REQUEST FOR PROPOSAL NUMBER 0000-TBD

The Wyoming Department of Health
Division of Healthcare Financing

Care Management Entity (CME) for Medicaid Children

DRAFT Request for Proposals (RFP) Overview and Background

June 28, 2019
Draft CME RFP Requirement Release

PURPOSE

The Wyoming Department of Health (WDH), Division of Healthcare Financing (DHCF) is soliciting information, comments, suggestions, recommendations, and creative ideas for a Care Management Entity (CME) to serve Medicaid-eligible children and youth with serious mental and behavioral health challenges throughout the State of Wyoming. WDH is the single State agency appointed pursuant to the Social Security Act to administer the Medicaid program in Wyoming. The Wyoming Medicaid program has operated since 1967 under Title XIX of the Social Security Act, as amended. The Department’s Division of Healthcare Financing (herein referred to as the Agency) directly administers the Medicaid program and is funded by appropriations authorized by the Wyoming State Legislature for each biennium.

The Agency’s goal of the CME procurement is to implement a provider model using High Fidelity Wraparound (HFWA), as defined by the National Wraparound Initiative (NWI), to improve the quality and cost of care for Medicaid children and youth with serious emotional and behavioral health challenges. Through use of a CME, the State of Wyoming has previously demonstrated improved clinical and functional outcomes, increased access to home- and community-based services (HCBS), youth and family resiliency for the population of focus, and cost savings for the State.

The Agency is seeking a trusted partner to bring knowledge and experience with building Systems of Care (SOC) and CMEs in other states, while understanding and embracing Wyoming’s unique challenges including its small population dispersed throughout a large, rural, and frontier state. The CME will ensure the appropriate provision of required services, while enabling the youth and their family to achieve the goals of safety, permanency, and well-being in their communities using HFWA.

The intent of the Agency is to award a five (5) year base contract. The Agency anticipates the Start Up and Transition period to being February 2020, with an Operational Start Date of July 1, 2020. The Contract will have an option for two (2), individual, year-long extensions.

Wyoming is seeking feedback on the Draft RFP Requirements to assist the Agency in determining the optimal CME model for Wyoming. Feedback received from this process will inform the CME RFP, anticipated to be released in July 2019.

The Agency requests that interested organizations review the draft materials and submit comments through the Agency’s survey, as further detailed in the Response Instructions section below. The Agency requests that organizations submit responses by 5:00 PM MST on July 12, 2019.

BACKGROUND

Children and youth with serious emotional and behavioral health challenges often receive
fragmented care of various services, contributing to poor outcomes and unnecessarily high costs. The State of Wyoming’s spending on this population is consistent with trends in other states. Behavioral health services for Medicaid children with serious emotional and behavioral health challenges and Medicaid children and youth receiving Psychiatric Residential Treatment Facility (PRTF) level of care often have increased emergency room visits, significantly higher utilization of psychotropic drugs at doses that often exceed national parameters (use of “too much, too many, and too young”), disruption to family and youth/child resiliency, and consequently, higher service costs. Due to the large number of service providers typically involved with these children and their out-of-home placements, the Agency recognizes the need to improve service delivery and increase the coordination of care in order to improve healthcare outcomes and reduce costs.

It is within a SOC that HFWA, a service delivery process that is premised upon the individual strengths and needs of each youth and their family, is often delivered at the front-line practice level and sees improved outcomes. In this model, the Child and Family Team (CFT) is held accountable to the family, team members, participants, and the public for achieving the goals of the Plan of Care (POC). Wyoming recognizes that families are currently operating within a limited continuum of services, and are coping based on strengths, life circumstances, and individual histories. The system needs different types of services, supports, and interventions for the families to be successful. Through the use of a CME, the Agency recognizes and wants to account for each family’s uniqueness and strengths. Working within an enhanced SOC, the Agency wants to assist youth and families in achieving their individual goals.

The primary objective for the State of Wyoming is to procure a CME that uses HFWA and SOC to improve the quality and effectiveness of care for Wyoming’s youth with serious emotional and behavioral health challenges. The population served by the CME will include:

- Medicaid youth at risk of out-of-home placement (defined and identified as youth with two hundred (200) days or more of behavioral health services within one State fiscal year);
- Medicaid youth who currently meet Psychiatric Residential Treatment Facility (PRTF) level of care or are placed in a PRTF;
- Medicaid youth who meet acute, psychiatric stabilization hospital level of care; had an acute hospital stay for mental or behavioral health conditions in the last 365 days; or are currently placed in an acute hospital stay for mental or behavioral health conditions;
- Youth on the Children’s Mental Health Waiver (1915(c)); and
- Medicaid youth referred to the CME (who meet defined eligibility).

Youth that are directly referred to the CME, must meet the following criteria:

- Youth ages six (6)- twenty (20) must have a minimum CASII composite score of twenty (20), and youth ages four (4) & five (5) must have an ECSII score of eighteen (18) to thirty (30), OR the appropriate social and emotional assessment information provided to illustrate level of service needs; and
- Must have a DSM Axis 1 or ICD diagnosis that meets the State’s diagnostic criteria.
The current CME contractor serves an estimated 600 Medicaid children and youth statewide per year, with a goal of expanding services to 1100 of its Medicaid enrollees that likely qualify for services during the course of the five-year contract. The current contract is scheduled to end on June 30, 2020.

Wyoming is seeking a CME that embodies the core principles of HFWA and delivers a youth guided, family-driven, strengths-based approach and successfully coordinates an enrollee’s care across agencies and providers. The CME must also:

- Contract with a network of providers to support HFWA and service delivery, including Family Care Coordinators (FCCs), Family Support Partners (FSPs), Youth Support Partners (YSP), and respite care providers;
- Provide intensive care coordination;
- Increase the use of HCBS and natural supports as alternatives to costly residential and hospital care;
- Assisting families with access to mobile crisis and response supports;
- Provide appropriate outreach and communication to Wyoming stakeholders to improve coordination of services for enrollees;
- Develop a transparent reporting structure to measure and monitor program outcomes;
- Implement an effective claims processing and monitoring approach to ensuring supporting documentation is in place and providers are paid in a timely fashion; and
- Leverage innovative health information technology (HIT) to support its providers and provide “real-time” data access for care monitoring and quality improvement for HFWA services to the youth and families.

Positive outcomes for the enrolled youth’s medical care are expected as a result of the focus on more frequent preventative screenings, ensuring each child has a Primary Care Provider (PCP), the coordination of communication and other activities across agencies, and the natural supports that develop for each child as a result of ongoing HFWA activities.

GOALS, OBJECTIVES, AND ANTICIPATED OUTCOMES

The primary goal is to select a CME that uses HFWA to improve the quality and cost of care for Wyoming’s youth and children with serious emotional and behavioral health challenges. The Agency anticipates the CME will demonstrate improved clinical and functional outcomes, decreased costs, increased access to HCBS, and increased youth and family resiliency for the targeted population.

Specific objectives for the future CME procurement include:

1. Continue to support and further develop a CME provider model using a HFWA approach to improve the quality and cost of care for the focus population. Through a CME, the Agency and collaborating State agencies anticipate demonstrating ongoing improvements in clinical and functional outcomes and increased access to HCBS, and youth and family resiliency for
the focus population.
2. Improve access to primary care for children and reduce barriers to appropriate care.
3. Improve provider network adequacy.
4. Improve access to HCBS and natural supports.
5. Reduced use of restrictive services (hospital and residential) for populations served through the CME model.
6. Reduce disproportionate use of restrictive services by racial and ethnic minority children/youth.
7. Reduce overall cost to the Medicaid program through improved coordination of services.
8. Improve access to community-based alternatives to institutionalized care through the CME.
9. Improve children and families’ level of engagement to optimize outcomes.
10. Streamline services and coordination across multiple child-serving agencies.
11. Creatively address existing challenges and identified barriers, as outlined below.

IDENTIFIED CHALLENGES TO ADDRESS

Wyoming is unique in its demographics and rural nature. Although the CME has demonstrated several positive outcomes for its enrollees and the Medicaid program, the Agency strives for continual improvement in the CME model to maximize outcomes and benefits for Wyoming. As part of this procurement, the Agency engaged CME stakeholders across the state to solicit feedback and recommendations on the CME model. Several of those recommendations are included in the draft requirement set.

As part of this procurement, the Agency desires to work with the selected CME to address several of the challenges identified by stakeholders. Priorities include:

- Improving statewide understanding and utilization of the CME through targeted outreach and communications with stakeholders.
- Strengthening the customer service model for enrollees and providers.
- Streamlining technology to reduce administrative workload and increase enrollment and payment timeframes.
- Improving coordination of services and care between providers, specifically for enrollees in PRTFs and enrollees with an active Wyoming Department of Family Services (DFS) case.
- Improving the family and youth participation through participation incentives.

REQUIREMENTS AND RFP WORKSHEET OVERVIEW

The following sections provide a summary of the draft CME requirements and supporting RFP worksheets for review and consideration. Instructions for submitting feedback on each area are included below.
Draft Requirements

The Agency is seeking input and recommendations on the draft CME requirements included as Appendix A to this release. Requirements are categorized by CME function, as summarized in Figure 1-1.

Figure 1-1: Summary of CME Requirement Areas

Appendix A includes a comprehensive collection of all draft RFP requirements. Requirements are grouped into high-level categories, including:

- **Phase-Specific Requirements**: This includes requirements specific to the Start-Up, Transition, and Turnover periods. Note that operational requirements are included in a separate category.
- **General Requirements**: This includes overarching contractual requirements such as location, risk and issue management, and deliverable management.
- **System and Technology**: This includes requirements specific to the selected CME’s IT systems, integration with the Agency systems, privacy and security, and business continuity requirements.
- **Staffing and Resource Management**: This includes required key personnel and support staff.
- **General Operational Functions**: This includes requirements specific to CME operations.
- **Enrollee Management**: This includes requirements specific to enrollee eligibility and enrollment, and Plan of Care management.
- **Provider Management**: This includes requirements specific to managing network providers and their services.

Each requirement category is further broken down into sub-categories of requirement topics. Each requirement has a unique identifier that aligns with a requirement category. Where appropriate, a requirement may include a specific performance expectation or deliverable.
Draft Deliverables

Appendix B includes a comprehensive list of draft RFP deliverables. Each deliverable has a unique identifier, which is used as a reference to requirements included in Appendix A: Requirements.

Performance Expectations, Outcomes, and SLA

Appendix C includes a collection of overall draft RFP performance requirements, including:

- A comprehensive list of **Performance Expectations** that support requirements in Appendix A: Requirements. Performance Expectations establish time and quality standards related to specific contract requirements. Performance Expectations are considered an obligation of the Contractor and are enforceable by the executed contract, but are not tied to penalties or liquidated damages.
- **CME Service Outcome Measurements** that are specific to the CME and HFWA services and monitor areas of expected improvement. CME Service Outcome Measurements will be reported and assessed by the Agency quarterly, as part of the Quarterly Report deliverable.
- **Service Level Agreements (SLAs)** for the CME contract. Compliance with SLAs shall be reported and assessed by the Agency monthly as part of the Monthly Report deliverable.

Pricing Schedules

Appendix D includes draft Pricing Schedules to support the Agency’s cost evaluation.

Of the funds allocated to the CME’s shared savings agreement, the Agency anticipates that the CME will reinvest a portion of the saved funds into the communities to build infrastructure, increase service quality, fill service gaps, or to establish flex funds for the family and/or child as indicated in their POC.

Pricing Schedules include:

- **Total Evaluated Price**: As part of the released RFP, Proposers shall provide a total evaluated price for all CME deliverables, activities, and services included in Pricing Schedule 1 and Pricing Schedule 2. Note: this section is part of the standard RFP template, and is not included in this draft release.

- **Pricing Schedule 1- Start-Up and Transition**: Provide an all-inclusive price for all activities related to Contract Start-Up and Transition responsibilities (est. February 2020-June 30, 2020). This includes any costs related to transition from the Incumbent to a new contractor, if applicable.

Future Proposers may suggest a payment schedule which mirrors specific deliverables in meeting the requirements of this RFP. Payment schedules based on time and materials only will not be acceptable, nor will a flat per-hour rate. Payment will be made at the completion and acceptances of the individual deliverables for the transition of CME services, as defined.
in the Scope of Work.

- **Pricing Schedule 2- Ongoing Operations:** Provide an all-inclusive rate based on a per member per month (PMPM) rate for administration of the program, including the administration of direct service, for each base Contract Year. Payments during the operational phase will be based on a PMPM all-inclusive rate. PMPM rates cannot exceed $900.00 PMPM per Contract Year. Future proposals shall provide a PMPM rate for each Option Year for reference. Option Year rates shall not be included in the total evaluated price.

Note that the Agency will prorate the per diem rate and issue payments based on Medicaid member days, rather than months. This accommodates days of the month when a member may not be considered Medicaid eligible for CME services. Future proposals shall include a Per Date rate for Agency reference.

**FUTURE OPERATING MODEL CONSIDERATIONS**

In addition to the draft requirements and RFP worksheets, organizations should consider the following State and federal initiatives that are in various stages of implementation, but are likely to impact the future state CME operating model:

- **Governance Model:** The Agency is in the process of implementing a CME Advisory Committee that includes a representation of CME stakeholders appointed by the Agency. The CME Advisory Committee will meet regularly throughout the course of the Contract and advise the Agency on CME services and help address issues or barriers identified for the CME model. The selected CME will engage with the CME Advisory Committee, as directed by the Agency.

- **WINGS integration:** The Agency is in process of implementing its modular Wyoming Integrated Next Generation System (WINGS) Project. The WINGS Project is an incremental approach to procuring services, modules, and the technology platform for the WINGS project through a number of procurements. The procurements are expected to meet the business requirements in a modular and incremental way to deliver more timely services and cost efficiencies in comparison to traditional MMIS implementations. The WINGS Project includes the following components:
  - Pharmacy Benefits Management System (PBMS)
  - Independent Verification & Validation (IV&V) Services
  - System Integrator/Enterprise Service Bus (SI/ESB)
  - Testing-Quality Assurance/Quality Control (Testing-QA/QC) Services
  - Data Warehouse, Business Intelligence and Reporting (DW/BI-R)
  - Fraud, Waste, Abuse Analytics and FWA Case Tracking (FWA)
  - Third Party Liability (TPL) Services
  - Benefit Management Services (BMS) Claims Processing
  - Care/Case Management System

The selected CME will need to collaborate with the Agency to design the appropriate level of
integration of CME services with the Agency’s systems and WINGS modules. The Agency anticipates the selected CME vendor to phase in additional integration points as WINGS modules are rolled out to streamline provider administrative functions where possible.

- **WFI-EZ:** The Agency recognizes that the WFI-EZ is undergoing some changes at the national level. The Agency will work with the selected CME to identify the impact of this change on the future contract when necessary.

- **Family First Prevention Services Act:** Enacted by President Trump in February 2018, the Family First Prevention Services Act includes new funding allowances that provide states with the ability to pay for preventative child welfare services. The Wyoming Department of Family Services (DFS) is currently in a planning phase and evaluating the new funding options for the State. The Agency will likely need to collaborate with DFS in the future to see how the CME could be leveraged to increase preventative services under this Act.

The Agency anticipates that the selected CME will need to work with the Agency to identify specific areas of impact, and present recommendations on how to best integrate with each initiative to maximize CME services.

**VENDOR FEEDBACK PROCESS AND NEXT STEPS**

**Liability**

This Draft CME Requirement Release has been issued to obtain information only and is not intended to result in a contract or vendor agreement with any respondent. The Agency is seeking insight and information prior to finalizing business, functional, operational, and technical requirements for an RFP. The Draft CME Requirement Release does not commit the Agency to procuring or purchasing any business services at this time or awarding any contract.

The Agency shall not be held liable for any costs incurred by the respondent in the preparation of its response. The issuance of an RFP as a result of information gathered from these responses is solely at the discretion of the Agency. Should an RFP be issued, it will be open to qualified vendors, whether or not those vendors chose to submit a response to this Draft CME Requirement Release. This Draft CME Requirement Release is not a pre-qualification process.

**Response Instructions**

The Agency has posted the Appendix A: Draft Requirements, Appendix B: Draft Deliverables, Appendix C: Performance Expectations, Outcomes, and SLA, and Appendix D: Pricing Schedules documents for public review and comment. Documents can be accessed here:

**CME Draft Requirement Release Documents:**

https://drive.google.com/open?id=1Y5mkNO_QXhtFOmR71HdgnL0v_tByahE1

The Agency requests that organizations complete the corresponding CME Draft Requirement Survey to submit feedback and recommendations to the draft RFP content. The survey can be
Survey: https://www.surveymonkey.com/r/DraftCMERelease

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Respondents must submit their responses via the electronic CME Draft Requirement Survey by **5:00 PM MST, July 12, 2019**. Vendors shall delay submitting questions until the formal Question and Answer period if the Agency choses to release a RFP.

The Agency appreciates any information and assistance respondents provide. If you choose not to respond, it will have no impact on the Agency’s future contract considerations with your firm. If you do choose to respond, please comply with all aspects of the electronic survey as thoroughly as possible.

**CLOSING**

The Agency thanks you for your efforts in preparing a response. Although this Draft CME Requirement Release does not require the Agency to issue a formal RFP or to award a contract, it is anticipated that the information gathered through this Draft CME Requirement Release will inform the Agency’s upcoming decision-making process. We encourage vendors to register on the Wyoming Purchasing and Bid Information Website to receive updates. Vendors can register at: https://ai.wyo.gov/divisions/general-services/purchasing