

**Title:** Call for community partner as Lead Organization for Integrated Care for Kids' application

**Agency:** New York State Department of Health

**Division:** Office of Health Insurance Programs

**Date of Issue:** Monday, April 1, 2019

**Question Due Date/Time:** Friday, April 5, 2019 by 5 PM EST

**Proposal Due Date/Time:** Tuesday, April 23, 2019 by 5 PM EST

**County:** Any

**Opportunity Type:** General Solicitation

## **I. BACKGROUND:**

The U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services, Center for Medicare and Medicaid Innovation (CMMI) has issued a Notice of Funding Opportunity that seeks to support up to 8 cooperative agreements for partnerships between State Medicaid agencies and local Lead organizations to leverage and build on existing child service programs. Each State can only receive 1 award. The Integrated Care for Kids (InCK) model will test whether combining a local service delivery model coordinating integrated child health services and a state-specific alternative payment model (APM) to support coordination of those integrated services reduces health care expenditures and improves the quality of care for pediatric Medicaid and Children's Health Insurance Program (CHIP) beneficiaries.

The InCK Model is a child-centered *state payment* and *local service delivery* model aimed at reducing expenditures and improving the quality of care for children covered by Medicaid through early identification and treatment of priority health concerns like behavioral health conditions, substance use, and physical health needs. Specifically, a goal of the program is to assist children and families struggling with substance use, particularly opioid use, and its effects on the family. State-driven alternative payment models (APMs) will support the State-local partnership to improve the coordination and quality of care through accountability for costs and outcomes. The partnership will develop local care delivery approaches and infrastructure to:

- Identify, assess, and risk-stratify children with or at-risk for significant behavioral health, substance use, and physical health needs and utilization of services within their service area;
- Deliver integrated care coordination and case management across local child services, supported by child and family-centered information sharing and alignment of program eligibility and enrollment processes;
- Increase local capacity to shift care for children at risk for, or already in, out-of-home placement to less costly and more effective home and community-based settings; and
- Implement one or multiple APMs that support the local integrated service delivery model and promote accountability for improved outcomes, such as lower rates of opiate and other substance use, as well as long-term health system sustainability.

The Lead Organization will serve as a community integrator, a trusted organization that can understand and represent the needs of the community; engage all the relevant service providers

within a community (including health care services, public health, and human services); and leverage data-driven, community-level quality improvement across sectors toward shared goals for a defined population. The Lead Organization will be responsible for convening and representing the community and will partner with the state Medicaid agency in developing the InCK Model application and implementing the model, if awarded.

## **II. PURPOSE:**

To identify a health care entity to serve as the Lead Organization in partnership with the New York State Department of Health Medicaid Office on its response to the InCK Notice of Funding Opportunity issued by the Center for Medicare and Medicaid Innovation (CMMI) (available at <https://www.grants.gov/web/grants/view-opportunity.html?oppld=312759> ).

The Department of Health is seeking a partner entity that has significant experience with the work identified in the Notice of Funding Opportunity, as well as:

- is able to identify an attributable population and comparison group that represent a good fit with the overall goals of New York State Medicaid to address Value-Based Payment for Children and;
- is able to provide strong evidence of experience working with children and parents and has the capacity to organize and collaborate with multiple community partners;
- has established working relationships with the Medicaid Managed Care Organizations in the region;
- has linked to the Qualified Entity (Regional Health Information Organization) in its region prior to this application;
- has data collection and management experience and is able to establish data sharing and data use agreements;
- has experience in grants management, budgeting and contracting;
- has had direct experience working with CMMI/CMS or other federal partners; and,
- is able to identify key community partners, local resources, and support from local institutions and foundations in its region.

## **III. MINIMUM QUALIFICATIONS:**

The local Lead Organization partner must be an existing business entity that meets the definition of a covered entity subject to privacy laws under the Health Insurance Portability and Accountability Act (HIPAA). In addition, a potential Lead Organization must be able to demonstrate the following:

- Be a health care delivery system providing primary and specialty care to children, including children with moderate and complex medical and behavioral health care needs that include opioid and other substance use disorder;
- Be willing and able to contract for shared savings and/or risk-based payment arrangements (downside risk not required) with the Medicaid Managed Care Organizations in the defined geographic region for the attributed population of children;
- Experience in performance measurement, including quality and efficiency, in collaboration with DOH and the relevant Medicaid Managed Care Organizations, over the course of the initiative;

- A minimum of 5 years' experience working with multiple community stakeholders addressing children's health, including physical and behavioral health issues; and
- A minimum of 3 years' experience working with CMS/CMMI, HRSA, SAMHSA, and/or CDC on grants or funded opportunities;

#### **IV. CONTRACT TERM:**

If awarded, the InCK Model funding is expected to begin in early 2020 with a two-year, pre-implementation period in which CMS will work with states and Lead Organizations to assist the states to develop the infrastructure and procedures necessary for model implementation. A five-year implementation period will follow. Funding is contingent on whether NYS is awarded funding by CMMI.

#### **V. SCOPE OF WORK:**

If NYS DOH is successful in its application for a cooperative agreement with CMMI, the Lead Organization would:

- Partner with the state Medicaid agency in developing the InCK Model application and implementing the model;
- Serve a pivotal leadership role in convening partners to integrate the coordination and management of the InCK Model's core child services for the attributed population;
- Convene and sustain a Partnership Council and conduct regularly scheduled meetings to implement the model and conduct ongoing process improvement;
- Perform a needs assessment and engage all the relevant service providers within a community (including health care services, public health, and human services);
- Work with the region's Health Homes serving eligible children to help coordinate their care;
- Leverage data-driven, community-level quality improvement across sectors toward shared goals for the defined population;
- Convene and represent community partners under a shared mission and vision to integrate child health services at the system level, beyond the individual or practice level;
- Improve population-level care quality and outcomes;
- Create service-integration protocols and processes; and
- Enter into shared savings and/or risk-based payment arrangements (downside risk not required) by Year 4 of the cooperative agreement.

The Lead organization would be expected to:

- Provide a Memorandum of Understanding signed by organizational leadership to NYS DOH as part of the application to CMMI;
- Work collaboratively with DOH and provide the necessary in-kind resources to prepare the application for submission between the time of selection as the lead organization and submission due date of June 10, 2019. In-kind resources provided for purposes of submitting the application to CMS for consideration are not eligible for invoicing;
- Respond to a program duplication assessment questionnaire as required by CMS as part of the application from DOH to CMMI;
- Execute a formal contract with the State if the State is awarded a cooperative agreement from CMMI, by the end of model year one;

- Execute all business associate agreements (BAAs) with any persons or entities that will perform operations under the model that involve the use or disclosure of protected health information on behalf of, or provide services to, the Lead Organization;
- Continue to support the model, as a representative of the community and a partner to the state, fulfilling all ongoing responsibilities for improving population-level care and quality outcomes initiated during the pre-implementation period; and
- Enter into an agreement to share data with both NY State and CMS following HIPAA- and DOH-compliant secure file transfer protocols.

The Lead Organization would also be expected to fulfill the following functions:

- Hire and train Service Integration Coordinators; deploy a functional crisis hotline with 24/7/365 coverage; deploy a mobile response system with 24/7/365 coverage for the target population; and fulfill other responsibilities listed in the InCK NOFO;
- Measure financial savings across multiple public sector domains;
- Measure performance, including quality and efficiency, over the course of the arrangement;
- Establish a model to appropriately distribute shared savings and risk, if undertaking risk, by year 4, among network partners and potentially, across public sector domains, where appropriate;
- Develop a core set of performance metrics which includes physical and behavioral health quality outcomes; and
- Meet DOH/CMS expectations for attendance and participation in scheduled Project Officer calls, timely and complete submissions of quarterly progress reports, attendance at required learning events, and assisting with all DOH/CMS model support contractors

## VI. PROPOSAL CONTENT

To express their interest in this opportunity, Lead Organization Applicants **should** provide a proposal in response to this request for information with the following:

1. A cover letter stating the health care organization's name, address, primary contact name, and phone number. (1 page)
2. A commitment by and description of the roles of executive sponsor and project management staff to lead and manage the project, along with an organizational chart. (1 page)
3. The specific geographic region where this strategy will be implemented, with identified partners. This should include as precise a measurement of the total population that will be measured/served in Service Integration Level (SIL) 1, as well as estimates of how many youths might be identified in SIL 2 and SIL 3. Available data on prevalence and impact of opioid misuse in the adolescent population should be provided. (2 pages)
4. The Medicaid Managed Care Organizations for the attributed population that will be targeted in the specific geographic region and letters of support from the 2 – 3 largest Health Plans covering the attributable population. (It is CMMI's expectation that all attributable lives be included for the specific region and included in an APM.) (1 Page +

- letters of support)
5. A description of the planned in-state comparison community for purposes of model evaluation and a plan for matching the comparison group to the model population. (1-page maximum)
  6. A narrative which demonstrates the organization's ability to *meet all of the Minimum Qualifications listed in Section III* above. This should include a list of all CMS/CMMI, HRSA, SAMHSA, and/or CDC funding received in the past 3 years. (2 pages + list)
  7. A description of the organization's experience/plan for the development and implementation of an information technology platform to facilitate coordinated delivery of services for the attributed population. (2 pages)
  8. Up to five letters of commitment from key community partners that will agree to serve on the Partnership council and provide key services, including any in-kind resources that will be provided. (5-page maximum)

Any Questions regarding the application or this opportunity must be sent to [OHIPContracts@health.ny.gov](mailto:OHIPContracts@health.ny.gov) by Friday, April 5, 2019 at 5:00 P.M. EST.

Interested organizations must provide a proposal by email by Tuesday, April 23, 2019, at 5:00 P.M. EST. Proposals received after this date and time will not be considered.

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