

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES
and
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

**REQUEST FOR LETTERS OF INTEREST (RLI)
TO PARTICIPATE IN THE BEHAVIORAL HEALTH HOME
LEARNING COMMUNITY**

August 22, 2016

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Division of Mental Health and Addiction Services

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I. Purpose and Intent

The New Jersey Division of Mental Health and Addiction Services (DMHAS) is issuing this Request for Letters of Interest (RLI) from licensed mental health provider agencies to participate in a Behavioral Health Home Learning Community (BHH-LC). Participation in the BHH-LC is a requirement of becoming a Behavioral Health Home (BHH) provider. However, participation in the BHH-LC does not guarantee that an agency will become a BHH provider.

New Jersey has procured the services of The National Council for Behavioral Healthcare (The National Council) to facilitate this Learning Community. This BHH-LC is designed to build BHH capacity in Burlington, Hunterdon, Somerset, Union, and Warren Counties. Each participant of the BHH-LC will develop a BHH implementation plan that will be reviewed and assessed by DMHAS. If the plan is approved, the provider will become eligible to provide BHH services and to apply for BHH startup funds, if available. The availability of these funds is not guaranteed. The amount of start-up resources will depend on the availability of state funds for this purpose, as well as the number of agencies chosen and the identified needs. The BHH Implementation Plan will be used to identify start up needs but there is no guarantee that any or all identified needs will be funded. To qualify for startup funds, agencies will be required to complete an application, separate and distinct from this RLI. State certified BHHs will have two years in which to achieve certification as a Health Home by a nationally recognized and state approved accrediting body.

There is no funding to support an agency's participation in the BHH-LC. DMHAS will supply the training, consultation, and meeting places. Staff time and travel expenses will be the responsibility of the provider agencies.

The following summarizes the RLI schedule:

August 22, 2016	Notice of RLI
September 6, 2016	Deadline for receipt of letters - no later than 4:00 p.m.
September 23, 2016	Preliminary notification
September 30, 2016	Appeal deadline
October 7, 2016	Final notification
TBD	BHH-LC Kick-Off Meeting

II. Background

The Patient Protection and Affordable Care Act (PPACA or ACA), better known as "Health Care Reform", was signed into law by President Obama in March 2010. The ACA includes Section 2703 entitled, "State Option to Provide Health Homes for Enrollees with Chronic Conditions." Through this provision, states can elect to include Health Homes as part of their Medicaid State Plan thereby receiving additional Federal funds for Health Home services.

The Health Home is an outpatient service that is designed to fully address the medical, behavioral health, social support and service needs of individuals with chronic conditions. Health Home services are focused on wellness, disease management, prevention, and care coordination. The services are designed to avoid fragmented care that leads to unnecessary use of high end services (emergency rooms visits and inpatient hospital stays) and are expected to improve consumer outcomes and satisfaction and decrease overall costs. Information sharing within a Health Home team enables the providers to address all physical and behavioral needs of the individual through integrated and coordinated behavioral health and medical care.

The potential impact of mental disorders on mortality has been increasingly recognized in recent years. People with serious mental illness (SMI) die prematurely from the same causes of death that affect the general population, e.g. heart disease, diabetes, cancer, stroke, and pulmonary disease, but at an alarming rate. In the United States, life expectancy for people with SMI is reported to be at least 30% shorter than that for the general population, an average of 25 years. With ongoing integrated care, the severity of co-morbid conditions can be reduced and lives saved. Since Health Homes have the potential to improve health and decrease premature deaths among individuals with serious mental illness, New Jersey has decided to develop Medicaid State Plan Health Home services for individuals with SMI.

Health Homes serving those with SMI are commonly referred to as BHHs. In New Jersey BHH services will be delivered by licensed mental health treatment provider agencies as a new service added to the existing continuum and targeted to those consumers who are high utilizers, or at risk of becoming high utilizers, of healthcare services. The BHH service has begun in Atlantic, Bergen, Cape May, Mercer, and Monmouth Counties. The State continues to study the individual and systems level outcomes as well as costs of this new service and the results will inform further expansion.

III. Target Population to Be Served

BHH eligible consumers include consumers with a SMI who are high utilizers or at risk of becoming high utilizers of medical and behavioral health care. Consumers must be residents of Burlington, Hunterdon, Somerset, Union, or Warren County and Medicaid recipients. For this service SMI is defined as a behavioral health diagnosis that puts an individual at medium or high risk for increased utilization of services. The determination of risk is made using the Chronic Illness and Disability Payment System (CDPS). The CDPS is a diagnostic classification system that is commonly used by state Medicaid agencies to determine health-based capitated payments.

IV. Scope of Work

Behavioral health agencies licensed through the DHS as mental health provider agencies that participate in the BHH-LC have the ability to become state certified BHH

providers. Provider agencies must serve eligible Burlington, Hunterdon, Somerset, Union, and/or Warren County residents.

A minimum of two (2) agency staff with the authority and the agency support to design an implementation plan and take steps to implement the plan must commit to working within the scope of the BHH-LC. This staff involvement in the BHH-LC is an indication of organizational commitment to the systemic change necessary to integrate care and develop health home services, and previous learning communities have benefited from this level of involvement.

Each agency in the BHH-LC will be expected to attend monthly “coaching calls” and quarterly webinars during the span of the BHH-LC. Each “coaching call” and webinar session is approximately one (1) hour in length. Additionally, approximately three (3) BHH-LC all day sessions will be held through the cycle of the BHH-LC. The BHH-LC has an expected cycle of 12-18 months. The amount of time each organization spends internally on the development of BHH services will be specific to each organization based on readiness and progress towards change and is not included in the time commitment outlined above.

The State will work with interested providers to support their capacity building efforts and to develop the initial BHH provider network. Initially, BHH providers will be certified by the State of New Jersey. However, the provider agencies will be expected to become certified by a nationally recognized and state approved certifying or accrediting agency within two (2) years.

New Jersey’s BHHs will be administered jointly by DMHAS and the Division of Medical Assistance and Health Services (DMAHS). Behavioral health treatment will be reimbursed by the current mechanisms. The consumer’s physical health claims will continue to be paid and managed by one of the state’s Medicaid Managed Care Organizations.

At the completion of the BHH-LC each agency will submit their BHH implementation plan to DMHAS for review. At that time, DMHAS will certify agencies to deliver BHH services to eligible Medicaid enrolled consumers.

V. Who Can Apply?

- Applicant must be licensed by DHS as a mental health services provider agency.
- Applicant must be an approved New Jersey Medicaid provider.
- Applicant must serve Burlington, Hunterdon, Somerset, Union, or Warren County residents. At least 80% of applicant agency’s current consumers must be Burlington, Hunterdon, Somerset, Union, or Warren County residents.
- Applicant’s licensed and intended site of the service must be in Burlington, Hunterdon, Somerset, Union, or Warren County residents.

- Applicant provider agency leadership must identify willingness and capacity to create and implement process change with the goal of creating and/or enhancing integrated treatment services and developing a BHH.
- Applicant must agree to:
 - Work collaboratively with the Technical Assistance Contractor and DMHAS staff to develop a BHH readiness evaluation and implementation plan;
 - Assign lead staff to participate in the BHH-LC and work with the Technical Assistance Contractor and DMHAS staff;
 - Participate in technical assistance activities such as instruction, training sessions and instructional conference calls;
 - Assign a minimum of two (2) agency staff to the BHH-LC with the authority and the agency support to design a BHH plan and take the necessary steps to implement that plan;
 - Allow agency staff time and resources to participate in onsite trainings facilitated by the Technical Assistance Contractor and/or DMHAS staff on topics relevant to the development of the BHH services;
 - Allow agency staff resources and time to participate in BHH-LC sessions, either onsite and/or offsite with the other partnering BHH-LC agencies on implementing their BHH implementation plan;
 - Participate fully in sharing successes and challenges implementing the agency's individual BHH implementing plan;
 - Agree to attend ongoing learning activities sponsored by DMHAS after the formal BHH-LC has ended; and
 - Attend the BHH-LC Kick-Off session which will be scheduled in October 2016.

VI. Required Proposal Content

1. Provide a letter from the Chief Executive Officer (CEO) or Executive Director (ED) stating the administrative commitment of the agency to BHH services and participation in the BHH-LC.
2. Explain the agency's readiness to begin a BHH.
3. Describe how the BHH will fit into the existing organization. Include an organizational chart that includes a BHH service.
4. List the staff to be included in the BHH-LC as well other key persons who will be charged with carrying out the initiative. Explain each staff member's proposed role in the BHH-LC.
5. Describe strategies the agency has used in previous initiatives and anticipates using in this initiative to develop and sustain the BHH.
6. Describe the agency's current information technology capacity and any planned capacity. Place special emphasis on the ability to provide care coordination activities, information transfer and data collection.

VII. Submission Instructions

DMHAS assumes no responsibility and bears no liability for costs incurred by the applicant in the preparation and submittal of a Letter of Interest. Letters of Interest must

be no longer than four (4) pages and be submitted no later than 4:00 p.m. local time on September 6, 2016. Five (5) copies and one (1) original (six [6] total proposal packages) must be submitted to the following address:

For U.S. Postal Service delivery:

Alicia Meyer
Division of Mental Health and Addiction Services
PO Box 700
Trenton, NJ 08625-0700

OR

For private delivery vendor such as UPS or FedEx:

Alicia Meyer
Division of Mental Health and Addiction Services
222 South Warren Street, 3rd Floor
Trenton, NJ 08608

The applicant may mail or hand-deliver its proposal, however, DMHAS is not responsible for items mailed but not received by the due date. Note that U.S. Postal Service two-day priority mail delivery to the post office box listed above may result in the bidder's proposal not arriving timely and, therefore, being deemed ineligible for contract award. The bidder will not be notified that its proposal has been received. The State will not accept facsimile transmission of proposals.

IX. Review of Letters of Interest

There will be a review process for all timely submitted Letters of Interest which materially comply with the content requirements in this RLI. DMHAS will convene a review committee of public employees to conduct a review of each Letter of Interest accepted for review.

The DMHS will notify all applicants of preliminary decisions no later than September 23, 2016.

X. Appeal of Decisions

An appeal of any decision may be made only by a respondent to this RLI. All appeals must be made in writing and received by DMHAS at the address below no later than 5:00 p.m. local time on September 30, 2016. The written request must clearly set forth the basis for the appeal.

Appeal correspondence should be addressed to:

Valerie Mielke, Assistant Commissioner
Division of Mental Health and Addiction Services
222 South Warren Street, 3rd Floor
PO Box 700
Trenton, NJ 08625-0700

Please note that all costs incurred in connection with appeals of DMHAS decisions are considered unallowable cost for the purpose of DMHAS contract funding.

DMHAS will review all appeals and render a final decision by October 7, 2016. Award(s) will not be considered final until all timely appeals have been reviewed and final decisions rendered.