

REQUEST FOR PROPOSALS

County Medical Services Program Governing Board CMSP Behavioral Health Pilot Project

I. BACKGROUND

A. About the County Medical Services Program

The County Medical Services Program (CMSP) was established in January 1983, when California law transferred responsibility for providing health care services to indigent adults from the State of California to California counties. This law recognized that many smaller, rural counties were not in the position to assume this new responsibility. As a result, the law also provided counties with a population of 300,000 or fewer with the option of contracting back with the California Department of Health Services (DHS) to provide health care services to indigent adults. DHS utilized the administrative infrastructure of Medi-Cal's fee-for-service program to establish and administer the CMSP program.

In April 1995, California law was amended to establish the County Medical Services Program Governing Board (Governing Board). The Governing Board, composed of ten county officials and one ex-officio representative of the Secretary of the California Health and Human Services Agency, is authorized to set overall program and fiscal policy for the CMSP program. This law also authorized the Governing Board to contract with DHS or an alternative contractor to administer the program. Between April 1995 and September 2005, the Governing Board contracted with DHS to administer the CMSP program. Beginning October 1, 2005, Blue Cross Life & Health (BC L&H) assumed administrative responsibility for CMSP.

Currently, thirty-four counties throughout California participate in CMSP including: Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Imperial, Inyo, Kings, Lake, Lassen, Madera, Marin, Mariposa, Mendocino, Modoc, Mono, Napa, Nevada, Plumas, San Benito, Shasta, Sierra, Siskiyou, Solano, Sonoma, Sutter, Tehama, Trinity, Tuolumne, and Yuba counties.

CMSP is funded exclusively by participating counties through county contributions from Program Realignment (motor vehicle license fee and sales tax revenue) and county general-purpose revenue. The approved budget for FY 2007-08 assumes \$263,622,481 in revenue and \$262,130,978 in total expenses.

CMSP members are medically indigent adults, ages 21 through 64, who meet all of CMSP's eligibility criteria and are not eligible for Medi-Cal. All CMSP members must be residents of a CMSP county and their incomes must be less than or equal to 200% of the Federal Poverty Level (based on net nonexempt income). Depending on individual circumstances, CMSP members may have a share-of-cost (SOC). Enrollment terms for

CMSP members vary. CMSP members that do not have a SOC have a 6-month enrollment term. CMSP members that have a SOC have a 3-month enrollment term. CMSP members that are undocumented have a 2-month enrollment term. At the end of the enrollment term, CMSP members must reapply for CMSP to continue eligibility for benefits.

For all CMSP members *except* undocumented members, CMSP provides coverage for medically necessary inpatient, outpatient, vision, dental, and prescription drug services based upon a defined benefit package that is determined by the Governing Board. For undocumented CMSP members, CMSP provides coverage for medically necessary emergency care services only, including prescription drug services.

Since its inception in 1983, CMSP's benefit coverage for mental health and substance abuse treatment has been limited. At this time, CMSP's benefit coverage for mental health and substance abuse is specifically limited to the following:

- Professional services of licensed physicians, including licensed psychiatrists, for care delivered in outpatient and inpatient settings;
- Inpatient mental health hospitalizations at an acute care hospital with a mental health bed or unit (limited to 10 days per fiscal year);
- Prescription medications (including antidepressants, anti-anxiety, anti-mania, and anti-psychotic medications); and,
- 21-day heroin detoxification rendered on both an inpatient and outpatient basis.

B. About the CMSP Behavioral Health Pilot Project

The Governing Board seeks to test the effectiveness of primary care driven, enhanced mental health and substance abuse treatment services for selected CMSP members with mental health and/or substance abuse treatment needs through a three-year pilot project. The hypothesis being tested under the pilot project is:

Pilot Project Hypothesis: There is a population of CMSP members for whom short-term mental health treatment and/or substance abuse treatment will result in more effective and more cost-effective use of health care services.

1. Mental Health Treatment Services

The Governing Board seeks to test the effectiveness of primary care driven, enhanced mental health treatment services for CMSP members with assessed mental health treatment needs. The goals of service provision are to:

- Stabilize the overall health and mental health conditions of selected CMSP members through the delivery of mental health treatment services in combination with necessary primary care services and, as appropriate, in combination with psychiatric services and medication management.

- Provide coordinated primary health and behavioral health care for selected CMSP members.
- Promote appropriate utilization of primary and specialty care services, as required.
- Reduce the incidence of unnecessary and/or inappropriate emergency department utilization.
- Reduce the incidence of inpatient mental health hospitalizations.
- Reduce the incidence of late-stage entry into inpatient hospital care due to lack of treatment for identified medical conditions.
- Achieve financial savings through improved cost-effectiveness of overall care delivery.

2. Substance Abuse Treatment Services

The Governing Board seeks to test the effectiveness of primary care driven, enhanced substance abuse treatment services for CMSP members with assessed substance abuse treatment needs. The goals of service provision are to:

- Stabilize the overall health conditions of selected CMSP members through the delivery of substance abuse treatment services in combination with necessary primary care services and, as appropriate, in combination with psychiatric services and medication management.
- Provide coordinated primary health care and behavioral health care for selected CMSP members.
- Promote appropriate utilization of primary and specialty care services, as required.
- Reduce the incidence of unnecessary and/or inappropriate emergency department utilization.
- Reduce the incidence of late-stage entry into inpatient hospital care due to lack of treatment for identified medical conditions.
- Achieve financial savings through improved cost-effectiveness of overall care delivery.

II. TARGET POPULATIONS

Behavioral health services delivered under the pilot project may be provided to enrolled CMSP members who meet the following criteria:

A. Mental Health Treatment Services

- Based upon a DSM-IV assessment, the CMSP members have mental health treatment needs that could be effectively addressed through short-term psycho-social support by a psychologist, LCSW or MFT, either by itself or in combination with treatment by a psychiatrist and/or pharmacological services;

- The CMSP members have assessed mental health needs that are not considered of such severity that the member would be considered seriously and persistently mentally ill and/or a danger to self or others; and,
- The CMSP members are not assigned to CMSP aid code 50 (emergency services only) or aid code 8F (inpatient hospital services only).

B. Substance Abuse Treatment Services

- Based upon a DSM-IV assessment, the CMSP members have substance abuse treatment needs that could be effectively addressed through short-term psychosocial support by a certified drug and alcohol counselor or otherwise qualified counselor, either by itself or in combination with treatment by a psychiatrist and/or pharmacological services;
- The CMSP members have assessed substance abuse needs that are not considered of such severity or prolonged duration that the members would only benefit from inpatient substance abuse rehabilitation, residential treatment, long-term substance abuse treatment, methadone maintenance, or similar long-term drug rehabilitation programs; and,
- The CMSP members are not assigned to CMSP aid code 50 (emergency services only) or aid code 8F (inpatient hospital services only).

III. ELIGIBLE PILOT PROJECT APPLICANTS

A. Minimum Requirements

Applicants for the CMSP Behavioral Health Pilot Project may be a Federally Qualified Health Center, Rural Health Clinic, or Tribal Health Program providers or other not-for-profit or for-profit medical groups/practices or clinics providing primary care services with demonstrated capacity to arrange for or deliver mental health and/or substance abuse treatment services and manage the overall pilot project. At a minimum, either the applicant agency or partner agency/organization must be located in a CMSP county (see Attachment A for listing of CMSP counties). In addition, the applicant agency and all agencies providing direct services in association with the applicant agency must be a current contracting provider with BC L&H to serve CMSP members or execute a contract with BC L&H prior to January 1, 2008.

B. Parent Organization with Multiple Sites/Locations

A “parent” organization with multiple sites or locations may apply for participation in the pilot project. Parent organizations shall complete and submit one pilot project application that includes all of the proposed service locations and lists each proposed service location on the application coverage sheet. A description of each of the proposed pilot site locations shall be included in the proposal’s statement of need section. A description of how the pilot project will be implemented at each site shall be included in the proposal’s proposed project/approach. A description of the structure for

project management, oversight, and data collection among the multiple sites shall be included in the proposal's organization and staffing section. Finally, separate budgets shall be submitted for each proposed site along with a clear description of how administrative costs will be allocated (by site or to the parent organization) in the budget summary document. If selected for pilot project funding, the parent organization shall execute a single pilot project agreement and a HIPAA Business Associate Agreement with the Governing Board and the BC L&H provider agreements for CMSP with each of the parent organization's service locations shall be amended in order to provide claims payment for direct treatment services.

C. Consortia or Collaboration of Providers

A consortia or collaboration of providers may apply for participation in the pilot project. Applicants that fall into this category shall complete and submit one pilot project application that includes all proposed service locations and lists each proposed service location on the application coverage sheet. A description of each of the proposed pilot site locations shall be included in the proposal's statement of need section. A description of how the pilot project will be implemented at each site shall be included in the proposals' proposed project/approach. A description of the structure for project management, oversight, and data collection among the multiple sites shall be included in the proposal's organization and staffing section. Separate budgets shall be submitted for each proposed site along with a clear description of how administrative costs will be allocated (by site or to the consortia) in the budget summary document. If selected for pilot project funding, all of the following shall be required:

- Memorandums of Understanding that detail responsibilities and data reporting between the consortia and each participating pilot site must be in place prior to contract execution with the Governing Board.
- The consortia and each pilot site location shall execute a pilot project agreement and a HIPAA Business Associate Agreement with the Governing Board for participation in the pilot project.
- BC L&H provider agreements for CMSP shall be amended for each of the pilot project sites in order to provide claims payment for direct treatment services.

IV. PILOT PROJECT TIMELINE

The following are the anticipated timelines for the pilot project:

August 31, 2007	Request for Proposals (RFP) Released
September 14, 2007	RFP Assistance Teleconference
September 18, 2007	Letter of Intent (LOI) Due
October 10, 2007	Applications Due

October 25, 2007	Applications Reviewed and Approved
October 29, 2007	Pilot Project Awards Announced Via Letter
December 2007 (TBD)	Training/Orientation for Pilot Projects
January 1, 2008	Pilot Projects Begin Operations
Summer 2009 (TBD)	Pilot Project Conference
December 31, 2010	End of Pilots Projects
TBD	Final Pilot Project Reports Due

V. ALLOCATION METHODOLOGY

The Governing Board, within its sole discretion, may fund awards for up to fifteen (15) applicants for provision of mental health treatment services and up to six (6) applicants for provision of substance abuse treatment services under the pilot project. The applicant and each of its partner entities must be in good standing with the Governing Board. The Governing Board may consider awarding annual pilot project amounts of \$20,000 to \$300,000, based upon the size of the CMSP population to be served. Pilot project allocations shall be allocated in two parts: reimbursement for direct services and payment for site-level pilot project administration. Applicants may apply to participate in pilot projects for provision of any of the following: 1) mental health treatment services only; 2) substance abuse treatment services only; or, 3) mental health and substance abuse treatment services.

A. Reimbursement for Direct Services

Pilot project funding may support the cost of direct treatment services provided by psychologists, Licensed Clinical Social Workers (LCSW), Marriage and Family Therapists (MFT), and certified drug and alcohol counselors to designated CMSP members. Payment for direct treatment services shall be made through claim payments by BC L&H. All services must be rendered in accordance with BC L&H billing requirements, which include but are not be limited to use of diagnosis and procedure codes. Existing BC L&H provider agreements of the approved applicants shall be amended to incorporate payment for mental health treatment or alcohol and drug treatment services, as appropriate.

Psychology, LCSW, MFT and certified drug and alcohol counselor services may be provided on site by professional staff hired by the applicant, one or more providers under a consortium arrangement, through a subcontract with other local providers, or through telemedicine. Such services shall be in addition to any services the member

may receive from a psychiatrist or other medical provider. Methadone maintenance, Suboxone, and Subutex services shall not be covered or reimbursable services under the pilot project and are not covered or reimbursable services under CMSP.

Reimbursement for Mental Health Treatment Services provided by either psychologists, LCSW, and MFT shall be limited to not more than one (1) initial assessment visit and up to ten (10) individual or group treatment visits per calendar year per CMSP member. Payment rates for services shall be tied to increments of service and shall be as follows:

- o Individual mental health treatment sessions
 - Initial assessment at \$90 per visit (one time)
 - 30 minute at \$40 per session (subject to annual limitations)
 - 60 minute at \$70 per session (subject to annual limitations)
- o Group mental health treatment or therapy sessions
 - 60 minute at \$40 per session (subject to annual limitations)

Reimbursement for Substance Abuse Treatment Services provided by a certified drug and alcohol counselor or otherwise qualified counselor shall be limited to not more than one (1) initial assessment visit, two (2) individual substance abuse treatment visits, and twenty (20) group substance abuse treatment visits per calendar year per CMSP member. Payment rates for services shall be tied to increments of service and shall be as follows:

- o Individual substance treatment sessions
 - Initial assessment at \$90 per visit (one time)
 - 30 minute at \$30 per session (subject to annual limitations)
 - 60 minute at \$70 per session (subject to annual limitations)
- o Group substance abuse treatment sessions
 - 60 minute at \$30 per session (subject to annual limitations)

B. Site-level Pilot Project Administration

Funding for site-level administrative support, including project management, data collection and reporting will be provided directly to the applicant by the Governing Board based upon fulfillment of specified pilot project responsibilities. No money will be transferred to the approved applicant prior to the execution of a pilot project agreement, which specifies the data to be provided by the approved applicant, and a HIPAA Business Associate Agreement between the approved applicant and the Governing Board. Funding for total site-level administrative support may not exceed the following maximums:

- 15% of the estimated direct services reimbursements in Year 1 (CY 2008)
- 10% of the estimated direct services reimbursement in Year 2 (CY 2009)
- 10% of the estimate direct services reimbursement in Year 3 (CY 2010).

For example, if an applicant estimates an annual reimbursement of \$100,000 in Year 1 (CY 2008) for direct mental health and substance abuse treatment services, up to \$15,000 may be used for site-level pilot project administration. The total pilot project request would be \$115,000 in Year 1.

For applicants seeking up to \$40,000 annually in funding for direct behavioral health services, the Governing Board may consider requests for additional site-level pilot project administration funding beyond the specified limits. Applicants that request additional site level administrative funding shall provide a proposed budget in accordance with the requirements under Section VIII-D and shall provide a detailed written justification for the request.

Pilot project funds shall not be used to subsidize overhead of the applicant. Further, the Governing Board shall have no obligation to fund additional costs outside of the award, including but not limited to services provided outside the parameters described in this RFP or after the pilot project either terminates or otherwise expires.

Approved applicants shall be obligated to reimburse the Governing Board for any pilot project funds not expended by the approved applicants or their partner entities in accordance with the parameters of the pilot project.

VI. AWARD METHODOLOGY

The Governing Board shall have sole discretion on whether or not to award a pilot project. Pilot project sites will be selected on a competitive basis based upon responses to this RFP. Responses to the RFP will be reviewed and scored based upon the following criteria:

- 1) Project Narrative (70% in total)
 - Statement of Need (15%)
 - Proposed Project/ Approach (25%)
 - Organization and Staffing (15%)
 - Project Implementation (15%)
- 2) Budget (15%)
- 3) Letters of Commitment/ Support (15%)

VII. APPLICATION ASSISTANCE

A. RFP Assistance Teleconference Information

To assist potential applicants, an RFP assistance teleconference will be held on Friday, September 14, 2007, from 9:30 am to 12:30 pm PST. The call can be accessed by dialing 1-888-296-6500 and the passcode to enter is 738196. Potential applicants are encouraged to call with questions regarding the pilot project and with specific questions

regarding the application process.

B. Frequently Asked Questions (FAQ)

From time to time, responses to frequently asked questions will be posted on the Governing Board's website at www.cmsspcounties.org/about/grant_projects.html.

C. Letter of Intent (LOI)

The Governing Board requests that all likely applicants submit a Letter of Intent (LOI) to the Board. While the LOI is not required, receipt of an LOI from all likely applicants will assist the Governing Board in planning for application review and related processing. Please submit the LOI no later than September 18, 2007, by 5:00 p.m. PST. The LOI may be submitted by e-mail or fax to the addresses listed below:

Via E-Mail:
CMSP Governing Board
RE: LOI
bhpilot@cmsspcounties.org

Via Fax:
CMSP Governing Board
RE: LOI
FAX: (916) 649-2606

D. Pilot Project Contact Information

Please direct any questions regarding the RFP to:

Alison Kellen, Program Specialist – Health Program Operations
CMSP Governing Board
1451 River Park Drive, Suite 222
Sacramento, CA 95815
(916) 649-2631 ext. 19
bhpilot@cmsspcounties.org

VIII. PROPOSAL FORMAT AND REQUIREMENTS

A. Application Cover Sheet

Using the form provided, include identification of the type of pilot project being requested (i.e. mental health treatment, substance abuse treatment, or both), the applicant name(s), address, telephone, and e-mail contact information.

The application cover sheet is available for download at the Governing Board's website at www.cmspcounties.org/about/grant_projects.html.

B. Project Summary (no longer than 1 page or 2 pages if proposing both mental health and substance abuse treatment projects)

Describe the proposed project concisely, including its goals, objectives, overall approach (including target population and key partnerships), anticipated outcomes, and deliverables.

C. Project Narrative (no longer than 12 pages or 15 pages if proposing both mental health and substance abuse treatment projects)

1. Statement of Need

This section should be used to describe the need for behavioral health treatment services and/or substance abuse treatment services in the geographic area(s) to be served, including the mental health and/or addiction/abuse problems that the proposal intends to address in the CMSP population. The description should include, but not be limited to, the following:

- o Background information relating to geographical location, unique features of the community or the CMSP population to be served, and any other pertinent information that helps shape the problem or need within the community;
- o The demographic and clinical characteristics of the CMSP members who will be targeted for services;
- o Stability of the insurance coverage status of the population, addressing changes in sources of coverage, and;
- o Issues of age, race, ethnicity, culture, language, sexual orientation, disability, literacy, and gender in the target population that will need to be addressed.

2. Proposed Project/Approach

This section should provide a clear and concise description of how the proposed project will address the problems described in the Statement of Need. The description should include, but not be limited to, the following:

- o Capacity and experience of the applicant organization and key partners in serving the needs of similar target populations and programs;
- o Involvement of key partners and the nature of their roles in carrying out the project (letters of commitment are required from all key partners and will be utilized in scoring);
- o A proposed minimum Global Assessment of Functioning (GAF) score from the DSM-IV assessment that will serve as the threshold for determining which CMSP members receive treatment services under the pilot project. (NOTE: Use of the DSM-IV assessment instrument and the GAF are required

- under the pilot project.) The proposed GAF score should be based on the description of the target population in Section II – Target Populations. Please include a clear rationale for the proposed minimum GAF score to be used under the pilot project. The Governing Board will take the proposed score into consideration and establish a uniform minimum score for all project pilot sites prior to execution of pilot project contracts.
- o Project services including required core project elements:
 - o *Screening* – Describe the process for screening CMSP members with potential mental health and/or substance abuse treatment needs.
 - o *Assessment* – Describe the process and personnel involved in administering the DSM-IV diagnostic assessment and any other assessment instruments that will be used to determine service need(s). The process must include an initial assessment before participants receive treatment services and a final assessment at the completion of the treatment. (These issues are discussed further in Section X – Data Reporting Requirements.)
 - o *Treatment* – Describe the proposed services (including any evidence-based treatment approaches), how the services would be delivered, and how treatment plans and progress would be documented.
 - o *Coordination or Integration of Systems* – Describe the linkage between primary care services and behavioral health treatment services including the medication management process for your site. In addition, describe the relationship between the proposed service site and the county mental health and alcohol and drug departments, including any involvement in the county Mental Health Services Act (Proposition 63) plan.
 - o *Access* – Describe the linkage between the proposed mental health and/or substance abuse services to each of the following services:
 - o Specialty care services, including psychiatry services
 - o Inpatient mental health services
 - o Crisis services
 - o Inpatient or residential substance abuse/ chemical dependency services
 - o Number of CMSP members the proposed project estimates will be served each year of the pilot project duration.
 - o Data systems and capabilities, including the systems used to track service utilization among CMSP members.
 - o Procedures to ensure patient confidentiality and data security.
 - o Structure and/or process for interagency coordination between the applicant and its site-level service locations and the county mental health and/or county alcohol and drug program.
 - o If applicable, describe the linkage between the applicant’s proposals for both a Mental Health Treatment Services pilot project and a Substance Abuse Treatment Services pilot project.

3. Organization and Staffing

This section should describe and demonstrate organizational capability to implement, operate, and fully participate in the evaluation of the proposed project. Information provided should clearly delineate the roles and responsibilities of both applicant organizations and key partners and include, but not be limited to, the following:

- o An organizational chart and description of organizational structure, lines of supervision, and management oversight for the proposed project, including oversight and evaluation of consultants and contractors;
- o Identification of a project manager with day-to-day responsibility for key tasks such as leadership, monitoring ongoing progress, preparing project reports, and communicating with other partners;
- o Identification of a data manager with responsibility for data collection and reporting;
- o The roles, qualifications, expertise, and auspices of key personnel; and
- o Staffing pattern that reflects an adequate number and appropriate mix of staff and includes bilingual individuals appropriate to the cultural communities represented by individuals who will receive services.

Applicants must demonstrate that they have, either on staff or under contract, clinical psychologists or other clinical professionals trained to conduct complete clinical assessments (all five axes) using the DSM-IV.

4. Project Implementation

This section should be used to carefully describe activities (e.g. staff recruitment, development of secure data transfer protocols, execution of interagency agreements with county mental health department and/or county alcohol and drug program) necessary for your site to effectively implement the proposed project. This section should also include a Project Implementation Work Plan and timetable for completion of implementation activities.

D. Budget and Budget Summary

Complete the Budget Template (Attachment B) and provide a brief (no more than 2 pages) budget summary detailing all expense components that make up total operating expenses and the direct service utilization estimates for the pilot project. As part of the budget summary, describe the historical and current volume of patient care provided by the applicant and the mix of funding sources to pay for those services. For applicants requesting administrative funding in excess of specified limits, the written justification for additional funding shall be limited to one additional page.

A Budget Template is available as an Excel spreadsheet for download at www.cmspcounties.org/about/grant_projects.html.

Please note, prior to contracting, the approved applicants will be required to submit selected financial statements that demonstrate the financial stability of the applicant. This information shall be limited to the most recent:

- o Audited & Current Balance Sheet
- o Audited & Current Income Statement
- o Audited Statement of Cash Flows

E. Letters of Commitment/Support

Letters of commitment are required from all key partners and will be utilized in scoring. Letters of commitment should reference the existence or intent to execute an interagency agreement(s) or Memorandum(s) of Understanding (MOU) between the parties. Letters of commitment or support from other interested agencies and stakeholders may also be provided. All letters of commitment or support must be submitted as a part of the application. Any letters submitted outside of the application will not be considered in scoring the application.

Prior to executing a pilot project agreement with the Governing Board, all selected applicants will be required to submit copies of the executed interagency agreements or MOUs between the selected applicant and its partnering agencies and the interagency agreements or MOUs between the selected applicant and the appropriate county mental health department or departments and/or county alcohol and drug program or programs.

IX. APPLICATION INSTRUCTIONS

- A. Applications must be complete at the time of submission and must follow the required format and use the forms and examples provided;
 - 1. The type font must be Arial, size 12 point.
 - 2. Text must appear on a single side of the page only.
 - 3. Assemble the application in the order and within the page number limits listed in Section VIII - Proposal Format & Requirements.
 - 4. Clearly paginate each page at the bottom of the page.
- B. Applications transmitted by facsimile (fax) or e-mail will not be accepted;
- C. The application shall be signed by a person with the authority to legally obligate the applicant;
- D. Provide one original hard-copy pilot project application clearly marked original, and seven (7) hard-copies;
- E. Provide an electronic copy (CD or diskette) of the following components of the application: 1) Project Summary (as a Word Document), 2) Project Narrative (as a Word Document), and 3) Budget (as an Excel Document).
- F. Do not provide any materials that are not requested;
- G. Folders and binders are not necessary or desired; please securely staple or clip the application in the upper left corner, and;

H. Applications must be received in the office no later than 5:00 p.m. PST on October 10, 2007:

CMSP Governing Board
ATT: RFP Response
1451 River Park Drive, Suite 222
Sacramento, CA 95815

X. DATA REPORTING REQUIREMENTS

The Governing Board intends to evaluate the effectiveness of the pilot projects through analyses of various data on pilot project operations and member outcomes. As a result, fulfillment of data collection and data reporting responsibilities by approved applicants is an essential component of the pilot project.

A uniform data set with required data elements will be collected from all pilot project sites. A preliminary template for the uniform data set is attached as Attachment C. Among the data elements to be collected will be outcome measures to gauge the effectiveness of mental health and substance abuse treatment services delivered to CMSP members.

All pilot project sites will be required to seek a written release from CMSP members receiving services through the pilot project that allows for reporting of the initial and final DSM-IV assessment information to the Governing Board for the project evaluation. The release form will be provided to the approved applicants prior to project implementation.

The Lewin Group has been retained by the Governing Board to conduct the pilot project evaluation. As a part of that responsibility, The Lewin Group will provide support to pilot project sites in meeting data collection and reporting requirements for the pilot project. Patient confidentiality and data security will be maintained in accordance with current legal requirements and safeguards.

A. DSM-IV Assessments and the Global Assessment of Functioning

A uniform clinical assessment using the full DSM-IV shall be required for all CMSP members that receive services through the pilot project. The Global Assessment of Functioning (GAF) scale (Axis V) will be used to assess the overall level of functioning of individuals. DSM-IV assessment results will be required elements of the uniform data set that will be submitted to The Lewin Group. For reference, the DSM-IV assessment form is included in the RFP as Attachment D.

B. Claims Data

All payments for mental health and substance abuse treatment services rendered by the pilot project site or their subcontracted agents will be processed through existing BC

L&H payment mechanisms with specified diagnosis codes and procedure codes. Claims data will be utilized in evaluating the effectiveness of the pilot projects.

C. Other Data Reporting

As part of the evaluation, it is anticipated that additional data pertaining to project implementation, service integration, and organizational level outcomes will be collected annually through interviews with administrators, surveys of medical and behavioral health staff, and site visits. In addition, clinical outcome measures (e.g., DUKE health profile, PHQ-9) will be considered for collection at baseline and follow-up. Final selection of these measures will be made once the pilot projects are selected and an assessment is made of the capacity of clinics and projects to administer these clinical tools. The Governing Board will make the final selection of assessment instruments for clinical outcome measures, and the process will be described in the pilot project agreement with approved applicants. The Governing Board will not select assessment instruments that are out of the ordinary or impose excessive burden on approved applicants, or that could not be reasonably administered in the treatment context.

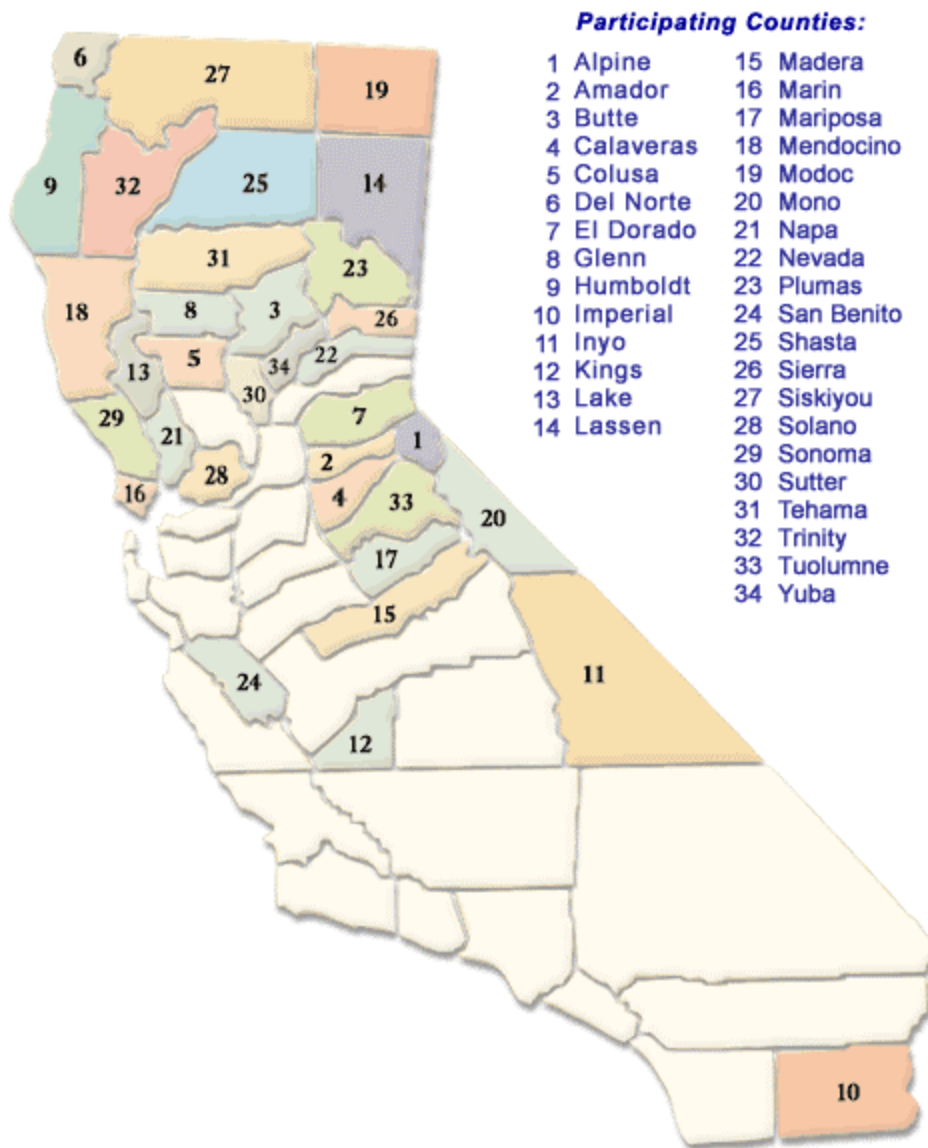
XI. PILOT PROJECT ADMINISTRATION & EVALUATION

As a part of site-level pilot project administration, each pilot project will be required to collect specified data for their project, as described in Section X – Data Reporting Requirements, provide appropriate administrative support, and provide appropriate management oversight. Data collection and project administration activities should be integrated into the project design and addressed at the beginning of project.

In the first year, pilot projects are permitted to use an amount up to fifteen percent (15%) of their estimated direct services reimbursements for data collection and project administration activities. In years two and three, pilot projects are permitted to use an amount up to ten percent (10%) of their estimated direct services reimbursement for data collection and project administration activities. Funding for site-level pilot project administration will be provided directly by the Governing Board pursuant to the pilot project agreement. As a condition of the award, all pilot projects must:

- Designate a project manager and data manager to participate in an orientation/training session in December 2007 to review the data collection and reporting procedures.
- Participate in a conference in Summer 2009 to review project success and challenges, discuss next steps, and share lessons learned with other pilot projects.
- Share data and cooperate fully with the evaluation efforts of the Governing Board and its designees.
- Fully comply with state and federal regulations on patient confidentiality and enter into such business associate agreements as may be required by the Governing Board.

Attachment A: CMSP Counties



Attachment B: Budget Template

Applicant: _____

- Project Type:**
- Mental Health Treatment Services
 - Substance Abuse Treatment Services
 - Both – Mental Health & Substance Abuse Treatment Services

Note: Applicants seeking both mental health and substance abuse pilot projects should complete separate projected service reimbursements budgets below for each pilot project type

Mental Health Treatment Services Projected Direct Service Reimbursements – CY 2008 through CY 2010

Service Category	Units, 2008 (a)	Units, 2009 (b)	Units, 2010 (c)	Units, 2008 – 2010 (d) sum of a to c	Unit price (e)	Reimbursements (product of d and e)
Initial assessments					\$90	
30 minute session (individual)					\$40	
60 minute session (individual)					\$70	
60 minute session (group)					\$40	
Subtotal						

Substance Abuse Treatment Services Projected Direct Service Reimbursements – CY 2008 through CY 2010

Service Category	Units, 2008 (a)	Units, 2009 (b)	Units, 2010 (c)	Units, 2008 – 2010 (d) sum of a to c	Unit price (e)	Reimbursements (product of d and e)
Initial assessments					\$90	
30 minute session (individual)					\$30	
60 minute session (individual)					\$70	
60 minute session (group)					\$30	
Subtotal						

Attachment B: Budget Template (continued)

Applicant: _____

Projected Site-Level Pilot Project Administrative Costs – CY 2008 through CY 2010*

Category	Costs, 2008 (a)	Costs, 2009 (b)	Costs, 2010 (c)	Costs, 2008 – 2010 (sum of a to c)
Personnel				
Fringe Benefits				
Travel				
Equipment				
Supplies				
Contractual				
Other**				
Subtotal				

* Must not exceed 15% of the projected direct service reimbursements in CY 2008, 10% of the projected direct service reimbursements in CY 2009, and 10% of the projected direct service reimbursements in CY 2010 unless project direct services reimbursements are up to \$40,000 per year and justification for additional administrative costs funds is provided in the budget summary document.

** Please detail the composition of the “Other” category in the budget summary document.

Attachment C: Preliminary Uniform Data Set

Data Element	Source	Method of Transmission
Administrative Data		
Date of referral	Clinical records	CMSP will establish an electronic data collection template. Approved applicants will populate & submit securely.
Source of referral	Clinical records	
Reason for referral	Clinical records	
Date of assessment	CMSP claims data	CMSP will obtain claims data from BC L&H
Clinical Data		
Clinical diagnoses	DSM-IV, Axis I	Clinicians or approved applicants fax DSM-IV Multiaxial Evaluation Report Form to Lewin
Personality disorders	DSM-IV, Axis II	
General medical conditions	DSM-IV, Axis III	
Psychosocial and environmental problems	DSM-IV, Axis IV	
Global Assessment of Functioning	DSM-IV, Axis V	
Client functioning (Baseline and Follow-up)	DSM-IV, Axis V and TBD	
Clinical outcomes (Baseline and Follow-up)	TBD	TBD
Health outcomes (Baseline and Follow-up)	TBD	TBD
Utilization and Cost Data		
Mental health and/or substance abuse treatment session type and dates of service	CMSP claims data	CMSP will obtain claims data from BC L&H
Utilization of psychiatric services and dates of service (including partial hospitalization and intensive outpatient)	CMSP claims data	
Utilization of primary care services and dates of service	CMSP claims data	
Emergency room visits and dates of service	CMSP claims data	
Inpatient utilization (including psychiatric) and dates of service	CMSP claims data and other sources TBD	
Total CMSP service costs	CMSP claims data	
Final clinical outcome assessment	TBD	TBD
Missed appointments	Clinical records	CMSP will establish an electronic data collection template. Approved applicants will populate & submit securely.
Where applicable, reason for not completing treatment plan	Clinical records	

Attachment D: DSM-IV Multiaxial Evaluation Report Form

Multiaxial Evaluation Report Form

The following form is offered as one example for reporting multiaxial evaluations.

**AXIS I: Clinical Disorders
Other Conditions That May Be a Focus of Clinical Attention**

Diagnostic code	DSM-IV name
_____	_____
_____	_____
_____	_____

**AXIS II: Personality Disorders
Mental Retardation**

Diagnostic code	DSM-IV name
_____	_____
_____	_____

AXIS III: General Medical Conditions

ICD-9-CM code	ICD-9-CM name
_____	_____
_____	_____
_____	_____

AXIS IV: Psychosocial and Environmental Problems

Check:

- Problems with primary support group** *Specify:* _____
- Problems related to the social environment** *Specify:* _____
- Educational problems** *Specify:* _____
- Occupational problems** *Specify:* _____
- Housing problems** *Specify:* _____
- Economic problems** *Specify:* _____
- Problems with access to health care services** *Specify:* _____
- Problems related to interaction with the legal system/crime** *Specify:* _____
- Other psychosocial and environmental problems** *Specify:* _____

AXIS V: Global Assessment of Functioning

Scale Score: _____

Time Frame: _____