REQUEST FOR PROPOSALS

ISSUED BY THE
NEW MEXICO INTERAGENCY BEHAVIORAL
HEALTH PURCHASING COLLABORATIVE
FOR

STATEWIDE ENTITY

RFP# XXX

Issue Date: July 1, 2008
I. MANDATORY SPECIFICATIONS

Offerors should respond in the form of a thorough narrative to each mandatory specification. The narratives along with required attachments will be evaluated and awarded points accordingly.

Failure to respond to Mandatory Specifications will result in the disqualification of the proposal as non-responsive.

A. PROGRAM ADMINISTRATION AND SUPPORT

1. Organizational Capacity and Experience

A1. Provide the name and address of the offering company/organization and its parent company (if applicable), including any “doing business as” either in New Mexico or in other locations.

A2. Provide a table of the organization or organizational chart including an explanation of the functions of the significant operating units within New Mexico and in other locations for this contract.

A3. Provide the names and titles of the offeror’s corporate CEO, CFO, CIO and Medical or Clinical Director and provide the names, titles, job descriptions, qualifications/credentialing, resumes and FTE requirements of key personnel for the contract, including, but not limited to, the New Mexico CEO; CFO; CIO; Medical/Clinical Director; New Mexico staff that will lead the offeror’s customer and family relations and provider relations activities; New Mexico staff assigned to liaison with the disability community; and New Mexico staff that will work with Collaborative staff and with local collaboratives in each of the five geographic areas of New Mexico and in the sixth “area” with Native communities. If any such positions are not currently filled or individuals are not committed to these positions, the offeror must provide the job qualifications of each position.

A4. Provide documentation describing the offeror’s relationship to parent, affiliated or related business entities including, but not limited to, subsidiaries, joint ventures, or sister corporations.

A5. Provide a copy of the offeror’s Insurance Division license that allows assumption of risk for prepaid capitated contracts under state law, or provide a detailed plan for how such a license will be in effect before July 1, 2009.

A6. Identify, in table format, all of the offeror’s publicly-funded behavioral health contracts for Medicaid/SCHIP and/or other low-income individuals within the last five (5) years. In addition, identify, in table format, the offeror’s ten largest (as measured by number of enrollees) behavioral health contracts for populations other than Medicaid/SCHIP and/or other low-income individuals within the last five (5) years. For each prior experience identified, please provide a brief description of the scope of work; the duration of the contract; the primary contact name, phone number, and email address; the number of members and the population types (e.g., TANF, ABD, duals, SCHIP); the
annual contract payments; whether payment was capitated or other; and the role of subcontractors, if any. This table shall include contracts held by the offeror, the offeror’s parent organization, affiliates, and subsidiaries.

A7. List any pending lawsuit or bankruptcy petitions, any lawsuit or bankruptcy that has been concluded within the last five years, or any current investigation of the offeror, its parent, affiliates, or subsidiaries that may be relevant to the operation of this program. Include a brief description of each item listed.

A8. For any of the offeror’s (to include the offeror’s parent organization, affiliates and subsidiaries) contracts to provide behavioral health services within the past five years, has the other contracting party notified the offeror that it has found the offeror to be in breach of the contract (failed to meet a contract requirement)? If yes:

(1) Please provide a description of the events concerning the breach, specifically addressing the issue of whether or not the breach was due to factors beyond the offeror’s control.

(2) Was a corrective action plan (CAP) or its equivalent imposed? If so, describe the steps and timeframes in the CAP and whether the CAP was completed.

(3) Was a sanction imposed? If so, please describe the sanction, including the amount of any monetary sanction (e.g., penalty or liquidated damage)

(4) Was the breach the subject of an administrative proceeding or litigation? If so, what was the result of the proceeding/litigation?

The offeror shall provide the required information for all public sector contracts (including, but not limited to, Medicaid, Medicare, SCHIP, and public employees) as well as any non-public sector contracts that cover more than 200,000 lives.

A9. Provide a preliminary work plan identifying the key tasks to be completed by the SE and the State as well as outstanding issues that need to be addressed before contract implementation, with estimated timeframes and responsible parties.

2. **Organizational Philosophy and Commitment to Values and Principles**

A10. Describe the ways in which customers and families will be included in the operations and evaluation of the offeror in New Mexico.

A11. Demonstrate evidence of the offeror’s experience and knowledge regarding the provision of services for individuals with disabilities in addition to mental illness and substance abuse.

A12. Describe what steps the offeror will takes to ensure compliance with the Americans with Disabilities Act (ADA) within its own operations and by its subcontractors and providers.

A13. Describe the offeror’s approach to working with the Collaborative, BHPC, CATs, and other interagency state teams to fulfill the vision for the behavioral health system.
3. **Finances**

A14. Provide the offeror’s most recently audited financial statements. Include the parent company’s most recently audited financial statements if applicable. In addition, provide the offeror’s two most recent unaudited internally prepared quarterly financial statements with preparation dates indicated. Include the parent company’s two most recent statements if applicable.

A15. Describe how the offeror will identify other insurance held by the offeror’s customers and other insurance that may be required to pay for services provided to customers (third party liability), coordinate benefits with third parties, furnish the Collaborative with documentation or other information necessary for Collaborative agencies to pursue their rights under state or federal law and provide information and documentation to Collaborative agencies in the event costs are recovered from a third party for any service provided by the SE or its subcontractors.

A16. Describe the offeror’s experience managing multiple funding streams.

A17. Describe processes and procedures for tracking funding and expenditures from each fund source in the contract, and for tracking all financial information for the contract separately from other lines of business, including providing an independently audited financial statement annually for each separate fund source and providing the Collaborative with the original copy of the audit report in accordance with the State Auditor’s schedule.

A18. Describe how the offeror will ensure accurate payments and will identify and recoup any erroneous payments made to a provider or subcontractor.

A19. Describe how the offeror plans to develop mechanisms for seeking additional funding resources (e.g., grants, increased state or federal funds, increased third party resources, etc.).

4. **Management Information Systems (MIS)**

A20. Describe the hardware, software, and information resources that will be used by the offeror to accept, transmit, maintain and process customer, provider, prior authorization, and claims information. In the description of resources, include a description of key Information Systems (IS) staff and their responsibilities and how they interface with other divisions within your organization and with subcontractors.

A21. Describe real-time mechanisms the offeror will use to maintain information for the provision of services and care coordination.

A22. Describe the offeror’s capacity to do the following:
   - Maintain and retain secure electronic and hard copy records including clinical, data and financial;
   - Maintain mechanisms for monitoring and reporting sentinel/critical events, e.g., incarcerations, deaths, suicides, suicide attempts and involuntary hospitalizations, detentions for protective custody and detention for alleged criminal activity;
• Maintain systems for payment of last resort and third party liability (TPL);
• Manage and account for unique funding streams and other requirements of state agencies within the Collaborative;
• Develop any necessary support for sliding-fee scale procedures; and
• Identify, track and report allowable and non-allowable expenses within each geographic area, entities and providers (“allowable” expenses are expenses that are reimbursable).

A23. Describe the offeror’s MIS change control process for changes in the type of data collected, e.g., adding new required fields.
A24. Describe how the offeror will detect providers or subcontractors who are transmitting partial or no records.
A25. Describe how the offeror will ensure data submission timeliness, accuracy and completeness by subcontracted providers, including provider compliance with sentinel event and disease-reporting requirements, behavioral health related HEDIS® information and encounter data submission.
A26. Describe the offeror’s strategies, resources and capabilities to collect, report annually and use MHSIP data, including drawing a statistically valid sample for both Medicaid and non-Medicaid customers, and train SE and provider staff in the collection and reporting of MHSIP data and conducting the survey; to track satisfaction data for behavioral health services; report MHSIP data annually including drawing a statistically valid sample from which to collect MHSIP data from both Medicaid and non-Medicaid customers; and train its staff in the collection and reporting of MHSIP data and in conducting the survey.
A27. Describe how the offeror will provide technical assistance for providers to assure that accurate and valid data is collected and reported.
A28. Describe how the offeror proposes to work with the Collaborative to move toward more uniform data collection and reporting mechanisms while still being able to report as required by the various fund sources involved.
A29. Describe the offeror’s system backup and recovery plan.
A30. Describe your proposed dissemination of ID cards to members; include a sample of a current or proposed ID card showing information as it is disseminated to the customer.
A31. Describe the edits that are performed and procedures for correcting encounter data when post-review denies a claim that has already been accepted by HSD as a valid paid encounter.
A32. Describe how the offeror will assure that all encounters are submitted to the State within the specified timelines, regardless of the particular subcontracting/provider arrangement.

5. **Provider Network**

A33. Provide a CD listing of all providers to be used in the network by region and specialty type.
A34. Describe how the offeror’s network will ensure that the provider network is sufficient to assure that medically necessary services are provided for entitled populations and that priority populations are served based on Collaborative-established criteria for which individuals should be served first.

A35. Describe how the offeror will ensure a smooth transition for customers and their families in situations when a network provider leaves the network.

A36. Describe anticipated provider reimbursement arrangements, specifying the providers, provider types, or provider networks and the services that may be reimbursed by different arrangements, such as fee-for-service, program budgets, risk or subcapitation approaches, case rates or other forms of reimbursement; include any steps taken to assure no adverse or unintended consequences will occur because of a specified reimbursement mechanism or that any such consequences have been mitigated to the extent possible (e.g., assuring adequate cash flow during a specified interim time period for providers transitioning from program-based budgets and reimbursement to fee-for-service or other reimbursement mechanism).

A37. Describe specific fiscal strategies and steps the offeror will take to facilitate the transition to greater use of less restrictive community-based services (e.g., rates, utilization, capacity building).

A38. For claims received in January, February, and March of 2008 for each of your five largest publicly-funded contracts (as identified in response to xxx), provide the following (by month and by contract): the number and percentage of clean claims processed within thirty (30) calendar days of receipt, the number and percentage of claim processed within sixty (60) calendar days of receipt, and the number and percentage of claims processed within ninety (90) days; and the average time (number of days) to process claims.

A39. Describe any use of technology the offeror will utilize to reduce the administrative burden on providers including the amount of training required.

A40. Describe how the offeror will reimburse court-ordered services for juveniles and adults and parole board-ordered services for adults, while working with courts and parole boards to assure that ordered services are medically necessary or otherwise appropriate based on Collaborative guidelines.

A41. Describe any unique financing or reimbursement mechanisms the offeror expects to utilize to make payments to IHS and tribal and urban Indian providers that furnish services to Native Americans.

A42. Describe in detail how the offeror will educate and train providers regarding applicable requirements, including billing, service authorization processes and criteria, and other administrative policies and procedures of the SE. Include how you will educate and train providers regarding any changes to these requirements.

A43. Describe the mechanisms the offeror will utilize to identify, track and respond to provider questions and concerns about billing, service delivery and provider relations issues.

A44. Describe the relationship the SE will develop with customers, families, providers or provider groups, academic institutions, and other resources to help in developing provider capacity and expertise.
6. **Relation to Local Collaboratives**

A45. Describe what assistance the offeror proposes to provide (e.g., training, technical assistance, capacity building, planning or logistical resources, etc.) for local collaboratives (LCs).

A46. Describe how the offeror will utilize the input of local collaboratives to develop provider contracts, hold providers accountable, or provide additional training or technical assistance within each geographic area.

A47. Describe how the offeror will offer assistance to or guidance for local collaboratives about the types of system interfaces that will work in their communities for referrals to and from and collaboration among behavioral health providers, adult corrections, juvenile justice, protective services, schools regarding individual education plans, child welfare agencies, primary care providers (PCPs), etc.

A48. Describe how the offeror will build consultation with local collaboratives into quality management and improvement planning and implementation, focusing particularly on locally-identified desired outcomes for that geographic area or population, and on customer- and family-driven service quality evaluation processes.

A49. Describe how the offeror intends to utilize local collaboratives to develop service area plans for each of the five geographic regions of the state and the sixth Native American region.

7. **Disaster Planning**

A50. Describe the offeror’s experience with disaster behavioral health planning and response, including the creation and implementation of multi-systemic or multi-agency emergency response protocols.

A51. Describe how the offeror will ensure and assist each provider to develop and maintain an emergency response protocol that evidences collaboration with local emergency management, law enforcement and other first responder personnel and that is consistent with the protocol for statewide disaster behavioral health response included in the New Mexico Department of Health Emergency Operations Plan, which serves as an annex to the New Mexico All Hazard Emergency Operations Plan, and other Collaborative agencies’ emergency response plans.
B. BENEFITS AND SERVICES

1. **Persons Served and Services Offered**

   B1. Describe the processes and procedures the offeror will use to verify eligibility for services based upon eligibility and clinical criteria, including risk factors, appropriate to each funding source, including the offeror’s processes and procedures for tracking services across funding sources.

   B2. Describe how the offeror will assure follow-up for necessary behavioral health services identified through EPSDT screens of children and adolescents.

   B3. Describe any proposed actions the offeror would take to assist the Collaborative to develop a workforce capable of delivering the best services possible, especially those that are evidence-based or promising practices.

   B4. Describe how the offeror will facilitate the creation of and utilize any state certified customer/family workforce capable of supporting proactive participation in: advisory groups, quality improvement activities, complaints and grievance processes, and customer/family/peer provided Medicaid and non-Medicaid reimbursable services.

   B5. Describe how the offeror will work with Collaborative agencies, BHPC and local collaborative to utilize all available workforce incentives and initiatives.

   B6. Describe how the offeror will work with Collaborative agencies, BHPC, and local collaboratives to ensure public and private employers are available to support transitions to employment for youth transitioning to adulthood or for adults with serious mental illness or severe substance use disorders.

   B7. Describe how the offeror will work with Collaborative agencies, BHPC and local collaboratives to assure that persons with mental health and substance abuse disorders have access to safe, affordable, decent housing of their choice, and to increase the availability of such housing, including methods of paying for rent and/or mortgage payments consistent with the implementation of the Collaborative’s Long Term Housing Plan.

   B8. Describe how the offeror will seek or assist providers in seeking additional shelter plus care and individualized housing support services to persons who secure access tenant and project based permanent supportive housing or other housing assistance funding for the populations served pursuant to the contract.

   B9. Describe how the offeror’s network will work with Local Supportive Housing Partnerships to assure housing support services will be available to persons eligible for supportive housing and that there is adequate network participation with housing organizations on outreach, eligibility, tenant selection, waiting list management, move-in assistance and eviction prevention consistent with Collaborative policies and national best practice standards on Supportive Housing.
B11. Describe how the offeror will interact with state-operated facilities, especially DOH and CYFD operated treatment facilities; specifically, how the offeror will conduct pre-admission reviews to suggest or arrange for alternative treatment settings and how the offeror will assure that community provider representatives (case managers or hospital/facility liaisons) participate in hospital/facility treatment teams to arrange discharge plans from the beginning of admission.

B12. Describe how the offeror will increase community-and home-based services that reduce the use of high end services and promote recovery and resiliency.

B13. Describe how the offeror will make use of evidence-based practices and will work with providers and customer/family groups to expand and evaluate or research promising practices that will support customer and family recovery and resiliency.

B14. Describe how the offeror will support and help strengthen and expand customer and family peer advocacy, self-help programs, support networks, and peer-directed services.

B15. Describe how the offeror will increase coordination with DWI prevention and treatment funding at the local county level.

2. **Utilization Review and Utilization Management**

B16. Describe how the offerors UM and practice guidelines meet the following criteria:
   - Are based on valid and reliable clinical evidence or a consensus on health professionals in the behavioral health field
   - Are consistent with the Medicaid medical necessity definition
   - Are developed and adopted in collaboration with network providers
   - Are reviewed and updated periodically based on input and information from the offeror’s quality management/quality improvement program
   - Are consistent across the various funding sources included in this RFP

B17. Describe how the offeror will ensure that providers comply with the appointment times for routine, urgent and emergency care as specified in the contract (see Appendix xxx), including monitoring conducted by the offeror.

B18. Describe the offeror’s proposed retrospective, prospective and concurrent review mechanisms, identifying for which populations and services it proposes to use these mechanisms, and for which services the offeror proposes to require authorization prior to service delivery and for which services the offeror proposes to have “open access” with only concurrent, retrospective or no clinical reviews.

B19. Describe how the offeror will assure timely UR decisions and include an explanation of how timely UR/UM decisions will be made when insufficient or improper documentation is submitted by a provider.
B20. Describe how the offeror will assure timely review of any clinical denial of services and how alternative levels of care will be suggested and providers and customers/families assisted in accessing those alternative levels of care; include a description of how providers and customers/families may appeal denials of authorization for services.

B21. Provide a description of the offeror’s UR/UM structure, including the role of relevant individuals such as behavioral health medical directors, providers, customers and families, local collaboratives, BHPC, etc.

B22. Provide documentation of the methods by which the offeror will evaluate at least annually the consistency of UR/UM reviewers, including any delegated UR/UM reviewers, in applying criteria in decision-making.

B23. Describe how the offeror and its subcontractors will use appropriately licensed health and behavioral health professionals (whose education, training and experience are commensurate with the URs that they conduct and decisions that they make) to supervise all UR decisions.

B24. Describe how, utilizing the service patterns analysis and input from the BHPC and local collaboratives, the offeror will make recommendations to the Collaborative for service changes that will increase services and outcomes for New Mexicans.

B25. Explain how the offeror will work with the Collaborative and physical health managed care organizations to assure UR criteria are the same or at least not inconsistent for similar services.

3. **Care Coordination**

B26. Describe how the offeror proposes to identify proactively individuals for whose care they are responsible who need care coordination, including but not limited to, Medicaid-eligible individuals with special healthcare needs and other special populations.

B27. Identify the offeror’s designated person(s) and the organizational structure (including location, ensuring coverage throughout the state, and to whom care coordinators will report) the offeror proposes to use to assure care coordination activities and to serve as the single point of contact for the customer/family in need of such services.

B28. Describe the qualifications of staff who will function as care coordinators; include a position description for this position.

B29. Describe how the offeror will communicate to customers/families the existence of the care coordination function and how they can request such assistance with care and describe how the offeror will communicate to the customer/family the care coordinator’s name and how to contact him/her or the single point of contact for any customer/family for whom care coordination is determined to be unnecessary.

B30. Describe how the offeror will monitor progress of customers/families to ensure that services are received, assistance is provided in resolving identified problems, duplication of services is avoided, and linking of customers to on-site face-to-face case management is available when needed.
B31. Describe the offeror’s experience with the use of predictive modeling or other care coordination approaches and/or external referrals to identify and manage the care of high-risk individuals.

B32. Describe how the offeror will prevent disruption of care during transition from the current SE contract. This description should include how the offeror will identify customers receiving services and what information, education, and training the offeror will provide to providers.

4. **Case Management**

B33. Describe how customers will access the SE care coordination function and case management services, how these functions will be different, and what criteria will be used to determine which customers will receive which level of case management services.

B34. Describe how the offeror will utilize case management services to promote coordination of physical and behavioral health care, and coordination of behavioral health treatment with social services including employment, housing and educational services.

B35. Describe how case managers will be supervised and how case consultation for direct service providers will occur with the availability of a case manager supervisor during all hours during which the service is provided or is required to be available, especially in 24/7 case management service models.

B36. Demonstrate the offeror’s knowledge of and experience with evidence-based practices in case management models for different populations, describing clear expected outcomes for each population and model (specifically address adults with serious and persistent mental illness, children with serious emotional disturbances, persons with forensic involvement, persons who are deaf or hard of hearing or who have special disabilities requiring special workforce competence).

5. **Coordination of Physical and Behavioral Health Services**

B37. Describe how the offeror will improve the use of consultations between behavioral health providers and physical health providers in clinic, hospital and emergency room settings.

B38. Describe how the offeror will educate and assist behavioral health providers to make appropriate referrals for physical health consultation and treatment and how the offeror will work with physical health providers to make appropriate referrals for behavioral health services.

B39. Describe protocols you would implement to ensure that behavioral health providers will keep the customer’s primary care provider (PCP) or other physical health provider informed of the following:
- Drug therapy;
- Laboratory and radiology results;
- Sentinel events such as hospitalization, emergencies, and incarceration;
- Discharge from a psychiatric hospital or from behavioral health services;
Transitions in level of care; and
• Progress in meeting individual service or life goals that affect physical health care.

B40. Describe how the offeror will work with the provider network to ensure the continuity and coordination of physical and behavioral health services and how the offeror will monitor the implementation of policies and procedures to ensure continuity and coordination.

6. **Coordination Among Behavioral Health Providers**

B41. Describe your experience and approaches you have used in other contracts that strongly encouraged or required behavioral health providers to obtain consultations and assistance with psychopharmacotherapy and diagnostic evaluations from a psychiatrist or other behavioral health specialist with prescribing authority when clinically appropriate.

B42. Describe the offeror’s experience and knowledge of care coordination mechanisms between health and behavioral health care providers, between mental health and substance abuse providers, and among behavioral health providers serving common customers/families; describe in detail the offeror’s proposed protocols for sharing information between such providers.

B43. Describe the offeror’s experience with and plans to implement integrated services for persons with co-occurring disorders of mental illness and substance abuse and describe in detail the integrated services the offeror plans to make available in New Mexico.

7. **Commitment to Cultural Competency**

B44. Describe the offeror’s strategies to recruit, retain, and promote at all levels of the organization a culturally diverse staff, including leadership positions representative of the demographic characteristics of the service area.

B45. Describe how the offeror will ensure that SE and provider staff at all levels and across all disciplines receive ongoing education, training and clinical consultation in culturally and linguistically (including deaf and hard of hearing) appropriate service delivery and dispute resolution.

B46. Describe how the offeror will assure the competence of language assistance provided to customers with limited English proficiency and their families by interpreters and bilingual staff; and how the offeror will ensure that family and friends will not be used to provide interpretation services (except upon explicit request of the customer).

B47. Describe how the offeror will encourage or require providers to integrate cultural and linguistically competent-related measures into their internal audits, performance improvement programs, customer satisfaction assessments, and outcomes-based evaluations.
B48. Describe how the offeror will ensure that complaint and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing and resolving cross-cultural conflicts or complaints by customers or their families.

B49. Describe how the offeror will support the use of traditional healers, promotoras, cultural practitioners and traditional healing approaches for customers and their families who want them.

8. **Native American Issues**

B50. Describe how the offeror will establish partnerships with tribal and non-tribal entities to develop local tribal collaboratives that encompass entities such as tribes and pueblos, IHS, the Bureau of Indian Affairs, Native American traditional healers or medicine men/women and urban Indian organizations.

B51. Describe how the offeror will incorporate the views of Native American stakeholders (customers, families, providers, tribal leaders, advocates) into the design of the service delivery system.

9. **Services for Individuals with Special Health Care Needs (ISHCN)**

B52. Describe your previous experience in coordinating care for ISHCN individuals, especially within the following groups:
- Individuals participating in Medicaid home and community based waiver programs (DD, elderly and disabled, HIV/AIDS, and medically fragile children);
- Children in foster care or out-of-home placement;
- Children who are described in the Individuals with Disabilities Education Act (IDEA);
- Individuals who have physical, cognitive, sensory, mental/emotional disabilities;
- Individual who have neuropsychological disorders (NPDs); and
- Individual who have co-occurring mental illness and substance abuse.

B53. Describe potential enhanced services available to ISHCN within the offeror’s program, including specialized assessment, diagnoses, treatment, and case management or care coordination.

B54. Describe coordination of care among agencies, including schools for ISHCNs.

B55. Describe how the offeror will ensure access to providers who have expertise in addressing conditions specific to ISHCNs where workforce expertise is an issue, and how the offeror will provide training, technical assistance, or consultation for providers confronted with ISHCNs but without the necessary expertise to adequately address their needs.

B56. Describe how the offeror will work with existing centers of excellence such as the Center for Development Disabilities (CDD) at the University of New Mexico (UNM) and other in-state resources.
10. Services for Children and Adolescents in Protective Services and Receiving or Released from Juvenile Justice Services and Under the Supervision or Custody of CYFD

B57. Describe in detail the offeror’s previous experience and the offeror’s processes, procedures and methods to ensure the coordination of services, including discharge planning and the development of “wraparound” approaches to meet the needs of those children who are under the supervision of or at risk of coming under the supervision of CYFD.

B58. Describe how the offeror will proactively involve Protective Services and Juvenile Justice System workers in assessing the need for services and in decisions being made about services.

B59. Describe how the offeror will assure a behavioral health assessment is conducted within 24 hours for every child/adolescent entering CYFD Protective Services and CYFD Juvenile Justice Services and make appropriate referrals for further assessment and treatment.

B60. Describe how the offeror will work with in-facility behavioral health providers to prepare for discharge or release of adolescents and assure that service linkages are established before the adolescent is released from state juvenile justice facilities.

B61. Describe how the offeror will work with foster families and biological families to assure that children/adolescents are receiving the behavioral health treatment and services they need; that overall functioning of the child is improved in the areas of safety, permanency/stability and well-being; and that families are prepared to support children/adolescents moving back home or moving into adoption.

B62. Describe how the offeror will help avoid out-of-home placements and/or achieve permanency for children/adolescents, including the authorization of integrated in-home and school-based services and supports.

B63. Describe how the offeror will train staff, providers and the community in the philosophy and use of wraparound approaches and methods, including how the offeror will establish flexible funding for those services and products that are traditionally non-clinical but which are part of the child/adolescent’s treatment plan and serve to maintain the child functioning in a home setting and in the community.

11. Services For Adults with Behavioral Health Needs Who Are Released From Prison and Who Are Under The Supervision or Custody of NMCD

B64. Describe the offeror’s process to coordinate care with probation and parole officers and provide appropriate behavioral health assessment, treatment planning and services statewide for parolees leaving NMCD prisons, remaining under the supervision of NMCD through parole status, and identified by NMCD as a priority for behavioral health services.
B65. Describe how the offeror will work with adult correctional facilities to assure appropriate re-entry of adults ready for release from prison and currently receiving treatment within the prison, including how public benefits, financial assistance, housing and employment issues will be addressed jointly with NMCD.

B66. Describe any special treatment approaches the offeror will make available for sexual offenders or other offenders required by law or a court to register or be tracked in a special manner.

12. Pharmacy Services

B67. Describe strategies the offeror would use to maximize access to behavioral health medications for non-Medicaid customers to the extent resources are available, especially for those individuals for whom medication could mean prevention of the use of higher cost, more restrictive services.

B68. Describe the role of pharmacy services in the offeror’s disease management activities for children with SED and other disorders, persons with serious and persistent mental illnesses or long-term addictive disorders including the adoption of any specific algorithms or guidelines.

B69. Describe how the offeror will provide information about medications and the symptoms they are designed to control or alleviate to customers, family members, providers, and non-prescribing practitioners (especially case managers).

B70. Describe how the offeror will oversee the prescribing practices of the prescribing practitioners in its provider network and how the resulting data will be used to inform prescriber practice and quality improvement.

B71. Describe how the offeror will coordinate with the Medicaid MCOs regarding customer pharmacy services.

B72. Describe the offeror’s experience with effective pharmacy practices that meet the needs of rural and frontier individuals, including the use of primary care providers, nurse practitioners, psychologists and other prescribing and dispensing practitioners, as well as the use of mail order pharmacy services.

B73. Provide a copy of the offeror’s proposed PDL, assuring that at least one medication is available in each class of behavioral health medication without prior authorization for Medicaid eligible customers.

B74. Provide a list of medications for substance abuse and addictions the offeror proposes to include on its PDL.

B75. Describe the offeror’s process, structure and criteria for determining what medications will be available on the PDL without prior authorization and how the PDL will be reviewed and revised regularly.

B76. Describe the offeror’s policy and procedure for allowing the prescription of medications and allowing access to medications not on the offeror’s PDL.

B77. Describe how the offeror will respect customers’ choices and assist customers who are interested in receiving treatment and services without medications, even when a prescriber indicates that medications would likely provide better symptom relief than other services without such medication.
13. **Transportation Services**

B78. Describe how the offeror will assist customers in accessing existing transportation resources to assure access to behavioral health services, especially in rural and frontier areas. Describe the offeror’s proposed protocols with the Medicaid MCOs and how the offeror will increase coordination of public transportation services.

14. **School-Based Services**

B79. Describe how the offeror will assure coordination and integration of behavioral health care with physical health services delivered in school-based settings, including BIA and tribal schools, broadly and through IFSPs and IEPs specifically.

B80. Describe the offeror’s policies, procedures and methods designed to improve delivery and funding for school-based behavioral health services and to track data on school-based behavioral health services.

B81. Describe how the offeror will improve the sustainability of school-based behavioral health services through diversification of funding (including increased financial and in-kind support from the served school district(s) and foundation and government grants) and the development of community partnerships.

B82. Describe how the offeror will assist schools-based health centers and school-based services to develop Medicaid and third party billing and reimbursement mechanisms to fund behavioral health services in the schools.

B83. Describe how the offeror will build a full continuum of school behavioral health services including working with schools, Collaborative agencies, universities and community colleges to provide training; increase prevention programs; increase awareness of students and teachers; and provide screening, direct services, case management services, and enhanced school behavioral health interventions including strong linkages with physical and behavioral health systems in the community.

15. **Telehealth**

B84. Describe the offeror’s experience with the use of telehealth in the delivery of behavioral health services, particularly in rural and frontier areas.

B85. Describe the offeror’s experience with determining funding sources for telehealth infrastructure and services, especially behavioral health services.

B86. Describe the offeror’s experience in and proposed approach to training behavioral health practitioners and customers/families on the use of telehealth for service delivery.

B87. Describe the offeror’s capacity to use telehealth technology where available. Note: all computerized or web-based telehealth must be Bobby accessible.
B88. Describe how the offeror plans to coordinate with existing telehealth programs, e.g., NMCD.

16. Quality Management And Improvement/Performance Measures And Outcomes

B89. Provide a detailed quality management/quality improvement (QM/QI) plan showing the processes and steps the offeror will take to track and improve the quality of the system’s performance and the quality of services by contracted providers; include short- and long-term goals through specific QI activities to meet each set of goals.

B90. Describe the process to be used by the offeror’s QM/QI to revise their plan each year and how the offeror will work with the Collaborative, local collaboratives and the BHPC to reach agreement on performance measures and outcomes.

B91. Describe how the offeror will utilize data and information from the local collaboratives regarding perceptions of quality and service outcomes to improve the quality of services.

B92. Describe the role of customers, families and providers in the development and implementation of the QM/QI plan.

B93. Describe the status of the offeror’s behavioral health organization accreditation in New Mexico and other states.

B94. Describe the mechanisms for quarterly evaluations and written documentation of progress made during EQR-related corrective action plans.

B95. Describe how the offeror will identify opportunities for member satisfaction improvement, implement and measure effectiveness of interventions, and inform practitioners and providers of results.

B96. Describe how the offeror will assure that services are provided in accordance with professional standards of care, ensuring that all service components are provided by adequately trained, licensed and qualified staff as appropriate to services provided and as stipulated by the New Mexico Licensing Boards.

B97. Describe how the offeror will implement a single universal credentialing and re-credentialing process for organizational providers and individual practitioners.

B98. Describe any proposal regarding privileging of practitioners to conduct specialized assessments or to provide specific services requiring special training or experience (e.g., forensic evaluations, sexual abuse/trauma, mobile crisis services, etc.).

B99. Describe how the offeror will manage all provider subcontracts, including program reviews/audits and reporting, to ensure that all providers meet applicable requirements, including but not limited to services provided, budget requirements, and reporting requirements. Provide, as an attachment, a sample of a recent provider performance report from one of the offeror’s five largest publicly-funded behavioral health contracts.

B100. Describe the offeror’s policies and procedures regarding provider profiling or other reporting of provider performance and ability to produce good outcomes for customers and their families.
B101. Describe how the offeror will make access to information easier for providers, customers, families, referring entities and the public, including how the offeror will make any required technology available for those who need it and provide training in its use.

B102. Describe the offeror’s policies and procedures to address prevention, detection, preliminary investigation and reporting of potential and actual fraud and abuse.