October 5, 2020

# Introduction

Health Net Community Solutions, Inc. and California Health and Wellness Plan, (collectively herein “Health Net”) are managed care plans contracted with the Department of Health Care Services (“DHCS) to provide Medi-Cal covered services to its Medi-Cal HMO beneficiaries. Health Net is releasing this Request for Information (“RFI”) to solicit input from and to ascertain interest from certain providers in joining Health Net’s provider network to provide wrap around and integrated care management services as more fully described below for the CalAIM program.

# Background

CalAIM is a multi-year initiative by the Department of Health Care Services (DHCS) to improve the quality of life and health outcomes of the Medi-Cal population by implementing broad delivery system, program and payment reform across the Medi-Cal program. The major components of CalAIM build upon the successful outcomes of various pilots from the previous federal waivers (including but not limited to the Whole Person Care Pilots, Health Homes Program, and the Coordinated Care Initiative.) The overarching goal is to provide a better quality of life for Medi-Cal patient/member/participant as well as long-term cost savings/avoidance by redesigning how care is delivered.

CalAIM has three primary goals:

1. Identify and manage patient/member/participant risk and need through Whole Person Care approaches and addressing Social Determinants of Health;
2. Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility; and
3. Improve quality outcomes and drive delivery system transformation through value-based initiatives, modernization of systems and payment reform.

In Lieu of Services (ILOS) are flexible wrap-around services that the managed care plans (MCP) may provide and integrate into their population health strategies. These services are provided as a substitute, or to avoid, other Medi-Cal covered services such as emergency room utilization, a hospital or skilled nursing facility admission, or a discharge delay. ILOS would be integrated with Case or Care Management for patient/member/participant at medium-to-high levels of risk and may fill gaps in State Plan benefits to address medical or social determinants of health needs. ILOS services are not a mandated benefit but a tool MCPs may use to assist in maintaining at risk patient/member/participant to remain in the community in good or stable health.

# Purpose

* This Request for Information (RFI) by Health Net is a noncompetitive solicitation. This RFI seeks to gather information from ILOS providers interested in joining our network to provide wrap around and integrated care management services.
* This RFI will allow Health Net to gain information regarding program operations and forming working partnerships.
* This RFI is not binding in nature and is not a contract or an offer of business by Health Net.
* Health Net is under no obligation under this RFI to enter into any contract with any respondent.
* Health Net will not be liable for any costs incurred by a respondent in preparation of and submission of its Letter of Interest, or any other activities related in any way to this RFI.

# Eligible Respondents

* Must be willing to enroll as a Medi-Cal provider, and have the ability to submit invoices or claims to the MCP in a standard format. Please indicate whether your organization can submit invoices or claims.
* Respondents will not be considered if currently listed on a State or Federal regulators Suspended and Ineligible Provider List.

# Target Population:

* High utilizers with frequent hospital or emergency room visits/admissions;
* Individuals at risk for institutionalization with Serious Mental Illness, children with Serious Emotional Disturbance or Substance Use Disorder with co-occurring chronic health conditions;
* Individuals at risk for institutionalization, eligible for long-term care;
* Nursing facility residents who want to transition to the community;
* Children or youth with complex physical, behavioral, developmental and oral health needs (i.e. California Children Services, foster care, youth with Clinical High Risk syndrome or first episode of psychosis);
* Young adults transitioning out of the foster care system
* Individuals transitioning from incarceration; and
* Individuals experiencing chronic homelessness or at risk of becoming homeless.

# Submission Instructions:

***Letter of Interest (LOI):*** Shall be limited to 10 pages, which includes attachments such as appendix and supporting documents. If respondent can offer multiple ILOS services as a package, please include all service descriptions into one LOI.

* Submissions are due from respondents at the end of quarter 1, March 31, 2021 or sooner.
* Submissions can be emailed to Sydney.a.turner@healthnet.com

***Confidential/Proprietary Information:*** LOI’s and information and documents submitted in response to this RFI will become the property of Health Net and will not be returned. Respondents should treat the terms of this RFI and all other information provided by Health Net in connection with this RFI as strictly confidential and proprietary. Proprietary information submitted by respondent must be so identified by respondent.

* ***Program overview*** – please provide a brief description of:
	+ Services you provide. Please indicate which individual or bundled ILOS and how those services are administered:

|  |  |
| --- | --- |
| Housing Support* Housing Navigation
* Housing Deposits
* Housing Tenancy & Sustaining Services
 | Post-Acute Support Services* Short Term Post Hospitalization Housing
* Recuperative Care (medical respite)
* Sobering Centers
* Respite Services
* Day Habilitation Services
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| Transition Support* SNF Transition/Diversion to ALF
* Community Transition (e.g. SNF, incarceration or foster care)
* Services/NF Transition to Home
* Transitioning out of the foster care system
 | At Home Support* Personal Care & Homemaker Services
* Home Modifications
* Meals/Medically Tailored Meals
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* + Patient capacity (ex: describe the number of meals able to provide per day or per week to an estimated number of patients)
	+ If applicable, describe the use of sub-contractors and how they support the program.
* ***Experience*** – Please describe your organizations experience in:
	+ Providing services to most vulnerable and vulnerable populations:
		- Vulnerable is defined as patient/member/participant who require minimal assistance with activities of daily living (ADLs) or social stability, and are able to self-advocate.
		- Most vulnerable is defined as patient/member/participant who require extensive assistance with ADLs, community supports, and/or navigating complex systems to access care.
	+ Care Coordination and connections to community or community services
	+ Working with MCPs
	+ Community Based Organizations
	+ County State and Federal Agencies (for example, DHCS, DMHC, CMS or FEMA)
* ***Service Area*** – Please indicate which of the following counties:
	+ Counties your organization currently operates in:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ] San Diego | [ ] Stanislaus | [ ] Calaveras | [ ] Mono | [ ] Tehama |
| [ ] Sacramento | [ ] San Bernardino | [ ] Colusa | [ ] Nevada | [ ] Tuolumne |
| [ ] Los Angeles | [ ] Riverside | [ ] El Dorado | [ ] Placer | [ ] Yuba |
| [ ] Tulare | [ ] Alpine | [ ] Glenn | [ ] Plumas | [ ] Imperial |
| [ ] San Joaquin | [ ] Amador | [ ] Inyo | [ ] Sierra | [ ] Other |
| [ ] Kern | [ ] Butte | [ ] Mariposa | [ ] Sutter |  |

* + Counties your organization is interested in operating

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ] San Diego | [ ] Stanislaus | [ ] Calaveras | [ ] Mono | [ ] Tehama |
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| [ ] Los Angeles | [ ] Riverside | [ ] El Dorado | [ ] Placer | [ ] Yuba |
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| [ ] San Joaquin | [ ] Amador | [ ] Inyo | [ ] Sierra | [ ] Other |
| [ ] Kern | [ ] Butte | [ ] Mariposa | [ ] Sutter |  |

* + Counties your organization cannot deliver services

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ] San Diego | [ ] Stanislaus | [ ] Calaveras | [ ] Mono | [ ] Tehama |
| [ ] Sacramento | [ ] San Bernardino | [ ] Colusa | [ ] Nevada | [ ] Tuolumne |
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| [ ] Kern | [ ] Butte | [ ] Mariposa | [ ] Sutter |  |

* ***Administrative Capacity*** – Please describe your programs process or ability to:
	+ Receiving and storing patient information and tracking services provided to patients
	+ Data sharing capabilities and infrastructure.
	+ Method or mechanism to submit claims or no pay claims (encounters). If only able to submit invoices, please provide description of future ability to submit claims.
	+ Information and security protocols to ensure compliance with HIPAA and all other national and state privacy and security regulations.
* ***Budget*** – Please provide a description of your staffing model, proposed per service fee, and a recent financial statement.