

AMENDED BEHAVIORAL HEALTH ORGANIZATION DETAILED PLAN REQUEST

Project Title: Behavioral Health Integration

Contract Period: April 1, 2016 through June 30, 2018

Detailed Plan Due Date: Detailed Plans must be received by DSHS no later than 5:00 p.m. Pacific Standard time on October 30, 2015.

Delivery of Detailed Plans: **Faxed Detailed Plans will not be accepted.**

Mailing address:

Melena Thompson
Behavioral Health Organizations Implementation Policy
Manager
Department of Social and Health Services
Division of Behavioral Health and Recovery
PO BOX 45330
Olympia, WA 98504-5330

Physical address:

Department of Social and Health Services
Division of Behavioral Health and Recovery
4500 10th Avenue Southeast
Lacey, Washington 98503
Attention: Melena Thompson

E-Mail Address: bhotransition@dshs.wa.gov

**Website for Information
Regarding the Detailed Plan
Request:**

<https://www.dshs.wa.gov/bhsia/division-behavioral-health-and-recovery/developing-behavioral-health-organizations>

LIST OF DETAILED PLAN REQUEST EXHIBITS

EXHIBIT A – BEHAVIORAL HEALTH DATA CONSOLIDATION DATA ELEMENTS

EXHIBIT B – FUNDING

B-1 – PRELIMINARY BHO MEDICAID RATE RANGES

B-2 – PRELIMINARY BHO SPECIFIC MEDICAID RATES (TO BE PROVIDED PRIOR TO AUGUST 31, 2015)

B-3 – SUBSTANCE ABUSE, PREVENTION AND TREATMENT, BLOCK GRANT (TO BE PROVIDED PRIOR TO AUGUST 31, 2015)

B-4 – GENERAL STATE (TO BE PROVIDED PRIOR TO AUGUST 31, 2015)

EXHIBIT C – DRAFT CONTRACTS

C-1 – PREPAID INPATIENT HEALTH PLAN (PIHP)

C-3 – BEHAVIORAL HEALTH STATE CONTRACT

EXHIBIT D – SUBSTANCE USE DISORDER SERVICES

D-1 – DEFINITIONS

D-2 – SERVICE MATRIX

D-3 – SAPT CROSSWALK

EXHIBIT E – AMERICAN INDIAN ADDENDUM

EXHIBIT F – BHO ADVISORY BOARD MEMBERSHIP

EXHIBIT G – WISE CAPACITY EXPANSION

Section A. Summary of Project

1. Purpose and Background

The State of Washington, Department of Social & Health Services (DSHS), is requesting Detailed Plans from potential Behavioral Health Organizations (hereafter Potential BHO) in accord with Second Substitute Senate Bill 6312, Chapter 225, Laws of 2014 (hereafter 2SSB 6312) for the establishment of Behavioral Health Organizations in the State of Washington.

2SSB 6312 requires DSHS to request a Detailed Plan from the entities identified in 2SSB 6312, the Potential BHOs, to demonstrate compliance with the contractual elements of the act and federal regulations related to Medicaid managed care contracting. Any Potential BHO that submits a Detailed Plan that demonstrates that it can meet the requirements will be awarded the contract to serve as the BHO. Those requirements include:

- Contractual provisions consistent with the intent expressed in RCW 71.24.015, 71.36.005, 70.96A.010, and 70.96A.011;
- Standards regarding the quality of services to be provided, including increased use of evidence-based, research-based, and promising practices, as defined in RCW 71.24.025;
- Accountability for the client outcomes established in RCW 35 43.20A.895, 70.320.020, and 71.36.025 and performance measures linked to those outcomes;
- Standards requiring behavioral health organizations to maintain a network of appropriate providers that is supported by written agreements sufficient to provide adequate access to all services covered under the contract with the DSHS and to protect essential existing behavioral health system infrastructure and capacity, including a continuum of chemical dependency services;
- Provisions to require that medically necessary chemical dependency and mental health treatment services be available to clients;
- Standards requiring the use of behavioral health service provider reimbursement methods that incentivize improved performance with respect to the client outcomes established in RCW 43.20A.895 and 71.36.025, integration of behavioral health and primary care services at the clinical level, and improved care coordination for individuals with complex care needs;
- Standards related to the financial integrity of the responding organization.
- Mechanisms for monitoring performance under the contract and remedies for failure to substantially comply with the requirements of the contract.
- Provisions to maintain the decision-making independence of designated mental health professionals or designated chemical dependency specialists; and
- Provisions stating that public funds appropriated by the legislature may not be used to promote or deter, encourage, or discourage employees from exercising their rights under Title 29, 36 chapter 7, subchapter II, United States Code or chapter 41.56 RCW.

2. Statutory Detailed Plan Requirements

From RCW 71.24.320:

If an existing Behavioral Health Organization (*read as existing Regional Support Network*) chooses not to respond to a request for a detailed plan, or is unable to substantially meet the requirements of a request for a detailed plan, or notifies the Department of Social and Health Services it will no longer serve as a Behavioral Health Organization, the Department shall utilize a procurement process in which other entities recognized by the secretary may bid to serve as the behavioral health organization.

- The request for proposal shall include a scoring factor for proposals that include additional financial resources beyond that provided by state appropriation or allocation.
- The department shall provide detailed briefings to all bidders in accordance with department and state procurement policies.
- The request for proposal shall also include a scoring factor for proposals submitted by nonprofit entities that include a component to maximize the utilization of state provided resources and the leverage of other funds for the support of mental health services to persons with mental illness.

A Behavioral Health Organization that voluntarily terminates, refuses to renew, or refuses to sign a mandatory amendment to its contract to act as a Behavioral Health Organization is prohibited from responding to a procurement under this section or serving as a Behavioral Health Organization for five years from the date that the department signs a contract with the entity that will serve as the Behavioral Health Organization.

From RCW 71.24.360:

The Department may establish new behavioral health organization boundaries in any part of the state:

- Where more than one organization chooses not to respond to, or is unable to substantially meet the requirements of, the request for a detailed plan;
- Where a behavioral health organization is subject to reprocurement under RCW 71.24.330; or
- Where two or more behavioral health organizations propose to reconfigure themselves to achieve consolidation, in which case the procurement process described in RCW 71.24.320 and RCW 71.24.330 does not apply.

The department may establish no fewer than six and no more than fourteen behavioral health organizations under this chapter. No entity shall be responsible for more than three behavioral health organizations.

From RCW 71.24.380:

The Secretary of DSHS shall purchase mental health and chemical dependency treatment services primarily through managed care contracting, but may continue to purchase behavioral health services directly from tribal clinics and other tribal providers.

The Secretary of DSHS shall request a detailed plan from the entities identified herein that demonstrates compliance with the contractual elements of RCW 43.20A.894 and federal regulations related to Medicaid managed care contracting, including, but not limited to:

- Having a sufficient network of providers to provide adequate access to mental health and chemical dependency services for residents of the regional service area that meet eligibility criteria for services
- Ability to maintain and manage adequate reserves, and maintenance of quality assurance processes.

Any responding entity that submits a detailed plan that demonstrates that it can meet the requirements of this section must be awarded the contract to serve as the behavioral health organization.

For purposes of responding to the request for a detailed plan, the entities from which a plan will be requested are:

- A county in a single county regional service area that currently serves as the regional support network for that area;
- In the event that a county has made a decision prior to January 1, 2014, not to contract as a regional support network, any private entity that serves as the regional support network for that area;
- All counties within a regional service area that includes more than one county, which shall form a responding entity through the adoption of an interlocal agreement. The interlocal agreement must specify the terms by which the responding entity shall serve as the behavioral health organization within the regional service area.
- In the event that a regional service area is comprised of multiple counties including one that has made a decision prior to January 1, 2014, not to contract as a regional support network the counties shall adopt an interlocal agreement and may respond to the request for a detailed plan and the private entity may also respond to the request for a detailed plan. If both responding entities meet the requirements of this section, the responding entities shall follow the department's procurement process established herein
- If an entity that has received a request to submit a detailed plan does not respond to the request, a responding entity is unable to substantially meet the requirements of the request for a detailed plan, or more than one responding entity substantially meets the requirements for the request for a detailed plan, the department shall use a procurement process in which other entities recognized by the secretary may bid to serve as the behavioral health organization in that regional service area.

3. Funding

The Secretary of DSHS or his delegates are the only individuals who may legally commit DSHS to the expenditure of funds for contracts. No cost chargeable to the proposed contract may be incurred before receipt of a fully executed contract.

Any contract awarded as a result of this detailed plan request is contingent upon the availability of funding.

Exhibit B contains BHO funding information.

Section B. Detailed Plan Process

1. Detailed Plan Contact Information

Upon release of this Detailed Plan Request, all communications concerning this Detailed Plan Request must be directed only to the Detailed Plan Coordinator listed below.

Detailed Plan Coordinator: Melena Thompson, Implementation Policy Manager
Department of Social and Health Services
Behavioral Health and Service Integration Administration
Division of Behavioral Health and Recovery

Mailing Address: P.O. Box 45330
Olympia, WA 98504-5330

Physical Address: 4500 10th Avenue SE
Lacey, WA 98503

Telephone: 360-725-3758

E-Mail Address: bhotransition@dshs.wa.gov

2. Potential Behavioral Health Organizations

The following Regional Support Networks have indicated their intent to be Behavioral Health Organizations and are the only entities that may respond to the Detailed Plan Request for the listed counties:

Spokane – Spokane, Lincoln, Ferry, Stevens, Pend Oreille, Adams, and Okanogan

North Central - Grant, Chelan, and Douglas

Greater Columbia – Kittitas, Yakima, Klickitat, Benton, Franklin, Walla Walla, Columbia, Garfield, Whitman, and Asotin

North Sound – San Juan, Island, Snohomish, Skagit, and Whatcom

Peninsula – Clallam, Jefferson, and Kitsap

Timberlands (Great Rivers BHO) – Grays Harbor, Cowlitz, Lewis, Pacific, and Wahkiakum

Thurston Mason – Thurston and Mason

OPTUM- Pierce

King – King

3. Detailed Plan Schedule

The Detailed Plan Schedule outlines the tentative schedule for important action dates and times. DSHS may adjust any dates and will notify BHOs of any modification in the schedule.

Release Detailed Plan Request (DPR)	7/1/15
Potential BHO DPR Conference (directions and location will be provided)	7/30/15, 9 am to 12 pm
Last Date for Potential BHO DPR Formal Written Questions	8/10/15
Answers to Potential BHO DPR Questions Published	8/31/15
Electronic Detailed Plans Due	10/30/15, 5:00 p.m.
Hardcopy Detailed Plans Due	11/04/15, 5:00 p.m.
DSHS Reviews Detailed Plans (see 3. Review Process)	11/02/15 - 1/8/16
DSHS Publishes Review Results	1/08/16
Contracts to BHOs for Signature	1/19/16
Contracts Start Date	2/01/16
Services Begin	4/01/16

4. Formal Written Questions and Answers

Formal written questions from Potential BHOs regarding this DPR must be received by 5:00 p.m., August 10, 2015. Question must be submitted to the BHO email inbox or the mailing address provided herein. DSHS will answer the questions and publish all questions and answers by August 31, 2015. Those questions and answer are part of this DPR.

5. Review Process

DSHS, during the review process, will have ongoing communications with the potential BHOs. BHOs must provide a contact person and a back-up for the Detailed Plan. Those persons should be reasonably available to both respond to and meet with DSHS.

The purpose of the review process is to assure, through an iterative process of questions and answers and technical assistance that the BHO is prepared to begin operating and providing services on April 1, 2016.

6. Contracts

DSHS and the BHOs will execute four contracts to provide services in each BHO Regions identified herein. The contracts will be a Prepaid Inpatient Health Plan (PIHP) contract, for Medicaid services, a State Funded Services contract, for services and activities that are not Medicaid or Block Grant funded, and two Block Grant contracts, for services and activities funded through the Mental Health and Substance Abuse Federal Block Grants. The term of the initial contracts will be from February 1, 2016 through June 30, 2018, with services to begin April, 1, 2016. Extending the period of performance, if necessary, shall be at the sole discretion of DSHS. The term of the contracts may be extended by amendment or through the execution of a new contract. Additional services, activities and funding appropriate to the scope of the contracts, as determined by DSHS, may be added to the contracts by a written amendment mutually agreed to and executed by both parties. Sample draft contracts are attached as Exhibit C.

7. Detailed Plan Request Amendments

DSHS reserves the right, at any time before execution of a contract, to amend all, or a portion, of this Request for Detailed Plan. Amendments will be published by DSHS. If there is any conflict between amendments or between an amendment and this document, whichever document was issued last in time shall be controlling.

8. Retraction of this Detailed Plan Request

DSHS reserves the right to retract this Detailed Plan Request in whole, or in part, at any time without penalty.

9. Submission and Form of Detailed Plan

a. Submission of Proposal

The Detailed Plan must be prepared and submitted no later than the Detailed Plan submission dates and times specified in the Detailed Plan Schedule. The Detailed Plan is to be sent to the attention of Detailed Plan Coordinator. DSHS will provide instructions for the delivery of the electronic copy. The electronic copy must be followed by hardcopies. DSHS will not accept any Detailed Plan submitted by fax.

Potential BHOs should allow sufficient time to ensure timely receipt by the Detail Plan Coordinator. Potential BHOs assume the risk for the method of delivery and for any delay in the delivery of the Detailed Plan.

DSHS reserves the right to disqualify any Detailed Plan and withdraw it from consideration if it is received after the submission due date and time. DSHS also reserves the right to accept a late submission at its sole discretion. All Detailed Plans and any accompanying documentation become the property of DSHS and will not be returned.

b. Form of Detailed Plan

The Potential BHO must submit the Detailed Plan on standard eight and one-half by eleven inch (8 ½" x 11") white paper.

The Potential BHO must use a font size of 12 point or larger.

The Potential BHO must submit the hardcopy of their Detailed Plan in three-ring binders. Each binder must have a table of contents and tabs separating the major sections of the Detailed Plan. All pages must be labelled with the BHO name and page numbered.

Submit five copies of the Detailed Plan clearly labelled with the BHO name. Also submit one electronic copy in a Microsoft and/or PDF format in the manner specified by DSHS. All electronic files must be named as follows: Detailed Plan BHO Name File Contents Date.

Boxes may not weigh more than 25 lbs. each.

Documents that have been created for another purpose may be included in the original format, but must be clearly labelled and easily readable.

10. Nonresponsive Detailed Plans

All Detailed Plans will be reviewed by DSHS to determine compliance with requirements and instructions specified in this DPR. DSHS may require a corrective action that must be completed within fourteen (14) calendar days of notification, for any Detailed Plan that, in DSHS' sole judgment, does not meet the requirement and/or instructions in this DPR.

11. Minor Irregularities

DSHS may waive minor irregularities related to any Detailed Plan.

12. Notify BHOs

DSHS will notify the Potential BHOs of the review results on or about the date specified in the DPR Schedule.

13. Public Disclosure

All materials from DSHS in regard to this DPR and all materials submitted by potential BHOs in response to this DPR are subject to public disclosure.

Section C. Detailed Plan Contents

1. Detailed Plan Subjects

Each of the following sub-planning subject areas must be addressed separately in the Detailed Plan:

- I. General and Overall Transition Plan
- II. Transition and Coordination of Services Plan
 - i. Before implementation
 - ii. After implementation
- III. Communications and Stakeholder Plan
 - i. Consumers
 - ii. Providers
 - iii. Advisory Board
 - iv. Stakeholders
 - v. Staff
- IV. Network Analysis and Development Plan
 - i. Mental Health
 - ii. Substance Use Disorder
- V. Staffing and Workforce Analysis and Development Plan
 - i. Training
 - ii. Personnel
 - iii. Ombuds
- VI. Financial and Administrative Plan
- VII. Utilization Management Plan
- VIII. Quality Assurance Plan
- ~~IX. Program Integrity Plan~~
- X. Grievance System Plan
- XI. Tribal communication and Coordination and Communication Plan
- ~~XII. Evidence Based, Research Based and Promising Practices Analysis and Development Plan~~
 - ~~i. Youth~~
 - ~~ii. Adults~~
 - ~~iii. Older Adults~~

This section will not be required. If there was a planned response to this section that you would like to include please do so in Section VIII. Quality Assurance Plan.

- XIII. Behavioral Health Data Consolidation Project Plan

2. Attestations and Specific Responses

DSHS has provided an Excel document labelled [Detail Plan Request - Attestations and Responses for Detailed Plan](#). The document requires initials for each item and a signed attestation for each page by an individual with the authority to bind the Potential BHO. The document also has specific responses that must be answered by your Detailed Plan. You must provide a precise cross reference both in the Detailed Plan and the document sufficient for DSHS to locate the answer to each response required. In the Detailed Plan, the potential BHO must use numbered comments or subscripts to identify responses. In the cross-references column in the [Detail Plan Request - Attestations and](#)

Responses for Detailed Plan, the potential BHO must provide the number of the Detailed Plan comment or subscript and a Detailed Plan page and section number.

It is the expectation that each BHO's Detailed Plan completely and thoroughly respond to each required response in the Detailed Plan - Attestations and Responses for Detailed Plan. It is also expected that each of the sub-planning subjects be thoroughly addressed beyond simply responding to those required responses. Each sub-plan must provide a narrative, analysis and work plan that starts with an assessment of current status and need and ends with fully meeting the requirements and the needs of the populations to be served in a complete, safe and timely manner.

By attesting to a particular regulatory requirement, you are affirming that: (1) The requirement has been read, reviewed, analyzed and understood by your BHO and (2) Where the regulatory requirement describes and creates a duty for the Behavioral Health Organization (BHO), your BHO understands and accepts the requirement as a duty and responsibility of the BHO.

