

State of Connecticut
Department of Social Services
Department of Mental Health and Addiction Services
Department of Children and Families
Behavioral Health Administrative Services Organization
Request for Information 09/09/2014

Overview

The Departments of Social Services (DSS), Mental Health and Addiction Services (DMHAS) and Children and Families (DCF) have collaborated to form the Connecticut Behavioral Health Partnership (CTBHP). The CTBHP is seeking information about the innovative capabilities of behavioral health management vendors to design, implement and manage a behavioral health service system that improves member experience, improves member outcomes and manages expenditures for the Medicaid populations in Connecticut.

The purpose of this RFI is to collect information regarding best practices and innovation within the field that may impact a future procurement. The Departments intend to issue a Request for Proposals (RFP) in the near future and may use the information obtained through this exercise to inform the contents of the RFP.

Description

DSS, DMHAS and DCF are responsible for managing an integrated public behavioral health service system of care. The Departments are committed to the following goals:

- Increase access to high quality behavioral health services
- Expansion of individualized family-centered community-based services
- Decrease unnecessary use of institutional services
- Improve the management of state resources and increase federal financial participation in the funding of behavioral health services
- Improve administrative oversight and efficiencies
- Improve health care and recovery outcomes

Information Requested

Briefly describe and be prepared to demonstrate innovative solutions, technology and outcome reporting currently used; and how these tools improve the quality of care and outcomes in the following domain areas:

1. **Intensive Care Management (ICM)** refers to specialized care management or care coordination techniques that are implemented when an individual experiences barriers to

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treatment and/or recovery. The Departments believe that ICM is necessary and cost-effective when provided to those individuals requiring precise, strategic service delivery and coordination of care to achieve a favorable outcome.

2. **Quality Management (QM)** refers to a comprehensive program of continuous quality improvement and quality assurance activities. The Departments seek to ensure that all members receive appropriate, effective, medically necessary and cost efficient treatment designed to improve health outcomes. The Departments are also interested in keeping abreast of the latest clinical and administrative trends within the behavioral health system of care.
3. **Data Collection, Analysis and Reporting** refers to the ability to have a robust, comprehensive yet flexible data collection, analysis and reporting process. This may include use of validated quality measures or customized outcome measures. These processes should result in the identification and interpretation of trends and aberrations within the behavioral health system. The integration of information available from Departmental data warehouses and the vendor's Information Technology system is necessary to support a comprehensive picture of the service system.
4. **Utilization Management (UM)** refers to a set of processes that seeks to ensure that eligible members receive the most appropriate, least restrictive and most cost effective treatment to meet their identified behavioral health needs.
5. **Integrated Care (IC)** refers to the ability to design processes and methodology for improving the integration of physical health care and behavioral health care for individuals enrolled in the Medicaid Program.

In addition to the five (5) key areas, the vendor may provide information for one supplemental content area that best demonstrates a unique skill set, highlights best practices, and/or has relevance to the Departments' goals.

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Response Outline

Section I: Executive Summary of Organization and designated point person for communication regarding the status of the RFI. (1 page maximum)

Section II: Information Required

1. Intensive Care Management (1 page maximum)
2. Quality Management (1 page maximum)
3. Data Collection, Analysis and Reporting (1 page maximum)
4. Utilization Management (1 page maximum)
5. Integrated Care (1 page maximum)
6. Additional Content Area (Optional; 1 page maximum)

Submission Due Date and Time

The Official Contact is the only authorized recipient of submissions to this RFI. Submission of information shall be e-mailed, with **CTBHP_RFI_090914 in the subject line** and submission of information must be received by the Official Contact on or before the due date and time:

Due Date: September 29, 2014 **Time:** 12:00 p.m. Eastern Time

The submission must be compatible with Microsoft Office Word and/or Microsoft Office Excel. All responses shall be formatted as a single PDF document, 12 point font with 1" margins, and emailed to the Official Contact:

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The Department may ask respondents to the RFI to participate in oral presentations to further explicate the concepts and strategies underlying their response. At its sole discretion, the Department may limit the number of respondents invited to make such an oral presentation.

The presentations shall occur on October 16th and October 17th 2014. Each presentation shall be no longer than 2 hours and in any format, (PowerPoint, video, oral), the vendor chooses. The presentation should include the content the vendor deems best demonstrative of the above-referenced information. Vendors will be notified of their selection to present by October 6, 2014. Vendors will have the ability to present remotely or in person, which will be coordinated on a case-by-case basis depending on vendor preference and Departments' capabilities.

Disclaimer

This RFI is issued solely for information and planning purposes and does not constitute a solicitation. All information in response to this RFI that is marked "Proprietary" will be handled accordingly and in accordance with the Connecticut Freedom of Information Act (§1-210 of the CT General Statutes). Responses to the RFI will not be returned. Responses to this notice are not an offer and cannot be accepted to form a binding contract. This solicitation of information should not be considered an opportunity to "market" to the Department of Social Services or to any entity for the State of Connecticut. Respondents are solely responsible for all expenses associated with responding to this RFI. If a vendor does not respond to this Request for Information or if a vendor is not selected to participate in the RFI demonstration process, the vendor is still eligible to submit a proposal if and when the Request for Proposal is released.