

Substance Abuse and Mental Health Performance Measure Implementation

Request for Quotes (RFQ)

**Department of Children and Families
Substance Abuse & Mental Health Program Office**

**Commodity Code: 973-500
State Term Contract # 973-001-06-1**

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SECTION 1: BACKGROUND

1. **Background.** The Department of Children and Families (Department) is issuing this Request for Quotes (RFQ) in accordance with section 394.745, Florida Statutes, which requires the Department to submit an annual performance report to the President of the Senate, the Speaker of the House of Representatives, and the Office of the Governor. The purpose of this report is to describe the status of contracted Substance Abuse and Mental Health (SAMH) service providers' compliance with the annual performance outcome standards established by the Legislature as part of the General Appropriation Act (GAA).

Furthermore, the 2008 Florida Legislature passed House Bill 1429, amending s.394.9082, Florida Statutes, which authorizes the Department to implement Behavioral Health Managing Entities (MEs). Under this law, the services provided to SAMH clients are now under the oversight of MEs who subcontract with providers. The MEs are required to comply with data reporting requirements for all GAA performance measures, including data for six (6) new measures as listed in **Attachment 1** below, and several administrative ME performance measures as listed in **Attachment 2**. The Department is seeking quotes from qualified vendors to complete the tasks and deliverables needed to implement these performance measures as specified below in the Scope of Work.

SECTION 2: SCOPE OF WORK AND DELIVERABLES

2. **Summary of Scope of Work and Deliverables.** Vendors responding to this RFQ must submit quotes supported by pricing structures, a timeline/project plan, and a resume or summary of experience (including clients) on similar projects, to include the following Scope of Work and deliverables.

Attachment 1 provides a list of six (6) new GAA performance measures that need to be implemented by the MEs. This table also provides detailed information about the tasks and deliverables, which the vendor must complete as part of this Scope of Work.

The Functional Assessment Rating Scales for adults (FARS) and for children (CFARS) are the data sources currently available for collecting and reporting data needed for three (3) of the six (6) new GAA performance measures (i.e., Reduce Symptoms, Increase Life Skills, and Increase Positive Behaviors). However, FARS and CFARS instruments are currently designed and required only for mental health priority populations and, therefore, are very limited in capturing performance data for persons served in substance abuse programs.

The Service Event data set in Substance Abuse and Mental Health Information System (SAMHIS) can be used to collect and report data needed for two of the six new GAA performance measures, i.e., Timely Access to Treatment Services and Cost Efficiency. However, current data policies and procedures do not include standard definitions for "treatment services" or parameters for "timely access" to these services, or cost ranges established by the Department to achieve various performance outcomes. Therefore, data for these two (2) measures are currently not available and useful statewide.

The consumer satisfaction survey data set in SAMHIS is the data source currently available for collecting and reporting data needed for this performance measure. MEs are required to collect and submit satisfaction data on the following five (5) domains required by Substance Abuse and Mental Health Services Administration (SAMHSA) as part of the Federal Block Grant requirements for National Outcome Measures (NOMS): Access to Care, Appropriateness and Quality of Care, Outcomes of Care, Involvement in Treatment, and Social Connectedness. Although MEs can use any satisfaction survey

instrument approved by the Department, the survey results must reflect the following rating scales for reporting the NOMS data per domain: **5** = Very Satisfied; **4** = Satisfied; **3** = Neither satisfied or dissatisfied; **2** = Dissatisfied; **1** = Very Dissatisfied; **0** = N/A.

Attachment 2 provides a list of the administrative ME performance measures that need to be developed and implemented by the MEs. This table also provides detailed information about the tasks and deliverables, which the selected vendor must complete as part of this implementation process.

2.1 Scope of Work

2.1.1 Meetings. The selected vendor will be required to coordinate and conduct the following meetings. Coordination includes at a minimum; development and submission of a meeting agenda; logistical arrangements; video teleconferencing if necessary; meeting minutes; and progress reports.

2.1.1.1 Kick-off. The selected vendor will be required to have at least one (1) formal in-person kick-off meeting with the Department's leadership team.

2.1.1.2 Exit. The selected vendor will be required to have one (1) formal in-person exit meeting with the Department's leadership team.

2.1.1.3 Stakeholder. The selected vendor will be required to have at least three (3) in-person stakeholder meetings to gather requirements, to be held in various areas of the state.

2.1.2 Workplan. The selected vendor will be required to develop a work plan, which must be approved by the Department. At a minimum, the work plan must include key milestones to assure tasks and deliverables are completed within time frames that are consistent with the time frames included within the ME contracts. The work plan must reflect the key activities or steps to complete each deliverable, including timeframes for Department and stakeholders to review and provide feedback, completion of any needed revisions, and pilot testing/validation of indicator queries prior to full implementation.

2.1.3 Algorithms. The selected vendor must develop criteria and algorithms for identifying and defining persons served by the Department's SAMH funds. This includes the review of existing policies and procedures for enrolling individuals in various priority population groups.

2.1.4 User Manuals and Guides. The selected vendor must create user manuals and help desk guides and must provide basic training needed by MEs, service providers, and other stakeholders to implement each performance measure.

2.1.5 File Transfer Protocol. The selected vendor must develop standards and file transfer protocol processes that will allow MEs to extract the required performance measure data from local database systems and upload the required client files into the state database system (e.g., SAMHIS).

2.1.6 Report Formats. The selected vendor must develop standard report formats to display results of each performance measure – at state, regional, ME, and provider levels by target/priority population and other relevant dimensions.

2.2 Deliverables. The required deliverables are outlined in Attachments 1 and 2 and the due dates are listed below. The selected vendor must deliver at least two (2) hardcopies of the deliverables as well as one (1) electronic media source. The table below provides the due date for each deliverable.

Deliverable	Due Date
1. Draft Documentation related to GAA Performance Measures (Attachment 1) <ul style="list-style-type: none"> • File Transfer Protocols and Processes • Policies and Procedures • Operational Definitions • Guidelines and Methodologies • User Guides and Manuals • Algorithms • Standard Report Formats • Summary of Stakeholder Meetings 	09/28/2012
2. Draft Documentation related to ME Administrative Measures (Attachment 2) <ul style="list-style-type: none"> • File Transfer Protocols and Processes • Policies and Procedures • Operational Definitions • Guidelines and Methodologies • User Guides and Manuals • Algorithms • Standard Report Formats • Summary of Stakeholder Meetings 	10/30/2012
3. Final Documentation of 6 GAA Performance Measures including Reviews and Comments from Stakeholders	11/30/2012
4. Final Documentation related to ME Administrative Measures including Reviews and Comments from Stakeholders	11/30/2012

2.3 Term of the Task Order. The Department anticipates the term for any task order(s) awarded as a result of this RFQ for a period of four (4) months (September through December 2012). Any resulting contract may be renewed for one (1) term not to exceed three (3) years or for the term of the original contract, whichever period is longer. Such renewal shall be made by mutual agreement and shall be contingent upon satisfactory performance evaluations as determined by the Department and shall be subject to the availability of funds. Any renewal shall be in writing and shall be subject to the same terms and conditions as set forth in the initial task order.

Any task order issued as a result of this RFQ process may be terminated if sufficient appropriations or authorizations do not exist. Sending written notice to the vendor will effect such termination. The Department's decision as to whether sufficient appropriations and authorizations are available will be accepted by the vendor as final.

2.4 Cost. This will be a fixed-price contract not to exceed \$300,000.00

SECTION 3: CONDITIONS FOR THE RFQ PROCESS

3. **Conditions for the RFQ Process.** The conditions for participation in this RFQ process are given below, and must be adhered to. Failure to do so could result in disqualification from the RFQ process.

- 3.1 **Contact Person.** The sole point of contact for this RFQ is:

Michele Staffieri, Procurement Manager
Substance Abuse & Mental Health Contract Unit
Department of Children and Families
1317 Winewood Blvd, Bldg 6, Room 281
Tallahassee, FL 32399-04700

Email: Michele_staffieri@dcf.state.fl.us

- 3.2 **Written Inquiries.** Prospective vendor questions will only be accepted if submitted in writing to the Contact Person listed in Section 3.1 and received on or before the date and time specified in Section 3.10, Schedule of Events and Deadlines. No questions will be accepted by facsimile or telephone.

Official Department responses to all inquiries, if any are submitted, will be made available by the date and time specified in Section 3.10 through electronic posting on the Department of Management Services' Vendor Bid System (VBS) website at:

http://vbs.dms.state.fl.us/vbs/main_menu.

- 3.3 **Format of the Quote.** Three (3) hard copies and one (1) electronic copy (via email or CD-ROM) of the quote must be submitted to the Contact Person listed above. The response shall be properly addressed to the Contact Person with the name of the vendor and the item description "Substance Abuse and Mental Health Performance Measure Implementation."

- 3.4 **Quote Requirements**

3.4.1 **Resumes.** Detailed resumes for each proposed vendor including name, position, and work experience related to the Department's needs for each proposed staff person. Vendors must clearly indicate in each resume the applicable Job Title and Scope Variant for the proposed staff person. Experience must be documented in the resume.

3.4.2 **Pricing.** The Department is using the Department of Management Services (DMS) **State Term Contract # 973-001-06-1**: Vendors who are not an awardee to the above referenced contract shall be considered non-responsive.

For a list of qualified vendors under State Term Contract number 973-001-06-1, please go to;

http://www.dms.myflorida.com/business_operations/state_purchasing/vendor_information/state_contracts_agreements_and_price_lists/state_term_contracts/management_consulting_services/contractors

Pricing must be submitted in the format shown in Appendix A of the resulting task order in accordance with the pricing provided in the State Term Contract. Vendors are encouraged to offer lower competitive

pricing and may submit rates lower than the pricing provided in the State Term Contract.

3.4.3 Terms and Conditions Greater than the State Term Contract. If the vendor is offering any terms and conditions more favorable to the Department than the DMS state term contract requires, these considerations should be separately and uniquely listed for the Department to consider.

3.5 Vendor Disqualification. Failure to have performed any past contractual obligations with the Department in a manner satisfactory to the Department will be sufficient cause for termination. To be disqualified as a vendor under this provision, the vendor must have:

3.5.1 Previously failed to satisfactorily perform in a contract with the Department, been notified by the Department of the unsatisfactory performance, and failed to correct the unsatisfactory performance to the satisfaction of the Department; or

3.5.2 Had a contract terminated by the Department for cause.

3.6 Copyrights & Ownership. Any and all copyrights accruing under or in connection with performance under any task order resulting from this RFQ shall be reserved to the State of Florida. The Department shall retain ownership of any training developed under any task order resulting from this RFQ, including all reports, programs, and materials.

3.7 Limitations on Contacting Department Personnel. Prospective vendors are prohibited from contacting Department personnel regarding this solicitation other than the Contact Person identified in Section 3.1. Any occurrence of a violation may result in the disqualification of the prospective vendor.

3.8 Acceptance of Quotes. All quotes must be received by the Department no later than the date and time as listed in section 3.11.

Responsibility for timely delivery rests solely with the vendor.

Any quote submitted shall remain a valid offer for at least 90 days after the quote submission date.

No changes, modifications or additions to the quotes submitted, will be accepted by or binding on the Department after the deadline for submitting quotes has passed.

Quotes not received at either the specified place, or by the specified date and time, or both, will be rejected and returned unopened to the prospective vendor by the Department.

3.9 Selection Process

3.9.1 To be eligible for consideration, a vendor's quote must meet all requirements in this RFQ. The Department will determine whether a vendor's quote complies with the requirements. Quotes that do not meet all requirements listed in this RFQ may be deemed non-responsive. Evaluation will be performed at the sole discretion of the Department. Department staff will perform the evaluation of this RFQ. Evaluation of the quotes will be based on the following criteria, in no order of preference, and not limited to:

- 3.9.1.1** Vendor's quote demonstrates their understanding of the stated Scope of Work and the vendor's experience in providing similar services.
- 3.9.1.2** Vendor's ability to offer evidence of successful implementation of projects of this scope and complexity.
- 3.9.1.3** Vendor's ability to document their capability and capacity to meet the Scope of Work defined in this RFQ.
- 3.9.1.4** Pricing for the tasks and deliverables.
- 3.9.2** The resulting task order will be awarded to the responsible and responsive vendor(s) as determined, to have the best knowledge, skill, and ability taking into consideration the price; however, the Department reserves the right to reject any or all proposals received or to withdraw this RFQ if it is determined to be in the best interest of the State to do so.
- 3.9.3** Unsuccessful vendors will be notified; however, the Department reserves the right to reselect candidate(s) should negotiations with any selected vendor prove unsatisfactory or non-productive.

3.10 Schedule of Events & Deadlines

ACTIVITY	DATE	TIME*	ADDRESS
RFQ Advertised and Released on Florida Vendor Bid System (VBS):	August 21, 2012	5:00 PM	Vendor Bid System (VBS): http://vbs.dms.state.fl.us/
Deadline to Submit Written Inquiries	August 24, 2012	12:00 PM	Contact Person listed in Section 3.1 of this RFQ.
Department Responses to Inquiries	August 27, 2012	12:00 PM	Vendor Bid System (VBS): http://vbs.dms.state.fl.us/
Quotes MUST be received by the Department	September 4, 2012	12:00 PM	Contact Person listed in Section 3.1 of this RFQ.
Anticipated posting of Intended Task Order Award	September 10, 2012	12:00 PM	Vendor Bid System (VBS): http://vbs.dms.state.fl.us/
Anticipated effective date of task order	September 17, 2012	N/A	N/A

*All times are local time in Tallahassee, Florida.

This RFQ is being issued and will result in a task order issued pursuant to State Term Contract. This RFQ is not an independent competitive solicitation and is not subject to the notice or challenge provisions of Section 120.57(3), F.S.

APPENDIX A

RFQ NO. _____

DATE ISSUED: _____

VENDOR INFORMATION

COMPANY: _____

CONTACT NAME: _____

STREET ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

Fiscal Year 2012-2013

	Job Title(s)	Total Hours	Hourly Rate	Total Cost
Draft Documentation related to GAA Performance Measures (Attachment 1) <ul style="list-style-type: none"> • File Transfer Protocols and Processes • Policies and Procedures • Operational Definitions • Guidelines and Methodologies • User Guides and Manuals • Algorithms • Standard Report Formats • Summary of Stakeholder Meetings 				
Draft Documentation related to ME Administrative Measures (Attachment 2) <ul style="list-style-type: none"> • File Transfer Protocols and Processes • Policies and Procedures • Operational Definitions • Guidelines and Methodologies • User Guides and Manuals • Algorithms • Standard Report Formats • Summary of Stakeholder Meetings 				
Final Documentation of 6 GAA Performance Measures including Reviews and Comments from Stakeholders				
Final Documentation related to ME Administrative Measures including Reviews and Comments from Stakeholders				

**This table should be completed for each deliverable outlined in Attachment 1 and 2.

Attachment 1: Tasks and Deliverables for Implementing New GAA Performance Measures

New GAA Performance Measure	Task	Deliverable
<p>1. Reduce Symptoms: Percent of persons served by the Department's SAMH funds who show reduction in clinical and co-occurring symptoms from admission to discharge</p>	<ul style="list-style-type: none"> ▶ Review of existing data elements from FARS and CFARS and from other substance abuse assessment tools, e.g., GAIN and ASI, to define scales that should be used for measuring the performance of each priority population across all SAMH program areas, e.g., AMH, ASA, CMH, and CSA. 	<ul style="list-style-type: none"> ▶ Data collection protocol and process, including the development of at least one assessment rating scale instrument to allow MEs to collect and maintain the required performance data. This includes standard formats for data collection forms, data dictionaries, and file layouts.
<p>2. Increase Life Skills: Percent of persons served by the Department's SAMH funds that improve their ability to care for themselves and manage their activities of daily living skills from admission to discharge.</p>		<ul style="list-style-type: none"> ▶ Algorithms and procedures for retrieving, analyzing and generating values for each performance measure. This includes the definitions of major variables and factors that have impact on various performance measure outcomes, such as client socio-demographic and clinical characteristics, organizational, geographic and fiscal factors.
<p>3. Increase Positive Behaviors: Percent of persons served by the Department's SAMH funds that show improvement in their interpersonal and family relationships, family environment or behaviour in their home setting, and in their work or school environments from admission to discharge.</p>		
<p>4. Timely Access to Treatment: Percent of persons served by the Department's SAMH funds that have timely access to treatment services when needed.</p>	<ul style="list-style-type: none"> ▶ Review and update the current SAMHIS service event data elements to reflect data for this measure 	<ul style="list-style-type: none"> ▶ Standard data policies and procedures, including definitions of "treatment services" and parameters for measuring "timely access" to these services, and definitions regarding the "whom", how, where and when treatment service data should be captured.
<p>5. Cost Efficiency: The cost per person served by the Department's SAMH funds will be within cost ranges established by the Department to achieve the following outcomes:</p> <ul style="list-style-type: none"> ▶ Reduced Symptoms ▶ Increased Life Skills ▶ Increase Positive Behaviors ▶ Timely Access to Treatment Services 	<ul style="list-style-type: none"> ▶ Review of the Department's current cost center unit rates and AHCA fee schedule per procedure code 	<ul style="list-style-type: none"> ▶ Operational definitions of levels of care for persons receiving the Department's SAMH funded services. ▶ Guidelines and methodologies for computing the cost per person served with the Department's SAMH funds. ▶ Guidelines and methodologies for establishing cost ranges per priority population and levels of care for Medicaid eligible and non-Medicaid eligible clients.
<p>6. Consumer Satisfaction: Percent of persons served by the Department's SAMH funds that are satisfied with the services they receive.</p>	<ul style="list-style-type: none"> ▶ Review of the current consumer satisfaction survey instrument(s). 	<ul style="list-style-type: none"> ▶ Algorithms and procedures for retrieving, analyzing and generating values for this performance measure. ▶ Policies and procedures for collecting, analyzing and reporting the required data, including the selection of questions that need to be included in each survey domain, the sampling methods, and the survey administration standards.

Attachment 2: Tasks and Deliverables for Implementing Administrative ME Performance Measures

ME Performance Measure	Task	Deliverable
<p>1. MEs are required to collect and report data on the following measure by the end of year two (2) of the contract and for each year thereafter:</p> <p><i>A minimum of 80% of all contracts funding, excluding System of Care Administrative Cost, will be redirected to support evidence-based practices (EBP) by subcontracted providers.</i></p>	<ul style="list-style-type: none"> ▶ Review of existing scholarly articles and other documents pertaining to SAMH EBP programs and relevant services provided in these programs 	<ul style="list-style-type: none"> ▶ Criteria and standard procedures for reporting Administrative Costs. ▶ Identification and definitions of EBPs that should be funded per substance abuse and mental health program area, e.g., AMH, ASA, CMH, and CSA per target/priority population and level of care. ▶ Operational definitions for all variables included in the measure. ▶ Specification of types of funding (e.g., General Revenue, Block Grant, etc.) that should be used to support services provided by EBP per SAMH program area; and identification of associated funding codes used to track expenditures. ▶ Specification of substance abuse and mental health services (e.g., cost center codes or HealthCare Procedural Coding System codes) that should be used in conjunction with each EBP program. ▶ File transfer protocol process to allow MEs to extract data from their local database systems and transmit the required files to the Department. ▶ Algorithms to compute values for this performance measure. ▶ Standard report formats to display results of this performance measure – at state, regional, ME, and provider levels by target/priority population.
<p>2. MEs are required to collect and report data on the following measure during year one (1) of the contract:</p> <p><i>85% of individuals needing treatment services will receive services, depending on the severity of individual need, within the following timeframes:</i> <u>Emergent need:</u> within six (6) hours of first contact <u>Urgent need:</u> within 48 hours of first contact <u>Routine need:</u> within ten (10) business days of first contact</p> <p>3. MEs are required to collect and report data on the following measure during year two (2) of the contract and for each year thereafter:</p> <p><i>95% of individuals needing treatment services will receive services within the timeframes above.</i></p>	<ul style="list-style-type: none"> ▶ Conduct a review of existing client assessment tools (e.g., CFARS, FARS, GAIN, ASI, etc.) and make recommendation of one or more standard instruments that are best suited to measure the severity of individual needs within the specified timeframes, including the specification of whom, how, where and when the data for each assessment type (emergent, urgent, or routine) will be captured. ▶ Evaluation of whether or not acute care services (CSU and Detox) in relation to this performance measure. 	<ul style="list-style-type: none"> ▶ Algorithms to compute values for this performance measure and develop operational definitions for all the variables associated with this measure. This includes determining the impact of using algorithms that cross fiscal years compared to algorithms applied to only current fiscal year data. ▶ Standard report formats to display results of this performance measure – at state, regional, ME, and provider levels by various dimensions, including target/priority population. ▶ Recommendation of whether or not acute care services (CSU and Detox) should be included in this performance measure.

Attachment 2: Tasks and Deliverables for Implementing Administrative ME Performance Measures

ME Performance Measure	Task	Deliverable
<p>4. MEs are required to collect and report data on the following measure by the end of year one (1) of the contract:</p> <p><i>Achieve an 80% reduction in the number of days individuals served are on any and all wait lists for treatment services within the system of care.</i></p> <p>5. MEs are required to collect and report data on the following measure for the remainder of the contract thereafter:</p> <p><i>Maintain a 90% reduction in the number of days individuals served are on all wait lists for treatment services.</i></p>	<ul style="list-style-type: none"> ▶ Review and update existing policies and procedures for SAMH Wait List. 	<ul style="list-style-type: none"> ▶ New policies and procedures for SAMH Wait List. At the minimum, these policies and procedures should include the following information: (a) standard criteria for getting on and off the wait list; (b) operational definitions of treatment services that should be included on client wait list; (c) specification of whom, how, where and when the waiting list data are captured; and (d) policy decision of whether or not acute care services (CSU and Detox) should be included in this performance measure. ▶ Algorithms to compute values for these performance measures and develop operational definitions for all the variables associated with these measures. ▶ Standard report formats to display results of these performance measures – at state, regional, ME, and provider levels by various dimensions, including target/priority population.
<p>6. MEs are required to collect and report data on the following measure for each year of the contract:</p> <p><i>Decrease the average annual cost per individual served by 1% per year and redirect the resulting savings into the implementation or expansion of evidence-based practices (EBPs).</i></p> <p>7. MEs are required to collect and report data on the following measure by the end of year one (1) of the contract and for each year thereafter:</p> <p><i>Attain a 50% decrease in cost per individual for those individuals receiving Department-funded services costing more than \$500,000 per year.</i></p>	<ul style="list-style-type: none"> ▶ Completion of tasks and deliverable pertaining to identification and definitions of EBPs as specified above for ME performance measure # 1. ▶ Completion of tasks and deliverables pertaining to GAA Cost Efficiency measure as specified above in Attachment 1. 	<ul style="list-style-type: none"> ▶ Algorithms and standard report formats to retrieve performance values and display the results at state, regional, ME, and provider levels.

Attachment 2: Tasks and Deliverables for Implementing Administrative ME Performance Measures		
ME Performance Measure	Task	Deliverable
<p>8. MEs are required to collect and report data on the following measure for each year of the contract:</p> <p><i>Adjust the system of care service mix to ensure a 3.5% increase in unduplicated numbers served.</i></p> <p>Note: In the event funding under this contract is reduced by greater than 25% in a state fiscal year for reasons other than the MEs failure to meet the terms and considerations of this contract this measure will not be used to determine any potential performance adjustments.</p>	<ul style="list-style-type: none"> ▶ Completion of all the tasks and deliverables related to GAA performance measure pertaining to “Timely Access to Treatment” 	<ul style="list-style-type: none"> ▶ Algorithms and standard report formats to retrieve performance values and display the results at state, regional, ME, and provider levels.
<p>9. MEs are required to collect and report data on the following measures for each year of the contract:</p> <p><i>95% accuracy of documentation that the Department is payer of last resort as reported to the Department in quarterly/monthly reconciliation reports.</i></p> <p>AND</p> <p><i>100% correction of any inaccurate documentation on or before the next quarterly/monthly reconciliation and performance review.</i></p>	<ul style="list-style-type: none"> ▶ Evaluation of the process for documenting the billing of each client service event per payor classes, such as the Department, Medicaid, and other 3rd Party Payors. 	<ul style="list-style-type: none"> ▶ Standard policies and guidelines for documenting the billing of each client service event, including criteria and processes for identifying Department and non- Department funded services and clients. ▶ Processes, including backup files, for auditing services billed to various payor classes. ▶ Recommendations for alignment of current Department cost center codes and HCPCS codes used for Medicaid service billing purposes ▶ Algorithms and standard report formats to retrieve performance values and display the results at state, regional, ME, and provider levels.
<p>10. MEs are required to collect and report data on the following measure by the end of the first (1st) quarter of year one (1) of the contract:</p> <p><i>95% subcontractor compliance with all ME data and cost reporting requirements.</i></p> <p>And</p> <p>11. MEs are required to collect and report data on the following measure for each quarter thereafter:</p> <p><i>100% subcontractor compliance with all ME data and cost reporting requirements.</i></p>	<ul style="list-style-type: none"> ▶ Review of the current methodology and ability to track performance compliance with data and cost reporting requirements. 	<ul style="list-style-type: none"> ▶ Algorithms and standard report formats for tracking performance compliance with data and cost reporting requirements by displaying the results per ME and subcontractor.

Attachment 2: Tasks and Deliverables for Implementing Administrative ME Performance Measures		
ME Performance Measure	Task	Deliverable
<p>12. MEs are required to collect and report data on the following measure for each year of the contract:</p> <p><i>95% satisfactory results from annual subcontractor satisfaction surveys measuring provider satisfaction with the Managing Entity.</i></p>	<ul style="list-style-type: none"> Review the current “Recovery Oriented System Indicators” (ROSI) survey instrument or other survey instruments and development of policies and procedures for collecting, analyzing and reporting the required data. This includes the selection of questions that need to be included in the survey, the sampling methods, and the survey administration standards. 	<ul style="list-style-type: none"> Algorithms and procedures for retrieving, analyzing and generating values for this performance measure. This includes standard report formats for displaying the results at state, regional, ME, and provider levels.
<p>13. MEs are required to collect and report data on the following measure for each year of the contract:</p> <p><i>100% reporting of network provider monitoring findings and trends to the Department in quarterly/monthly reconciliation reports.</i></p>	<ul style="list-style-type: none"> Review of the Department’s current contract monitoring policies and procedures. 	<ul style="list-style-type: none"> Algorithms and standard report formats for retrieving and displaying data pertaining to provider monitoring findings and trends.
<p>14. MEs are required to collect and report data on the following measure for each quarter of the contract:</p> <p><i>95% of consumers surveyed will report satisfaction scores on each of the following domains:</i></p> <ul style="list-style-type: none"> <i>Social Connectedness</i> <i>Access to Services</i> <i>Overall Satisfaction with Care</i> <i>Outcome from Services</i> <i>Participation in Treatment Planning</i> <i>Cultural Sensitivity of Providers</i> <p>15. MEs are required to collect and report data on the following measure for each year of the contract:</p> <p><i>100% of all subcontractors will utilize a Department approved customer satisfaction survey instrument.</i></p>	<ul style="list-style-type: none"> Completion of all the tasks and deliverables related to GAA performance measure pertaining to Consumer Satisfaction. 	<ul style="list-style-type: none"> Algorithms and procedures for retrieving, analyzing and generating values for this performance measure. This includes standard report formats for displaying the results at state, regional, ME, and provider levels.

Attachment 2: Tasks and Deliverables for Implementing Administrative ME Performance Measures

ME Performance Measure	Task	Deliverable
<p>16. MEs are required to collect and report data on the following measure for each year of the contract:</p> <p><i>100% of network providers' risk assessment and monitoring efforts identifying immediate action result in immediate action and are reported quarterly to the Department.</i></p>	<ul style="list-style-type: none"> ▶ Review the Department's current policies and procedures pertaining to risk management, including methods for assessing qualitative and quantitative values of the risks related to ME contract management. 	<ul style="list-style-type: none"> ▶ Policies and guidelines defining key indicators of a risk assessment system to assure client safety and protection of their rights, and to achieve compliance with departmental reporting requirements. At the minimum, these policies and guidelines should include procedures for the following: critical and adverse event reporting; identification of overuse or underuse of medical services; process for mortality review; accounting for inappropriate access/use of prescription medications; tracking medication errors and utilization of restrictive interventions such as seclusion, restraint, and use of emergency medications ▶ Definition of immediate actions to be taken within 24 hours to 4 days and establishment of conditions where the Department should be notified that immediate action is required prior to the quarterly report ▶ Recommendations for capturing data if the incident reporting system is not current or sufficient to determine the CAP information. ▶ Algorithms and procedures for retrieving, analyzing and generating values for this performance measure. This includes standard report formats for displaying the results at state, regional, ME, and provider levels.
<p>17. MEs are required to collect and report data on the following measure beginning the third (3rd) quarter of year one (1) and each quarter thereafter:</p> <p><i>100% of quality improvement findings will be implemented by subcontractors and the impact of implementation on the system of care will be reported to the Department.</i></p>	<ul style="list-style-type: none"> ▶ Review the Department's current policies and procedures pertaining to continuous quality improvement (CQI). 	<ul style="list-style-type: none"> ▶ Establish the criteria and components for the Continuous Quality Improvement Program. This includes criteria for identifying minimum areas requiring ongoing review. ▶ Standard report format to display quality improvement findings, follow-up or improvement actions initiated, including time frames of implementation, and results of those actions.

Attachment 2: Tasks and Deliverables for Implementing Administrative ME Performance Measures		
ME Performance Measure	Task	Deliverable
<p>18. MEs are required to collect and report data on the following measure beginning the third (3rd) quarter of year one (1) of the contract and for each quarter thereafter:</p> <p><i>95% accuracy of all reported cost, service utilization, and outcomes data per individuals served.</i> AND</p> <p><i>100% correction of any inaccurate documentation on or before the next quarterly/monthly reconciliation and performance review.</i></p>	<ul style="list-style-type: none"> ▶ Review current policies and procedures pertaining to SAMHIS data collection and submission. 	<ul style="list-style-type: none"> ▶ Standard reports for tracking the completeness, accuracy, and timeliness of the data submitted from providers to MEs and from MEs to the Department. This includes due dates for SAMHIS data entry and for submission of invoice reports.
<p>19. MEs are required to collect and report data on the following measure for year one (1) of the contract:</p> <p><i>95% accuracy and timeliness of invoicing.</i></p> <p>20. MEs are required to collect and report data on the following measure for each year thereafter:</p> <p><i>100% accuracy and timeliness of invoicing.</i></p>		
<p>21. MEs are required to collect and report data on the following measure for each year of the contract:</p> <p><i>100% reporting of those individuals and services eligible for Department-funded substance abuse and mental health services in quarterly/monthly reconciliation reports.</i></p>	<ul style="list-style-type: none"> ▶ Review current policies and procedures pertaining to SAMHIS data collection and submission. <p>Note: this measure relates to ME performance measures #2 and #3 above pertaining to data reporting on individuals needing and receiving Department-funded treatment services.</p>	<ul style="list-style-type: none"> ▶ Standard report formats that provide a comparative analysis of the actual number of individuals served with Department funds versus the expected number of individuals to be served as specified in the ME contracts.
<p>22. MEs are required to collect and report data on the following measure by the end of year two (2) of the contract:</p> <p><i>5% increase in network Medicaid revenue as a result of implementing Supplemental Security Income-Social Security Disability Insurance (SSI-SSDI) Outreach, Access and Recovery (SOAR) process.</i></p>	<ul style="list-style-type: none"> ▶ Review the Department's current policies and procedures regarding revenue management, including the funding from Medicaid and other payor classes. 	<ul style="list-style-type: none"> ▶ Processes for tracking and reporting Medicaid revenue related to implementation of SSI, SSDI and SOAR. ▶ Algorithms and standard report formats to retrieve and display data pertaining to changes in Medicaid Revenue related to SSI, SSDI and SOAR implementation over time.

Attachment 2: Tasks and Deliverables for Implementing Administrative ME Performance Measures

ME Performance Measure	Task	Deliverable
<p>23. MEs are required to collect and report data on the following measure for each year of the contract:</p> <p><i>A minimum of 25% of any System of Care Administrative Cost savings redirected during the term of the contract are based on shifts in documentable utilization patterns</i></p> <p>24. MEs are required to collect and report data on the following measure for each year of the contract:</p> <p><i>100% reporting of System of Care administrative costs</i></p> <p>25. MEs are required to collect and report data on the following measure by the end of year one (1) of the contract:</p> <p><i>Total System of Care Administrative Cost shall not exceed fifteen percent (15%) of the total annual contract funds.</i></p> <p><i>AND</i></p> <p><i>100% of savings resulting from administrative cost reduction is redirected into one or more of the following activities:</i></p> <ul style="list-style-type: none"> • <i>Implementation or expansion of evidence-based practices</i> • <i>Intervention, diversion, brief treatment, or recovery support services</i> <p><i>OR</i></p> <ul style="list-style-type: none"> • <i>Development of necessary infrastructure as approved by the Department.</i> 	<ul style="list-style-type: none"> ▶ Review the Department's current rules, policies and procedures pertaining to administrative costs 	<ul style="list-style-type: none"> ▶ Criteria and standard procedures for reporting Administrative Costs as specified above for ME performance measure #1 ▶ Standard report formats that provide a comparative analysis of Administrative Costs over time relative to Direct Service Costs over time.

Attachment 2: Tasks and Deliverables for Implementing Administrative ME Performance Measures

ME Performance Measure	Task	Deliverable
<p>26. MEs are required to collect and report data on the following measure by the end of the third (3rd) quarter of the contract and maintained thereafter:</p> <p><i>100% compliance with Department requirements pertaining to governing Board composition as reflected in Board membership, any and all Board committees and any and all committee chairs.</i></p> <p>27. MEs are required to collect and report data on the following measure for each year of the contract:</p> <p><i>Active board involvement in the Managing Entity operations as evidenced by a minimum of eight (8) Board meetings per year.</i></p> <p><i>AND</i></p> <p><i>100% reporting to the Department of all minutes, agenda, reports, analyses, data and any other information distributed to the Board at such meetings within thirty (30) days after each Board meeting.</i></p>	<p>▶ Review the Department's current requirements pertaining to ME Governing Board composition, as well as meeting minutes and agenda</p>	<p>▶ Standard criteria and standard report formats to be used for monitoring compliance with the Department's requirements pertaining to Governing Board composition and membership, and meeting reports including minutes and agenda.</p>