Oklahoma Health Care Authority
REQUEST FOR INFORMATION
CARE COORDINATION FOR CHILDREN IN DHS CUSTODY

SECTION I: GENERAL INFORMATION

1.1 ANNOUNCEMENT

The Oklahoma Health Care Authority (hereinafter OHCA) is issuing this Request for Information to obtain information from subject matter experts regarding Care Coordination Models to serve children who are newborns through age 18 who are in the custody of the Oklahoma Department of Human Services (DHS,) as directed by Senate Bill 773 of the 2017 legislature. Pursuant to this legislation, OHCA has consulted with DHS and the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) in the development of this RFI. OHCA is directed to, with the assistance of DHS and ODMHSAS, prepare a summary of the responses to the RFI to be presented to the President Pro Tempore of the Oklahoma State Senate, the Speaker of the Oklahoma House of Representatives and the Governor on or before January 1, 2018.

1.2 OBJECTIVES

OHCA's major objectives for exploring Care Coordination models are as follows:

1. Determine the best market-based approach(es) to serving Oklahoma's children in DHS custody;
2. Determine the benefits of implementing Care Coordination models in providing clinically appropriate evidence-based health care services to children in DHS custody.
3. Determine how Care Coordination models can serve to reduce the costs of healthcare for children in DHS custody, while maintaining a high quality of care.
4. Determine how to best provide efficient and effective health services and care coordination to children in DHS custody; and,
5. Evaluate how the use of Care Coordination models could incorporate the efforts to implement relevant initiatives as provided by the Compromise and Settlement Agreement ("Pinnacle Plan") as administered by DHS.

1.3 POINT OF CONTACT

This RFI is issued by OHCA and OHCA is the sole point of contact from the date of release of this RFI through the closing date as follows:

Oklahoma Health Care Authority
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105
Attention: Gerald Elrod
Phone (405) 522-5850
E-mail: Gerald.Elrod@okhca.org

1.4 RFI TIMETABLE *(All dates are estimates and subject to change)*

RFI available on OHCA website	Tuesday, September 19, 2017
All Respondent questions due	Thursday, September 28, 2017
Answers posted on OHCA website	Thursday, October 5, 2017

RFI Responses due	Thursday, October 19, 2017
Demonstrations	Est. November 6-10, 2017

1.5 RFI CLOSING DATE

A. Responses submitted in accordance with this RFI must be received by OHCA no later than **3:00PM Central Time (CT) on October 19, 2017.** Responses should be emailed to the Point of Contact in Section 1.3. Responses received after the closing time and date will not be accepted.

B. After reviewing submissions, OHCA may invite some or all Respondents to demonstrate their Care Coordination models at OHCA's offices in Oklahoma City.

SECTION II: BACKGROUND

2.1 SERVING CHILDREN IN DHS CUSTODY

Three state agencies play a leading role in serving children in DHS custody. These roles are discussed in 2.2, 2.3, and 2.4 below:

2.2 OKLAHOMA DEPARTMENT OF HUMAN SERVICES

The Oklahoma Department of Human Services (DHS) is the state agency designated to administer support- programs and services currently provided statewide in 77 county offices, including Child Welfare Services (CWS), Temporary Assistance for Needy Families (TANF), Medicaid, Supplemental Nutrition Assistance Program (SNAP), Aging Services, Developmental Disabilities Services (DDS), Child Care Services, and Child Support Services (CSS).

The DHS mission is to improve the quality of life of vulnerable Oklahomans by increasing people's ability to lead safer, healthier, more independent, and productive lives. CWS is the DHS division responsible for administering the state's child welfare services. The purpose of CWS is to improve the safety, permanence, and well-being of children and families involved in the child welfare system through collaboration with families and their communities.

Section 1-7-103 of Title 10A of the Oklahoma Statutes requires DHS to provide medical care necessary to preserve the child's health. Currently, there are approximately 9,000 children who are in out-of-home-care due to abuse, neglect, or both. The vast majority of these children rely on SoonerCare (Medicaid) fee-for-service coverage to ensure appropriate medical care and treatment. Early Periodic, Screening, Diagnosis, and Treatment (EPSDT) is used to prevent and identify conditions that may interfere with the child's natural growth and development. There are often barriers to ensuring coordinated care for these children, many of whom have experienced trauma that can ultimately impact their overall well-being. Although the goal is to keep children in their local community, it is not always possible. Movement of children in the foster care system provides a unique challenge to coordinate care with caregivers and parents. On January 4, 2012, DHS and Plaintiffs reached agreement in a long-standing federal class action lawsuit against the state of Oklahoma on behalf of children in the custody of DHS due to abuse and neglect by a parent or resource caregiver. That matter, *D.G. vs. Yarborough*, Case No. 08-CV-074, resulted in the Compromise and Settlement Agreement (CSA), which was approved by the United States District Court for the Northern District of Oklahoma on February 29, 2012. The CSA requires (Section 2.10 (a)) that DHS develop a plan setting forth "specific strategies to improve the child welfare system." Under the CSA, the parties identified and the court approved Eileen Crummy, Kathleen Noonan, and Kevin Ryan as "Co-Neutrals," and charged them to evaluate and render judgment about the ongoing performance of DHS to strengthen its child welfare system to better meet the needs of vulnerable children, youth,

and families. This plan, hereinafter referred to as the "Pinnacle Plan" provides a framework that must be followed when providing care to children in DHS custody.

Additional Information on DHS Health-related Procedures:

1) *How health needs are identified.*
Oklahoma utilizes the current Medicaid Early Periodic, Screening, Diagnosis and Treatment (EPSDT) schedule. CWS policy, Oklahoma Administrative Code (OAC) 340:75-6-88, requires EPSDT screening according to the schedule of frequency or at a minimum an annual physical exam. In addition, CWS provides as soon as practicable after the filing of the petition, an initial health screening for each child placed in DHS emergency custody, to identify any health problems that require immediate treatment, diagnose infections and communicable diseases, and evaluate injuries or other signs of abuse or neglect. Section 1-7-103 of Title 10A of the Oklahoma Statutes requires that DHS provide medical care necessary to preserve the child's health and protect the health of others in contact with the child. Each child in DHS custody is to receive:

- yearly mental health or developmental screening;
- yearly dental exam when the child is older than 3 years of age. Children younger than 3 years of age receive dental services as needed;
- immunizations initiated and kept current;
- visual and hearing evaluation exams and corrective lenses or hearing aids, when indicated;
- outpatient or inpatient behavioral mental health treatment, when appropriate;
- physician's services, when the child is sick. This service is not considered a physical exam; and
- follow-up and referral services as recommended by a qualified professional.

2) *How health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from home.*

Per OAC 340:75-6-88, the CW specialist schedules initial health and developmental screenings for the child based on the needs and age of each child placed in out-of-home care. The CW specialist ensures, in coordination with the placement provider and parent, when applicable, that the child in out-of-home care receives timely needed routine and specialized medical care, including medical, dental, visual, and counseling services. Subsequently, the CW specialist coordinates with care providers routinely during the required contact with child and placement provider. Child Contact Guides, specific to age ranges, are used by the CW specialist to address the physical environment, health and safety concerns, developmental milestones, and independent living skills, when applicable, for each child in out-of-home care. When there are any resulting concerns, a plan is developed to document any actions taken regarding risk items or concerns for child abuse or neglect.

CWS recognizes the need to become trauma-informed. In the past few years, CWS offered CW specialists training on trauma and how trauma relates to the child's behavioral, physical, and emotional health. While this training was beneficial, there remain systemic gaps in care coordination and treatment. CWS is in the fifth

year of a grant, titled the Oklahoma Trauma Assessment and Service Center Collaborative (OK-TASCC). OK-TASCC is a demonstration grant through the Administration on Children, Youth and Families on the Initiative to Improve Access to Needs-Driven, Evidence-Based/Evidence-informed Mental and Behavioral Health Services in Child Welfare. The goal of this project is to improve the social and emotional well-being and restore the developmentally appropriate functioning of children and youth in the CW system that have mental and behavioral health needs through helping Oklahoma develop and implement a comprehensive, integrated, and reliable continuum of screening, assessment, and aligned service delivery.

CWS, through the OK-TASCC grant, implemented a child behavioral health screener for every child, birth through 17 years of age, who is placed in out-of-home care statewide. The screener assists in identifying behavioral health concerns, possible trauma symptoms, and the level of impairment of social function. The ultimate goal is to ensure access to effective evidence-based/evidence-informed treatments and services that are aligned with the assessed behavioral and mental health needs of infants, children and youth.

CWS, through a trauma-informed/focused approach, enhanced system-wide capacity and the sustainability of the implementation of a child behavioral health screening and assessment practice to address the multiple domains associated with well-being. The OK-TASCC project further enhanced a system-level effort in helping CW staff and leadership move forward from a trauma-informed to a trauma-responsive focus. Furthermore, the project highlights the parallel process of how the organizational culture and staff personal and professional safety and self-care has a direct link to practicing through a trauma-informed lens and ultimately well-being outcomes for children and families involved in the CW system. The very solid, existing partnerships with Oklahoma state child-serving agencies has provided a mechanism for cross-system collaboration for sustainability of the continuum of screening, assessment and aligned service delivery. As the screening and referral processes are sustained, CWS will continue to support our partners to increase access to evidence-based practices and practitioners in Oklahoma beyond the OK-TASCC project.

3) *How medical information will be updated and appropriately shared, which may include developing and implementing an electronic health record.*

Per OAC 340:75-6-40.2, when a child is in DHS custody and in out-of-home placement, the CW specialist provides the placement provider all known information concerning the child at the time of placement and at a minimum of every six months. In addition, placement providers are given access to the Child's Passport, a web-based application that provides the placement provider with medical and educational records, among other case plan information, for the child/children in the provider's care. Since the development of the Child's Passport in 2010, DHS has continued to refine and enhance the application with real-time data exchanges from the Oklahoma Health Care Authority (OHCA) as the state Medicaid agency and Oklahoma State Department of Education (OSDE). Prior to 2010, medical and educational information was subject to entry by the CW specialist into KIDS; however, medical and educational information now transfer electronically with the electronic passport. The Medicaid compensable information

has been available since the creation of the Child's Passport in 2010. The OSDE data was more challenging to retrieve based on specific identifiers, such as the child's free lunch identifier, that are used versus a client identification number, such as the child's Social Security number. Additionally, a memorandum of understanding was needed to execute the exchange of information between DHS and OSDE. Currently, all agreed upon information is available from OHCA and OSDE. Enhancements to the Child's Passport are realized through a partnership with the Office of Management and Enterprise Services (OMES).

Lessons learned from deploying the Child's Passport will be incorporated into Phase II enhancements planned for the next year. The re-design will make the application more user-friendly when logging on, seeking specific information, and understanding the type of information stored in the Child's Passport. As noted above, OMES is the entity tasked with any enhancements or the re-design of the Passport application. Ongoing testing resulted in approval of the agreed upon enhancements. The testing concluded with a projected release of enhancements by 12/31/2016. Weekly updates are submitted to DHS by OMES.

DHS continues to work with OHCA on enhancing the scope and detail of medical information exchanged, such as providing the pharmacy address instead of a pharmacy identification number and allowing for historical data beyond a three-year period so that when children are adopted this information can be used for disclosure. Since only the placement provider has access to the Child's Passport, the provider is encouraged to print the Passport information prior to taking the child to the health professional for review of the child's medical history and any concerns, inconsistencies, or the need for special services. On 12/18/2016, the following enhancements were realized on the Child’s Passport: supplemental instructions and explanatory selections on the Passport that offer a more user-friendly website for resource providers, ultimately increasing Passport usage and reliance; and a streamlined user log-in process by matching primarily on the last name and other identifiers, which reduces name-based login errors. One main enhancement includes the presentation of the Early Periodic, Screening, Diagnosis, and Treatment (EPSDT) schedule after log-in, which is intended to remind the resource provider of scheduled screenings for the child in focus.

OHCA recently surveyed foster parents via email, netting 393 responses from over 4,000 emails sent, noting that approximately 1,500 emails were undeliverable. The responses indicate that foster families understand children in foster care are covered by SoonerCare, and that 93 percent have used their SoonerCare benefits for a well child visit-EPSDT. Of those families that used the Passport, 43 percent of those used it to understand more about the child’s health conditions, 20 percent used it to provide information to the health care provider about the child’s health history, and 6 percent used it to inform the scheduling of well child visits or specialty appointments. The goal for SFY 18 is to work on a more strategic means of communications regarding the Passport, including revisions to the OHCA and DHS websites for improved linkage to Passport-related information.

4) *Steps to ensure continuity of health care services, which may include establishing a medical home for every child in care.*

The Fostering Hope clinic is a medical home clinic that serves children in foster care, as well as those who have achieved permanency through reunification, guardianship, or adoption. In addition, the clinics provide care for families and children who are encountering complex social challenges or are involved in prevention efforts through CWS. Fostering Hope clinics are located in Oklahoma City and Tulsa. In the summer of 2016, a foster clinic was launched in the Oklahoma City Indian Health Services clinic, with support provided by the Oklahoma City Fostering Hope clinic.

Training continues via the OHCA, ODMHSAS, and DHS staff to inform partners of the need to collaborate as a statewide system to provide continuity of coverage for children in out-of-home care. One area of focus for the next five years is to review the medical services policy and procedure. Currently, efforts are under way to clarify and shorten the accompanying medical information necessary for transporting medications from one placement to another. The Child's Passport and Placement Provider Information report are just two means for CW specialists and placement providers to ensure the continuity of services for children in custody.

The CWS nursing program began October 2014 and expanded in 2015 to include one supervisor and six nursing staff located across the state. The nurses embed within CWS offices and provide a variety of supports including case consultation, home visits, medical record review, care coordination between CW and community health and mental health services, coordination with DDS, and training of staff on a variety of medical issues. The nurses are currently engaged in a qualitative review of cases where there has been a referral of medical neglect to ensure that appropriate medical consultation is utilized in CPS decision making.

5) *The oversight of prescription medicines, including protocols for the appropriate use and monitoring of psychotropic medications.*

Currently, CWS is involved in assessing and monitoring the use of psychotropic medications for children in residential group homes, through a regular review meeting conducted between CWS and OHCA.

The CW nursing staff and the medical director, a pediatrician, assist caseworkers in answering medication questions. Those questions range from answering basic questions about a psychiatric diagnosis or treatment, to asking for formal reviews of medication by a psychiatrist at OHCA. Pediatric Psychiatry phone consultation is available through OHCA when questions involve children who are in inpatient psychiatric facilities.

The DHS/OHCA/ODMHSAS/OU Department of Pharmacology workgroup developed a health improvement project proposal to improve psychotropic medication tracking and access to case review by child psychiatrists. Data matching between DHS and OHCA established some baseline population information on psychotropic medication prescribing among children and youth in foster care, as well as ensuring that children who were prescribed medication were also obtaining mental health/counseling services. Work is presently being done to create reports that can provide case/individual information about psychotropic medication. Qualitative information about psychotropic medication experiences is also being gathered through focus groups with CW staff, foster parents, inpatient

and outpatient psychiatrists, and court partners. An advisory panel was developed to review the quantitative and qualitative data this effort produces and will help guide CWS on next steps. Representation from OHCA, ODMHSAS, DHS, child and adolescent psychiatry, pediatrics, and pharmacology serve on the advisory panel.

6) *How the state actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children.*

CWS continues to contract with a physician to provide system improvement consultation. The physician's knowledge gained from practice in this arena is invaluable to assessing the needs of this population. OHCA provided behavioral health consultations in tandem with CWS staff. These consults include routine conference calls to discuss the best means of serving children with behavioral and mental health needs that require intensive treatment. Additionally, the University of Oklahoma Child Study Center offers case consults for children with behavioral challenges. These consults are requested on an as-needed basis to determine appropriate services as well.

7) *Steps to ensure that the components of the transition plan development process required under section 475(5)(H) of the Act that relate to the health care needs of youth aging out of foster care, including the requirements to include options for health insurance, information about a health care power of attorney, health care proxy, or other similar document recognized under state law, and to provide the child with the option to execute such a document, are met.*

Several steps are embedded in the CW Practice Model policy that guide CW specialists in assisting youth aging out of foster care with transitioning health-related care. A family team meeting (FTM) is held 120-calendar days prior to a youth aging out of foster care. During the FTM, the youth and supporting adults initiate the youth's My Transition Plan that includes discussion around the 7 Key Elements of Success, with health as one of the elements. The youth is provided a brochure, Congrats! You're 18!, that covers three topics. The first topic is Medicaid options for health insurance that includes the website where the youth, who is 18 years of age, can go to complete an application for Medicaid coverage. The second and third topics focus on the options of executing an advanced directive. The youth can decide whether to receive life-sustaining treatment; select a person to serve as the youth's "health care proxy," and decide to donate the youth's organs. The youth is also referred to a website that provides more detailed information on the advanced directive. A video is available for viewing and copies of the documents are available online. As the youth completes the My Transition Plan, the youth verifies the receipt of the Congrats! You're 18! brochure and whether the youth has executed an advanced directive. DHS and OHCA continue to coordinate extended coverage options for youth who age out of foster care. One of the lessons learned is the need to provide a variety of options to message transition planning and how to impart heath care information that requires action on the youth's part. The Oklahoma Successful Adulthood (OKSA) website offers such an option. CWS is continuously working with the Successful Adulthood contractor to develop and improve message delivery to youth who can benefit from health care services.

Role of Targeted Case Management – DHS/CW

Oklahoma's Medicaid State Plan was amended August 1, 1997 to include Targeted Case Management (TCM). Under the plan, the Oklahoma Department of Human Services (OKDHS) is designated as a TCM provider for children under the age of 18 who are in the voluntary, emergency, temporary, or permanent custody of OKDHS and who are in out-of-home care or trial adoption. Specific TCM services are those that assist these children to access needed medical, educational, social, and other services. The Child Welfare (CW) worker:

- (1) selects TCM services when completing the child's placement plan; [OAC 340:75 6-40.1]
- (2) provides TCM services during contacts with the child or with other persons on behalf of the child; and [OAC 340:75-6-48]
- (3) documents TCM services on the KIDS Contacts screen. [OAC 340:75-6-40.6]

2.3 Oklahoma Health Care Authority

OHCA is the single state Medicaid agency and administers SoonerCare. Medicaid provides health coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults and people with disabilities. Medicaid is administered by states, according to federal requirements. The program is funded jointly by states and the federal government. Medicaid is administered at the federal level by the Centers for Medicare and Medicaid Services (CMS) within the Department of Health and Human Services (HHS). CMS establishes and monitors certain requirements concerning funding, eligibility standards and quality and scope of medical services. States have the flexibility to determine some aspects of their own programs, such as setting provider reimbursement rates and the broadening of the eligibility requirements and benefits offered within certain federal parameters.

In Oklahoma, children who are in the custody of DHS are eligible for full-scope SoonerCare coverage in the Fee-for-Service delivery system. These children receive all services for children that are covered in the Oklahoma Medicaid State Plan.

2.4 Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS)

This department is the Single State Agency for Substance Abuse and the State Mental Health Authority. ODMHSAS provides inpatient and community-based mental health and substance use disorder treatment services statewide through a network of state owned/operated and contracted providers including psychiatric hospital services, community mental health centers, crisis intervention centers and alcohol and drug treatment programs. In addition to credentialing certain behavioral health providers, the department is instrumental in shaping behavioral health policy for SoonerCare. In 2015, ODMHSAS implemented SoonerCare Behavioral Health Homes for adults with Serious Mental Illness and children with Serious Emotional Disturbance. However, due to concerns raised by the Centers for Medicare and Medicaid Services about preventing duplicative reimbursement, children in the custody of DHS have not been enrolled in Health Homes for Children. In 2017, ODMHSAS implemented a Certified Community Behavioral Health Clinics pilot using three community mental health center sites throughout the state. These CCBHC sites are responsible for directly providing nine required types of behavioral health treatment services, with an emphasis on the provision of 24-hour crisis care,

utilization of evidence based practices, care coordination, and integration with physical health. ODMHSAS certifies and monitors the Health Homes and Certified Community Behavioral Health Clinics. They are required to utilize best practices in describing psychotropic medications. This includes working to decrease the number of psychotropic medications that may have been prescribed for a child in the past, once they are admitted to services, if they have been receiving three or more. This also includes integrating with primary care to ensure contra-indicated prescribing across disciplines does not occur.

In the spring of 2014, DHS and ODMHSAS Oklahoma Systems of Care (OKSOC) began working together to promote a trauma-informed child- and family-serving system as a way to reduce the number of children going into state custody; to reduce the number of children with disrupted placements; and to provide safe, stable, and less restrictive placements. DHS and ODMHSAS collaborated with family advocacy organizations and community stakeholders to expand crisis and response capacity to improve outcomes and provide supports for children and youth. Enhanced community connections were deemed especially important to these efforts. This project, known as Communities of Care (CoC), began in DHS Region 4 which encompasses most of the southeastern quadrant of the state and is the region with the highest percentage of youth in DHS custody.

Additionally, since January of 2015, ODMHSAS has partnered with DHS to employ five Mental Health Consultants (MHCs) and one supervisor who office out of ODMHSAS' central office in Oklahoma City. All of the consultants are licensed professionals in mental health and substance abuse within the state of Oklahoma. They provide case consultation regarding infants, children, youth, adults and families involved with Oklahoma Department of Human Services and the Child Welfare System. The roles of the mental health consultants are to make recommendations to Child Welfare Staff for the purpose of positively impacting the social, mental and emotional well-being of children in state's custody. MHCs help to foster a positive attitude toward mental health and substance abuse, empower the child welfare workers, and enhance services and supports.

2.5 MORE INFORMATION

For additional information, please refer to the posting on the OHCA website where a library of additional relevant documents has been compiled for optional reading.

SECTION III: RFI INFORMATION AND QUESTIONS

3.1 GENERAL RFI INFORMATION

OHCA has been directed by SB773 to conduct an RFI and develop a report to be delivered to the President Pro Tempore of the Oklahoma State Senate, the Speaker of the Oklahoma House of Representatives and the Governor. RFI responses will be used to develop this report and provide an accurate representation of potential Care Coordination models for children in DHS custody. OHCA understands there may be a variety of Care Coordination models, and we encourage respondents to provide us with any information that can help us to develop a comprehensive summary as required by SB773. Respondents may present one or several models in responding to this RFI.

3.2 SCOPE OF WORK

Respondents are asked to propose Care Coordination models for Oklahoma children in DHS custody and address the outline below:

A. High-Level description of the recommended Patient-Centered service delivery Care Coordination models
   1. Name and describe Respondents chosen models including reason for selecting the models
   2. Describe how the models address the needs of the target population
   3. Explain how Respondents have approached implementation of the models

B. Access to Health Services
   1. Describe how your care coordination models would ensure that children in care and their families can access needed health services?
      a. Behavior Health Services?
      b. Medical Care?
      c. Dental?
   2. How would you use a care coordination model to include children in care as enrollees of Health Homes?

C. Staff/Provider Network
   1. Describe, if applicable, how staff and/or provider network recruitment and retention, including types of providers *(for example primary care, specialty care, dental, HCBS, case/care management, LTC, other, etc.)* are addressed.

D. Payment Structure
   1. Explain payment methodology, assumptions, and constraints related to the care coordination models
      a. Specific to covered benefits and services
      b. Specific to other benefits and services
      c. Show estimated amounts of provider payments for evidence-based performance outcomes *(for example amounts of withholds, performance payments based on quality metrics, etc.)*
   2. How does your Care Coordination model address potential CMS concerns regarding duplication of care/payment? Explain how proposed payments comply with existing and proposed Federal and State requirements.

E. Impact of Model
   1. Explain estimated implementation costs and anticipated savings, for the first five years of an implementation of your model.
      a. Methodology
      b. Assumptions
      c. Constraints
   2. Describe the quality and anticipated effect of the care coordination models on the target population with respect to the following.
      a. CMS recommended benchmarks
      b. State identified areas including preventive screenings, tobacco cessation, obesity, immunizations, diabetes, hypertension, prescription drug use, hospitalizations, readmissions, emergency room use
      c. Core measures identified within the Oklahoma Health Plan (OHIP) 2020
      d. Respondent suggestions for other benchmarks

e. Considerations for Value-Based performance designs, specifically those that support and align with objectives identified within the Oklahoma State Innovation Model design

F. Data Management

1. How does your care coordination model provide for efficient management of data to ensure that the child experiences quality and safety?

G. Care Coordination Implementation Timelines *(including key activities and milestones)*

1. Based on prior experience, provide insight into what a realistic timeline for implementation of your Care Coordination model might be. Specifically, provide details into the following aspects of implementation of a Care Coordination model similar to what has been described:
    a. Development
    b. Transition/Readiness Activities
    c. Implementation of member enrollment
    d. Implementation of member service delivery

SECTION IV: RESPONSES

4.1 RESPONSE FORMAT

A. Respondents are encouraged to provide all requested information to ensure that their response is most useful to OHCA.

B. Respondents must complete the Cover Page .available on the OHCA website with this RFI

C. The entire Scope of Work response (As listed in Section 3.2) will not exceed a 50 page limit. Any items over the 50 pages will not be reviewed.

4.2 COST OF PREPARING RESPONSES

A. All costs incurred by the Respondent for response preparation and participation in this informative process will be the sole responsibility of the Respondent. The State will not reimburse any Respondent for any such costs.

B. The State reserves the right to withdraw the RFI at any time during this process. Issuance of this RFI in no way obligates the State to award or issue a contract or to pay any costs incurred by any Respondent as a result of such a withdrawal.

4.3 RETENTION OF RESPONSES

A. Unless otherwise specified in the Oklahoma Open Records Act, Central Purchasing Act, or other applicable law, documents and information a respondent submits are public records and subject to disclosure.

B. No requests for information to be marked proprietary or confidential will be accepted.

SECTION V: VENDOR PRESENTATIONS

A. Based on RFI responses, OHCA reserves the right to invite some Respondents to make oral presentations about their programs, capabilities, and approaches to OHCA staff. OHCA may also request telephone interviews with key personnel at the Respondent's organization in addition to or in lieu of a presentation.

B. Only Respondents who submit complete responses by Thursday, October 19, 2017 will be considered for presentations. OHCA appreciates all responses and may review incomplete responses or those received after the deadline at its discretion.