen pathway to recovery. The system builds upon the strengths and resilience of individuals, families, and communities to take responsibility for their sustained health, wellness, and recovery from SUD and improved quality of life.

Serious Emotional Disturbance (SED) means a mental, behavioral, or emotional disorder of sufficient duration to result in functional impairment for a child or adolescent that substantially interferes with or limits the child or adolescent's role or ability to function in family, school, or community activities.

Serious Mental Illness (SMI) means the following psychiatric illnesses as defined by the American Psychiatric Association in the Diagnostic and Statistical Manual, consistent with Section 1355.001, Texas Insurance Code:

- Bipolar disorders (hypomanic, manic, depressive, and mixed)
- Depression in childhood and adolescence
- Major depressive disorders (single episode or recurrent)
- Obsessive-compulsive disorders
- Paranoid or other psychotic disorders
- Schizo-affective disorders (bipolar or depressive)
- Schizophrenia

STAR is the Medicaid managed care program for most people in Texas Medicaid, including low-income children and caretaker relatives, pregnant women, former foster care children, and children and youth receiving adoption assistance benefits. STAR includes prescription drugs, hospital care, primary and specialty care, preventive care, and behavioral health services.

STAR Health is the managed care program for children and young adults who are in Department of Family and Protective Services (DFPS) conservatorship. STAR Health provides a full-range of Medicaid covered dental, medical, and behavioral health services.

STAR Kids is the Medicaid managed care program for children and young adults 20 years of age and younger who have disabilities. STAR Kids coverage includes prescription drugs, hospital care, primary and specialty care, preventive care, behavioral health services, personal care services, private

duty nursing, and durable medical equipment and supplies. Children and young adults who get additional waiver services through the Medically Dependent Children Program (MDCP) receive their MDCP services through STAR Kids.

STAR+PLUS is the Medicaid managed care program for adults 21 and older who have disabilities or who are age 65 or older. STAR+PLUS includes prescription drugs, hospital care, primary and specialty care, preventive care, behavioral health, and long-term services and supports.

Substance Use Disorders (SUD) occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.[3]

1.4. Acronyms

CHIP	Children's Health Insurance Program
HHSC	Health and Human Services Commission
MCO	Managed Care Organization
MDCP	Medically Dependent Children Program
RFI	Request for Information
ROSC	Recovery Oriented System of Care
SED	Serious Emotional Disturbance
SMI	Serious Mental Illness
SUD	Substance Use Disorder

2. General Instructions and Response Requirements

Respondents must provide responses on Attachment A - Response Form and return by 2:00 pm on June 29, 2018, to the Point of Contact identified in Section 2.3.

Respondents are encouraged to provide detailed information on and specific recommendations for each of the following items on **Attachment A - Response Form**:

A. Structuring managed care services for persons with SMI or SED
   1. What recommendations do you have for structuring managed care services for persons with SMI or SED in a cost-effective manner:
      a) As a distinct, "specialty care" managed care program for persons with SMI or SED that integrates all covered services (e.g., physical, behavioral, long-term services and supports, prescription drugs,

[3] https://www.samhsa.gov/disorders/substance-use

service coordination)? An example is Florida's Serious Mental Illness Specialty Plan model.

b) Within existing Medicaid or CHIP managed care programs (e.g., STAR, STAR+PLUS, et al.) providing targeted services for persons with SMI or SED?

c) As a specialty care managed care program for adults with SMI that integrates all covered services and is offered as an alternative choice to existing Medicaid managed care members' programs (e.g., STAR+PLUS)? An example is New York's Health and Recovery Plans (HARPs) model.

d) Other.

2. What types of performance measures should be used to monitor and evaluate the quality of care and effectiveness of services for individuals with SMI or SED? Would the measures vary based on the structure used?
3. Taking into account the current benefit package and services available to Medicaid and CHIP members (see Texas Medicaid State Plan, managed care contracts, and waivers), how can current benefits be better coordinated and/or delivered to persons with SMI or SED? Please explain. Are there other services HHSC should take into consideration for individuals with SMI or SED? If so, please explain.
4. What best practices should HHSC consider for prescription management (e.g., adherence monitoring, medication therapy management, etc.)? How should prescription management be implemented, and under what circumstances?
5. What process(es) should HHSC consider when identifying and enrolling individuals with SMI into a managed care model?
6. How should continuity of care be achieved for individuals who transition between different managed care models?
7. How could a recovery-oriented systems of care approach for those with substance use disorders best be incorporated into a managed care model?

B. If HHSC were to consider a cost-effective managed care pilot program for persons with SMI or SED:
   1. What populations (e.g., pregnant women) and/or age ranges (e.g., adults 21 and older, children under 20) should be included in the pilot? Why?
   2. What criteria should be considered when determining whether or not an individual should be enrolled or dis-enrolled from a pilot program for persons with SMI or SED?
   3. Where should the pilot be located, and why?
   4. What would be the minimum and maximum number of pilot participants needed to demonstrate goals and expected outcomes?
   5. How long should the pilot run, and why?

6. What types of performance measures should be used to monitor and evaluate quality of care and the effectiveness of the pilot?
7. What other recommendations do you have for evaluation of the pilot?

C. What recommendations do you have for performance measures or goals for persons with SMI or SED including but not limited to those listed below? Provide a description of the recommendation, a summary of evaluation methods, and/or performance measures.
   1. Jail diversion
   2. Emergency department diversion
   3. Post-release linkage to care
   4. Homelessness reduction
   5. Permanent supportive housing and individual placement and support
   6. Medication adherence
   7. Crisis response and critical transitions
   8. Integrated treatment for co-occurring disorders (mental health and SUD, as well as mental health or SUD and physical health)
   9. Reducing unnecessary healthcare services among individuals who are high utilizers of services, including emergency room services
   10. Illness management and recovery
   11. Treatment models such as “Seeking Safety,” cognitive behavioral therapy for adults with SMI, and wraparound and trauma focused cognitive behavioral therapy for children and adolescents with SED
   12. Other

D. What recommendations do you have for innovative solutions or performance measures to address gaps in managed care services for individuals with SMI as identified in the Texas Statewide Behavioral Health Strategic Plan, Fiscal Years 2017-2021 related to:
   1. Access to appropriate behavioral health services by underserved populations including individuals with co-occurring psychiatric and substance use disorders, individuals who cycle in and out of jail, or individuals who frequently utilize emergency and inpatient services, including continuity of care for adults existing county and local jails.
   2. Prevalence of undiagnosed or untreated behavioral health conditions in public school students that adversely affects school attendance, classroom behavior, and overall academic performance.
   3. Behavioral health needs of individuals with intellectual disabilities.
   4. Access to timely treatment services, particularly for individuals with a SUD.
   5. Services for special populations such as juveniles exiting juvenile justice facilities, youth transitioning out of foster care, and individuals transitioning from mental health facilities into the community, or youth

transitioning from youth mental health facilities into the adult behavioral health systems.
6. Individuals with deafness or visual impairments.
7. Consumer transportation and access to treatment, including follow-through with appointments.
8. Access to telemedicine or telehealth in rural areas.
9. Access to housing for individuals with behavioral health conditions.

E. Offer other concerns, issues, or recommendations not previously addressed.

2.1. General Information

This RFI is issued for the purpose of obtaining information for consideration by HHSC to assist with the development of specifications for future procurements. All interested parties are encouraged to respond to this RFI.

This RFI does not constitute a solicitation of proposals, a commitment to conduct procurement, or an offer of a contract or prospective contract. HHSC will not award a contract directly as a result of this RFI. HHSC will not be liable for any costs incurred by respondents in the preparation and submission of information in response to this RFI.

All information received by HHSC becomes the property of HHSC and will not be returned to the sender. There will be no acknowledgement by HHSC of receipt of the information. Acceptance of responses to this RFI places no obligations of any kind upon HHSC.

The descriptions presented in this RFI are tentative and may undergo change prior to actual release of any potential Request for Information (RFI) related to the scope of this RFI. It is not the intent of HHSC to provide answers, but if additional information is issued relating to the RFI, it will be made available on the Electronic State Business Daily (ESBD).

2.2. Response Submission, Date, Time and Location

HHSC welcomes written comments and questions related to this RFI by:

2:00 pm Central Time
June 29, 2018

Responses must be submitted via e-mail to HHSC's designated point-of-contact, as identified in Section 2.3. Faxed responses or verbal inquiries will not be accepted. It is not the intent of HHSC to respond to comments or questions, but if additional information is issued relating to the RFI, it will be

made available on the ESBD. Responses must be submitted on **Attachment A - Response Form**.

- HHSC will not accept any submission or portion of a submission containing a copyright. All responses become the property of HHSC after submission.

2.3. Designated Point of Contact

HHSC's official single point of contact for this RFI and the delivery point for all responses and correspondence is:

Deanna Kinsfather, CTPM
HHS Procurement and Contracting Services
Texas Health & Human Services Commission
1100 W 49th Street
Austin, TX 78756
Phone: (512) 406.2401
e-mail: deanna.kinsfather@hhsc.state.tx.us

All communications relating to this RFI must be directed to the HHSC contact person named above. All communications between respondents and other HHSC staff members concerning this RFI are strictly prohibited.

2.4. Response Format

All responses must be:

- correctly identified with the RFI number and submittal deadline;
- clearly legible;
- sequentially page-numbered and include the respondent's name at the top of each page;
- respondents must submit their responses on **Attachment A - Response Form**;
- limited to one page per question; and
- in Arial or Times New Roman font, size 12 for normal text, no less than size 10 for tables, graphs and appendices.

2.5. Texas Public Information Act

A response submitted to this RFI is subject to subject to the Texas Public Information Act (the Act), located in Texas Government Code Chapter 552 and may be disclosed to the public upon request. Subject to the Act, respondents may protect trade secret and confidential information from public release. If the respondent asserts that information provided in the proposal is trade secrets or other confidential information, it must be clearly marked such information in boldface type and include the words "confidential" or "trade

secret" at top of the page. Furthermore, the respondent must identify trade secret or confidential information, and provide an explanation of why the information is accepted from public disclosure, on the Respondent Information and Disclosures form.

HHSC will process any request from a member of the public in accordance with the procedures outlined in the Act. Respondents should consult the Texas Attorney General's website (www.oag.state.tx.us) for information concerning the Act's application to proposals and potential exceptions to disclosure.

2.6. Disclaimers

HHSC, at its sole discretion, may or may not issue a related solicitation or may issue multiple solicitations based on the responses to this RFI. Responding to this RFI is not a condition for eligibility to respond to any subsequent solicitation. Responses to this RFI will not have any bearing, positive or negative, on the evaluation and respondent selection resulting from any proposals that may be received in response to any subsequent solicitation.

Any information received from respondents to the RFI in any form may be used by HHSC without restriction for any purpose determined by HHSC.

Attachment A - Response Form

RFI Section 2(A): Structuring Managed Care for Persons with Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED)

Respondent Name:	
Point of Contact:	**Date Submitted:**
Address:	
e-mail address:	**Phone Number:**
Respondents are encouraged to provide detailed information and specific recommendations. However, responses should be limited to one page per item.	

Item		Response
A1	Structuring managed care	
A2	Performance measures	
A3	Benefits	
A4	Prescription management	
A5	Enrollment	
A6	Continuity of care	
A7	Integrating recovery-oriented systems of care	

RFI Section 2(B): Considerations for a Pilot for Persons with SMI or SED

Respondent Name:	
Point of Contact:	**Date Submitted:**
Address:	
e-mail address:	**Phone Number:**
Respondents are encouraged to provide detailed information and specific recommendations. However, responses should be limited to one page per item.	

Item		Response
B1	Pilot populations and/or age ranges	
B2	Criteria for enrollment in the pilot	
B3	Location of pilot	
B4	Minimum or maximum number of pilot participants needed	
B5	Length of pilot operation	
B6	Pilot performance measures	
B7	Pilot evaluation	

RFI Section 2(C): Recommendations for Performance Measures or Goals for Persons with SMI or SED

Respondent Name:	
Point of Contact:	**Date Submitted:**
Address:	
e-mail address:	**Phone Number:**
Respondents are encouraged to provide detailed information and specific recommendations. However, responses should be limited to one page per item.	

Item		Response
C1	Jail diversion	
C2	Emergency department diversion	
C3	Post-release linkage to care	
C4	Homelessness reduction	
C5	Supportive housing	
C6	Medication adherence	
C7	Crisis response and critical transitions	
C8	Integrated treatment for co-occurring disorders	
C9	Reducing unnecessary services among high utilizers	
C10	Illness management and recovery	
C11	Treatment models for children and adolescents with SED	
C12	Other	

RFI Section 2(D): Recommendations for Innovative Solutions of Performance Measures to Address Gaps in Managed Care Services for individuals with SMI as Identified in the Texas Statewide Behavioral Health Strategic Plan, Fiscal Years 2017-2021

Respondent Name:	
Point of Contact:	**Date Submitted:**
Address:	
e-mail address:	**Phone Number:**
Respondents are encouraged to provide detailed information and specific recommendations. However, responses should be limited to one page per item.	

Item		Response
D1	Access by underserved populations	
D2	Prevalence of undiagnosed or untreated conditions in public school students	
D3	Behavioral health needs of individuals with intellectual disabilities	
D4	Access to timely treatment	
D5	Services for special populations	
D6	Individuals with deafness or visual impairments	
D7	Consumer transportation and access to treatment	
D8	Access to telemedicine or telehealth in rural areas	

Respondent Name:			
Point of Contact:			**Date Submitted:**
D9	Access to housing for individuals with behavioral health conditions		

RFI Section 2(E): Other Concerns, Issues, or Recommendations

Respondent Name:	
Point of Contact:	**Date Submitted:**
Address:	
e-mail address:	**Phone Number:**
Respondents are encouraged to provide detailed information and specific recommendations. However, responses should be limited to one page for this section.	

Response