

RFI Questions – Part I

(Gerald & Melinda will address questions in red)

1. How is Care Coordination defined by each agency?
Each agency is interested in learning about the care coordination models proposed by subject matter experts in the responses. We are open to input from respondents.
2. Could you please define the desired outcome of successful Care Coordination or what success looks like?
For purposes of this RFI, we are interested in the definitions of success that the care coordination model experts will propose.
3. How would you prioritize outcomes, such as:
 - a. services or comprehensive services;
 - b. access;
 - c. reduced cost; and
 - d. improved quality?**We don't have specific outcome priorities in mind and are interested in the priorities that the care coordination models experts will present.**
4. Could you please provide the total number of DSHS clients?
9080 children in care
5. Could you please provide a map of the distribution of potential DSHS clients?
The attached map indicates 5 regions for CWS. Each region has a range of 1600 to 2000 plus children in out-of-home care. Region 5 has the highest number in out-of-home care with over 2000.
6. Could you please provide the number of DSHS clients in traditional foster care?
3125 in traditional foster care plus 3386 in kinship foster care.
7. Could you please provide the number of DSHS clients in special foster homes or DDS group homes?
Specialized foster care and agency companion homes serve 28 children, while DDS group homes serve a maximum of 32 children.
8. Could you please provide the number of DSHS clients in in therapeutic foster homes?
272 in TFC
9. Could you please provide the age distribution of DHS clients in each of the above categories?
This information is not available.
10. Is the preferred model global (all services and Care Coordination provided to this population) or care coordination-only focused?
The State does not have a preferred model, and is interested in the possible models that care coordination experts will suggest.
11. Does this RFI seek to replicate another State's successful model, and if so, could you please provide the State and model?
The State is not seeking to replicate another State's successful model, but is seeking solutions and recommendations that may be beneficial for Oklahoma children served in DHS custody.
12. Could you please clarify the dual payment concern referenced within Section 3.2.D.2, page 10?
In some instances, CMS will not approve programs or payments that are considered duplicative of other targeted case management efforts.
13. Could you please provide the proportion of this population currently receiving services from an FQHC, and by FQHC?
This information is not available.

14. Could you please provide the proportion of this population currently receiving services from care coordination programs, such as HAN, Telligen or another?

This population is not currently receiving care coordination program services other than Targeted Case Management furnished by DHS.

15. Could you please provide the costs of all care, including care coordination and medical, in terms of:

- a. total annual cost; and
- b. average cost per beneficiary?

See the OHCA 2016 Annual Report, pages 74 and 75, as found in the RFI Bidders Library.

16. Could you please provide the number of:

- a. minors whose costs fall 2 standard deviations above the mean currently; and
- b. minors whose costs fall 2 standard deviations above the mean in 2015 and 2016?

This information is not available.

17. Could you please provide this population's current levels of quality indicators for:

- a. immunizations;
- b. diabetes;
- c. hypertension;
- d. prescription drug use;
- e. hospitalizations;
- f. readmissions;
- g. emergency room use; and
- h. any others?

This information is not available.

18. RFI Section 3.2.E.1 says, "Explain estimated implementation costs and anticipated savings, for the first five years of an implementation of your model." To be able to better estimate savings, can the State provide the current PMPM, program, and administrative costs for the services described in the RFI?

This information is not available, as additional care coordination services are not being provided.

19. What are the anticipated savings for this program?

This information is not available.

20. Has the State established regions to which children are linked? If so, please provide details.

The five regions are designated in the map in Attachment X.

21. Please provide counts of children in custody that are placed in different levels of foster care, residential care, distribution across the state, and whether they are in-state versus out-of-state.

3125 in traditional foster care; 3386 in kinship foster care; 200 in other foster family care, including tribal and DDS homes; 272 in therapeutic foster care; 936 in trial reunification (returned to own home), 1,161 in other placements, including shelters, group homes, and treatment facilities.

22. Is out-of-state care permitted?

Out-of-state care is through the Interstate Compact on Placement of Children unless the purpose is for treatment services in another state. The OK Health Care Authority manages contracts for out-of-state psychological treatment services.

23. Please provide access to de-identified claims data for this population.

This information is not available.

24. Is it the intent of the State to contract for an at risk solution with a vendor to manage these children/population?

The State has not been directed to prepare to contract with any vendor to manage these children/this population.

25. How many full time equivalents (FTEs) are supporting the current model, listed by their role?

This information is not available.

26. Would the selected vendor be responsible for payment to providers? Or will that be handled by a third party?

We are interested in learning from the subject matter experts what payment models are recommended.

27. Please provide clarity on what the State is expecting to be demonstrated in the November 6-10 meetings. How long does the State anticipate each vendor's meeting will last?

The State would anticipate that invited experts would give brief presentations of the proposed models, and be responsive to questions. Such meetings can be arranged to occur in person or via teleconferencing, based on the preferences of the invited vendors.

28. RFI Section IV, 4.1.C says, "The entire Scope of Work response (As listed in Section 3.3) will not exceed a 50 page limit." The RFI does not have a Section 3.3. It does, however, have a Section 3.2, Scope of Work; is Section 3.2 the correct reference?

This has been reviewed and corrected in the revised RFI posted on our website.

***NOTE: The DHS CWS data are point in time data. The numbers shared are only intended to give guidance on the approximation of services needed as of Oct. 1, 2017.**