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May 11, 2012

RFA 3402

Addendum #17

1. This is Addendum # 17 to Request for Application (RFA) 3402, Coordinated Care Organizations (CCOs).
2. RFA #3402 is hereby amended as follows:
 - a. A 1st wave Applicant may correct its Technical Application or Financial Application no later than one week after the date of this Addendum 17, to the extent such corrections result from the changes made by this Addendum 17. The 1st wave applicant shall make such corrections by submitting any corrected document by email to the Sole Point of Contact, with the corrections marked in the submission.
 - b. In accordance with Section 4.4 of the RFA OHA provides answers to questions received by OHA via: email to the SPC and the Webinars conducted by OHA on March 22, 2012, March 27, 2012, April 4, 2012, April 12, 2012 and April 19, 1021 (not including answers provided in Addenda 2, 4, 8, 13 or 15 to this RFA). The following are OHA's official answers:

Financial Questions

Question 1. Should Tables E1 through E4 be included in the Financial Application?

Answer 1. Yes, but OHA will accept these tables until May 16, 2012 from first wave Applicants.

Question 2. What is the incentive for counties to continue to invest County General funds in a system they will have relatively little influence over?

Answer 2. I don't see the counties as having relatively little influence. They will have perhaps less direct control over the Medicaid resources that come from the global budget. But, they have a strong role to play in their relationships with the CCOs as they look at the needs of the community and help make plans for improving the health of the community. I think we can all agree there is insufficient funding for the behavioral health services in Oregon and we need all of the components of the funds that are in the system now to come together locally in order to provide the best possible outcomes for Oregon citizens, whether they're covered by Medicaid or they rely on other state funded systems for support.

Question 3. Please explain- presentation said Medicaid targeted case management that use local match will be included in Global Budget. Also said Nurse home visiting targeted case management is excluded.

Answer 3. In general, targeted case management (TCM) programs that are operated locally and use local match are optional for the Applicants. If the Applicant includes locally matched TCM in their Application, OHA will work with the Applicant to include the funding in the Global Budget. Babies First/CaCoon and other visiting nurse TCM programs use local match but were excluded initially because they are available statewide and our funding strategy needs to be on a statewide basis. OHA is currently working through those complexities to ensure that inclusion into the Global Budget consistently across the state does not disrupt these important programs. Once complete, the additional TCM programs will be included into the Global Budget at the earliest opportunity.

Question 4. Could you talk a little more about target case management home visiting programs?

Answer 4. This is a fairly complex area. I would refer individuals who are interested in the Application process back to the RFA. I think there are TCM dollars that flow through the Medicaid program and nurse home visiting dollars that flow through Public Health. I would encourage you to review some of the slides from today's presentation: public health categorical funds are not changing; Medicaid TCM dollars may be changing depending on exactly what we're talking about.

Home visiting TCM programs are generally available statewide. The targeted groups operate independent of each other so the answer depends upon exactly which targeted group is being discussed.

Question 5. What about targeted case management for public health programs?

Answer 5. TCM is included in the Global Budget as a local option. In setting up CCOs, the vision is to encourage these important programs to work with the CCO in partnership. As you know, the TCM concept clearly meet the goals of the triple aim by helping people stay healthier and avoid unnecessary medical care. Programs should be talking to their local Applicants now and bring to the table your outcomes and return on investment to show the value you can bring.

Governance/Organizational Requirements Questions

Question 6. Are CCO governance board members allowed to be contracted providers as well?

Answer 6. Yes

Letters of Support

Question 7. Letters of Support question: the PowerPoint slide read application "may" include letter of support. But, the narrator said applications "must" include letters of support. Please clarify. Concerns have arisen around carefully selecting who to support at this application submittal point. How important are these letters from counties?

Answer 7. Very important. It reinforces the fact that the counties are all-in and supportive. It also sends a strong message to your community that you are active and participating and that this is something that you really want for your constituents, particularly if you're a county elected official. For organizations that have clients, your clients need to know that you are supportive of this change and that you can help guide this change with them. So these letters are very important.

Question 8. What is the timeframe on the letters of support?

Answer 8. The Technical Applications from CCOs for the first wave were due April 30, so letters of support would have been, too. Letters of support for subsequent waves can be submitted with the Technical Application by the due date for a particular wave.

Send your letter of support directly to the Applicant, not to the Oregon Health Authority. You can find information about organizations who have filed letters of intent on health.oregon.gov.

Mental Health Questions

Question 9. We have attended a number of the CCO forums around the state – and Dr. Goldberg has a fairly common answer (with some slight variation) to a large number of the questions -- which is “It will be up to the local CCO to decide.” However, as far as we can tell the State’s rules haven’t changed regarding the requirements for a Certificate of Approval to be a mental health provider in the State of Oregon – and the ability to meet all the standards and be in compliance with all the administrative rules. Will a CCO, in the scope of providing mental health services, still be required to meet these standards – and will they be required to have a Certificate of Approval from AMH to be a mental health provider? Or will the local CCO’s have the authority to structure the mental health system of care outside of these rules?

Answer 9. The CCOs will be certified in a sense through the RFA process as meeting the criteria to provide the services described in the statute. In terms of mental health services, the CCOs at this point will contract with either individually licensed practitioners who in their scope of practice provide mental health services, or with provider organizations that are currently certified by the AMH division of OHA. So the CCOs themselves won’t be bound by the certification rules or the program delivery rules but will provide services to providers that are currently or will be certified in the future.

We have not yet determined whether CCOs will certify providers locally, and won’t decide until the procurement process is complete and the new system is operational. Currently, the local county mental health directors and the local mental health authority certify providers using the OHA rules. It’s a joint certification between the Addictions and Mental Health Division (AMH) and the local county. This will continue for now.

Question 10. While we do not spend Medicaid funds on non-Medicaid clients, there is an interdependence between the two funding streams that allows mental health programs the ability to have the staffing and administrative structure to serve both Medicaid and indigent clients (e.g. 24 hour crisis staffing that can serve both populations) – has AMH given any thought to the consequences of separating the Medicaid and non-Medicaid funds and creating two systems of care instead of one?

Answer 10. Currently, Medicaid funding stream comes in either through the fully capitated health plan or the mental health organization. Those come together with the money that comes out through the financial assistance agreements with the counties that are for services and for clients that are not eligible for Medicaid. HB 3650 recognized the importance of those funding streams coming together at a local level, in the section of statute that requires CCOs and local mental health authorities to enter into a memorandum of understanding. Part of what that MOU will spell out is how that mental health safety net is preserved, which often means bringing those two funding streams together.

Question 11. Will CCOs still be required to meet all standards and compliance with administrative

rules? Will they be required to have a certificate of approval from AMH or will local CCOs have that authority?

Answer 11. CCOs will go through, based on the application, that certification process and ultimately be successfully designated as CCOs covering the portions of the state that they applied for. The CCOs will then be contracting for AMH services with providers that are certified by the OHA AMH division or if they choose to contract with private licensed practitioners, such as licensed social workers, licensed professional counselors, etc. In terms of whether the CCOs will be approving providers directly, that is not something we have decided at this time. Currently in some parts of the state, the local mental health authority in partnership with the AMH division jointly certifies providers and we haven't looked further into the future to change that, as of now.

Miscellaneous Questions

Question 12. It is my understanding that CCOs will be chosen by the governor's office. If it is to be a local process, can locals be included in the selection process for CCOs?

Answer 12. The CCO Applications will be reviewed by teams of subject matter experts from Oregon Health Authority, Department of Human Services, and Department of Consumer and Business Services. These teams' findings will be reviewed by the Certification Committee that will be appointed by the Director of OHA and the Governor's office to make final approval.

Question 13. Will the state develop sample or example county-CCO agreements (which include all of the issues the state would like to see addressed) for counties to modify as appropriate?

Answer 13. Yes. The sample agreement can be found on the CCO website. It is contained in addendum #9.

Question 14. Does OHA expect to see agreements and relationships between CCOs and counties clearly outlined and explained in the Financial RFA due 5/14? What level of detail are you expecting regarding financial models?

Answer 14. Relationships with the Counties must be clearly defined, and financial models must be reasonably completed even if some assumptions need to be made.