Attachment 11 - Behavioral Health Questionnaire

The information requested in this questionnaire should be provided in narrative form, answering specific questions in each section and providing enough information for the OHA to evaluate the response. Include reasons why your organization is able to effectively complete the CCO service delivery and program design requirements, and how this will be accomplished in time to meet the needs of Members on implementation.

Page limit for this Behavioral Health Questionnaire is 58 pages, items that are excluded from the page limit will be noted in that requirement.

A. Behavioral Health Benefit (recommended page limit 8 pages)

Applicant must be fully accountable for the Behavioral Health benefit to ensure Members have access to an adequate provider network, receive timely access to the full continuum of care, and access effective treatment. Full accountability of the Behavioral Health benefit should result in integration of the benefit at the CCO level. Applicant may enter into value-based payment arrangements; however, the arrangement does not eliminate the Applicant's responsibility to meet the contractual and individual Member need. Applicant must have sufficient oversight of the arrangement and intervene when a Member's need is not met or the network of services is not sufficient to meet Members' needs.

1. How does Applicant plan to ensure that Behavioral Health and physical health services are seamlessly integrated so that Members are unaware of any differences in how the benefits are managed?

2. How will Applicant manage the global budget (as defined in ORS 414.025) in a fully integrated manner meaning that Applicant will not identify a pre-defined cap on Behavioral Health spending, nor separate funding for Behavioral Health and physical health care by delegating the benefit coverage to separate entities that do not coordinate or integrate?

3. How will Applicant fund Behavioral Health for its service area in compliance with the Mental Health Parity and Addiction Equity Act of 2008?

4. How will Applicant monitor the need for Behavioral Health services and fund Behavioral Health to address prevalence rather than historical regional spend? How will Applicant monitor cost and utilization of the Behavioral Health benefit?

5. How will Applicant contract for Behavioral Health services in primary care service delivery locations, contract for physical health services in Behavioral Health care service delivery locations, reimburse for the complete Behavioral Health Benefit Package, and ensure providers integrate Behavioral Health services and physical health services?

6. How will Applicant ensure the full Behavioral Health benefit is available to all Members in Applicant's service area?

7. How will Applicant ensure timely access to all Behavioral Health services for all Members?

8. How will Applicant ensure that Members can receive Behavioral Health services out of the service area, due to lack of access within the service area, and that Applicant will remain responsible for arranging and paying for such out-of-service-area care?

9. How will Applicant ensure Applicant's physical and Behavioral Health providers are completing comprehensive screening of physical and Behavioral Health care using evidence-based screening tools?

10. How will Applicant ensure access to Mobile Crisis Services for all Members to promote stabilization in a community setting rather than arrest, presentation to an emergency department, or admission to an Acute psychiatric care facility, in accordance with OAR 309-019-0105, 309-019-0150, 309-019-0242, 309-019-0243 and 309-019-0300 to 309-019-0320?

B. Billing System and Policy Barriers to Integration (recommended page limit 2 pages)

Applicant must identify and address billing system and policy barriers to integration that prevent Behavioral Health provider billing from a physical health setting. Applicant will develop payment methodologies to reimburse for Warm Handoffs, impromptu consultations, integrated care management services and all services for evidence-based treatments (for example, Wraparound, ACT, PCIT, EASA). Applicant will examine equity in Behavioral Health and physical health reimbursement.

1. Please describe Applicant's process to provide Warm Handoffs, any potential barriers to ensuring Warm Handoffs occur and are documented, and how Applicant plans to address them.

2. How does Applicant plan to assess for need and utilization of in-home care services (Behavioral Health services delivered in the Member's home) for Members?

3. Please describe Applicant's process for discharge planning, noting that discharge planning begins at the beginning of an episode of care and must be included in the care plan. Discharge Planning involves the transition of a patient's care from one level of care to the next or episode of care. Treatment team and the patient and/or the patient's representative participate in discharge planning activities.

C. MOU with Community Mental Health Program (CMHP) (recommended page limit 6 pages)

Applicant will enter a MOU with Local Mental Health Authority that will be enforced and honored. Improved health outcomes and increased access to services through coordination of safety net services and Medicaid services.

1. Describe how Applicant plans to develop a comprehensive Behavioral Health plan for Applicant's service area. Please include dates, milestones, and community partners.

2. Describe how Applicant plans to collaborate and coordinate with the Local Mental Health Authority in the development of the CHP. Please include dates and milestones.

3. Describe how Applicant plans to collaborate and coordinate with the Local Mental Health Authority in the development of the local plan. Please include dates and milestones.

4. Does Applicant expect any challenges or barriers to executing the written plan or MOU extension with the Local Mental Health Authority? If yes, please describe.

D. Provision of Covered Services (recommended page limit 6 pages)

Applicant must monitor its provider network to ensure mental health parity for their Members.

1. Please provide a report on the Behavioral Health needs in Applicant's service area.

2. Please provide an analysis of the capacity of Applicant's workforce to provide needed services that will lead to better health, based on existing Behavioral Health needs of the population in Applicant's service area.

3. How does Applicant plan to work with Applicant's local communities and local and state educational resources to develop an action plan to ensure the workforce is prepared to provide Behavioral Health services to Applicant's Members?

4. What is Applicant's strategy to ensure workforce capacity meets the needs of Applicant's Members and potential Members?

5. What strategies does Applicant plan to use to support the workforce pipeline in Applicant's area?

6. What outreach and/or collaboration has Applicant conducted with tribes and/or other Indian health care providers in Applicant's service area to establish plans for coordination of care, coordination of access to services (including crisis services), and coordination of patient release from inpatient settings?

E. Covered Services Components (recommended page limit 36 pages)

1. Substance Use Disorder (recommended page limit 2 pages)

How will Applicant support efforts to address opioid use disorder and dependency? This includes:

a. In collaboration with local providers and CMHPs, ensure that adequate workforce, provider capacity, and recovery support services exist in Applicant's service area for individuals and families in need of opioid use disorder treatment and recovery services. This includes: sufficient up to date training of contracted providers on the PDMP, prescribing guidelines, buprenorphine waiver eligibility, overdose reversal, and accurate data reporting on utilization and capacity.

b. Coordinate with providers to have as many eligible providers as possible be DATA Waived so they can prescribe MAT drugs.

c. Coordinate care with local hospitals, emergency rooms, law enforcement, EMS, DCOs, certified Peers, housing coordinators, and other local partners to facilitate continuum of care (prevention, treatment, recovery) for individuals and families struggling with opioid use disorder in their community.

2. Prioritize Access for Pregnant Women and Children Ages Birth through Five Years (recommended page limit 6 pages)

Applicant will prioritize access for pregnant women and children ages birth through five years to health services, developmental services, early intervention, targeted supportive services, and Behavioral Health treatment.

a. How will Applicant ensure that periodic social-emotional screening for all children birth through five years is conducted in the primary care setting? What will take place if the screening reveals concerns?

b. What screening tool(s) to assess for adverse childhood experiences (ACEs) and trauma will be used? How will Applicant assess for resiliency? How will Applicant evaluate the use of these screenings and their application to developing service and support plans?

c. How will Applicant support providers in screening all (universal screening) pregnant women for Behavioral Health needs, at least once during pregnancy and post-partum?

d. How will Applicant ensure that clinical staff providing post-partum care is prepared to refer patients to appropriate Behavioral Health resources when indicated and that systems are in place to ensure follow-up for diagnosis and treatment?

e. How will evidence based dyadic treatment and treatment allowing children to remain living with their primary parent or guardian be defined and made available to families who need these treatments?

f. How will Applicant ensure that providers conduct in-home assessments for adequacy of Family Supports, and offer supportive services (for example, housing adequacy, nutrition and food, diaper needs, transportation needs, safety needs and home visiting)?

g. Describe how Applicant will meet the additional Complex Care Management and evidence-based Behavioral Health intervention needs of children 0-5, and their caregivers, with indications of ACEs and high complexity.

h. How will Applicant ensure children referred to the highest levels of care (day treatment, subacute or PRTS) are able to continue dyadic treatment with their parents or primary caregivers whenever possible?

i. Describe Applicant's annual training plan for Applicant's staff and providers that addresses ACEs, trauma informed approaches and practices, tools and interventions that promote healing from trauma and the creation/support of resiliency for families.

3. Care Coordination (recommended page limit 12 pages)

Applicant is required to ensure a care coordinator is identified for individuals with severe and persistent mental illness (SPMI), children with serious emotional disorders (SED), individuals in medication assisted treatment for substance use disorder (SUD), and Members of a Prioritized Populations. Applicant must develop standards for care coordination that reflect principles that are trauma informed, linguistically appropriate and culturally responsive. Applicant must ensure care coordination is provided for all children in Child Welfare and state custody and for other prioritized populations (e.g., intellectual/developmental disabilities). Applicant must establish outcome measure tools for care coordination.

a. Describe Applicant's screening and stratification processes for care coordination, specifically:

(1) How will Applicant determine which enrollees receive care coordination services?

(2) How will Applicant ensure that enrollees who need care coordination are able to access these services?

(3) How will Applicant identify enrollees who have had no utilization within the first six months of enrollment, and what strategies will Applicant use to contact and assess these enrollees?

b. How does Applicant plan to complete initial screening and assessment of Intensive Care Coordination (ICC) within the designated timeline? (May submit work flow chart if desirable).

c. Please describe Applicant's proposed process for developing, monitoring the implementation of and for updating Intensive Care Coordination plans.

d. How does Applicant plan to provide cost-effective integrated care coordination (including all health and social support systems)?

e. What is Applicant's policy for ensuring Applicant is operating in a way guided by person centered, culturally responsive and trauma informed principles?

f. Does Applicant plan to delegate care coordination outside of Applicant's organization? How does Applicant plan to enforce the contract requirement if care coordination delegation is chosen?

g. What is Applicant's strategy for engaging specialized and ICC populations? What is Applicant's plan for addressing engagement barriers with ICC populations?

h. Please describe Applicant's process of notifying a Member if they are discharged from care coordination/ICC services. Please include additional processes in place for Members who are being discharged due to lack of engagement.

i. Describe Applicant's plans to ensure continuity of care for Members while in different levels of care and/or episodes of care, including those outside of Applicant's service area. How will Applicant coordinate with providers across levels of care?

j. How will Applicant manage discharge planning, knowing that good discharge planning begins from the moment a Member enters services?

k. What steps will Applicant take to ensure care coordination involvement for ICC Members while they are in other systems (e.g., hospital, subacute, criminal justice facility)?

l. Describe how Applicant will ensure ICC care coordinators will maintain the 15:1 caseload requirement.

m. Which evidence-based outcome measure tool for care coordination services will Applicant use? What other general ways will Applicant use to measure for care coordination?

n. How will Applicant ensure that Member information is available to Primary Care Providers, specialists, Behavioral Health Providers, care managers and other appropriate parties (e.g., caregivers, family) who need the information to ensure the Member is receiving needed services and care coordination?

4. Severe and Persistent Mental Illness (SPMI) (recommended page limit 6 pages)

a. How will Applicant work with OHA, other state agencies, and other state funded or operated entities to identify areas where treatment and services for adult Members with SPMI can be improved?

b. How will Applicant provide oversight, care coordination, transition planning and management for Members receiving Behavioral Health services, including Mental Health Rehabilitative Services, Personal Care Services and Habilitation Services, in licensed and non-licensed home and community-based settings, to ensure individuals who no longer need placement in such settings are transitioned to a community placement in the most integrated community setting appropriate for that person?

c. How will Applicant ensure Members with SPMI receive ICC support in finding appropriate housing and receive coordination in addressing Member's housing needs?

d. How will Applicant assist Members with SPMI to obtain housing, supported housing to the extent possible, consistent with the individual's treatment goals, clinical needs, and the individual's informed choice?

e. How will Applicant ensure ACT services are provided for all adult Members with SPMI who are referred to and eligible for ACT services in accordance with OAR 309-019-0105 and 309-019-0225 through 309-019-0255?

f. How will Applicant determine (and report) whether ACT team denials are appropriate and responsible for inappropriate denials. If denial is appropriate for that particular team, but Member is still eligible for ACT, how will Applicant find or create another team to serve Member?

g. How will Applicant engage all eligible Members who decline to participate in ACT in an attempt to identify and overcome barriers to the Member's participation as required by the Contract?

h. How will Applicant provide alternative evidence-based intensive services if Member continues to decline participation in ACT, which must include care coordination?

i. How will Applicant work with Secure Residential Treatment Facilities (SRTFs) to expeditiously move a civilly committed Member with SPMI, who no longer needs placement in an SRTF, to a placement in the most integrated community setting appropriate for that person?

5. Emergency Department (recommended page limit 2 pages)

a. How will Applicant establish a policy and procedure for developing a management plan for contacting and offering services to each Member who has two or more readmissions to an emergency department in a six-month period? The management plan must show how the Contractor plans to reduce admissions to emergency departments, reduce readmissions to emergency departments, reduce the length of time Members spend in emergency departments, and ensure adults with SPMI have appropriate connection to community-based services after leaving an emergency department and will have a follow-up visit within three days.

6. Oregon State Hospital (recommended page limit 1 page)

a. How will Applicant coordinate with system partners as needed regarding Oregon State Hospital discharges for all adult Members with SPMI?

b. How will Applicant coordinate care for Members receiving Behavioral Health treatment while admitted to the State hospital during discharge planning for the return to Applicant's service area when the Member has been deemed ready to transition?

7. Supported Employment Services (recommended page limit 1 page)

a. How will Applicant ensure access to supported employment services for all adult Members eligible for these services, in accordance with OAR 309-019-0275 through 309-019-0295?

8. Children's System of Care (recommended page limit 2 pages)

Applicant will fully implement System of Care (SOC) for the children's system. Child-serving systems and agencies collaborating in the SOC are working together for the benefit of children and families.

a. Please provide detail on how Applicant will utilize the practice level work group, advisory council, and executive council.

b. How does Applicant plan to track submitted, resolved, and unresolved barriers to a SOC?

c. What strategies will Applicant employ to ensure that the above governance groups are comprised of youth, families, DHS (Child Welfare, I/DD), special education, juvenile justice, Oregon Youth Authority, Behavioral Health, and youth and family voice representation at a level of at least 51 percent?

9. Wraparound Services (recommended page limit 4 pages)

Applicant is required to ensure Wraparound Services are available to all children and young adults who meet criteria.

a. Provide details on how Applicant plans to ensure administration of the Wraparound Fidelity Index Short Form (WFI-EZ) and to communicate data to the SOC Advisory Council?

b. How does Applicant plan to receive a minimum of 35 percent response rate from youth?

c. How will Applicant's Wraparound policy address:

(1) How Wraparound services are implemented and monitored by providers?

(2) How Applicant will ensure Wraparound services are provided to Members in need, through Applicant's providers?

d. Describe Applicant's plan for serving all eligible youth in Wraparound services so that no youth is placed on a waitlist. Describe Applicant's strategy to ensure there is no waitlist for youth who meet criteria.

e. Describe Applicant's strategy to ensure that Applicant has the ability to implement Wraparound services to fidelity. This includes ensuring access to family and youth Peer support and that designated roles are held by separate professionals as indicated (for example: Wraparound coaches and Wraparound supervisors are filled by two different individuals).