

## Request for Proposals

### RFP # 20034 Medicaid Redesign Team (MRT) Transformation Consulting Services AMENDMENT #2

July 15, 2021

The following are official modifications, which are hereby incorporated into RFP #20034: Medicaid Redesign Team (MRT) Transformation Consulting Services.

Deleted language appears in strikethrough (“xxx”) and added language appears in **red** text.

The information contained in this amendment prevails over the original RFP and **replaces** Amendment #1.

## 2.1 Introductory Background

### ~~OPWDD Transition to Managed Care~~

~~The transition of the OPWDD population and services to Managed Care includes the ongoing implementation of Care Coordination Organization Health Homes (CCO/HH), which serve individuals with intellectual and/or developmental disabilities (I/DD). The OPWDD’s Transformation Plan’s goals provide for a managed care implementation and phasing in across the state beginning with voluntary enrollment in 2019, then moving to mandatory enrollment in 2021. Included in this trajectory is the development of managed care plans that are Specialized I/DD Plans-Provider Led (SIPs-PL) that will enroll individuals with I/DD and provide specialized developmental disability services, as well as enhanced care management services.~~

~~More information regarding the Children’s MRT Medicaid Transformation and the OPWDD Transition to Health Homes Managed Care can be found at the following links:~~

~~[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/child\\_mrt.htm](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/child_mrt.htm)  
[https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/idd/index.htm](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/idd/index.htm)~~

### **OPWDD System of Care**

**OPWDD is continuing its on-going efforts to strengthen the network of services available to New York State residents with Intellectual and/or Developmental Disabilities (IDD). The 5.07 plan, currently under development will provide a framework for the on-going work of the agency to enhance the Direct Support Professional workforce, expand the array of community-based housing supports that are available, integrate the use of technology in more effective manners and increase the flexibility so that individuals can use services in the most effective manner possible.**

## 4.1 Tasks/Deliverables

### **2. Phase 2: Implementation Support**

Following the successful approval by CMS of the Program Design, the Contractor will work with the State to successfully implement the programs, while ensuring the program design is in compliance with Federal and State requirements.

It is estimated that the Contractor may provide approximately **1,000 hours**, of consulting work during Phase 2: Implementation Support to perform the following functions, as needed by the

State. This is just an estimate, actual hours and duration of this phase is dependent upon the outcome of CMS approvals/negotiations.

The required tasks/services the Contractor must perform related to each program are identified below:

1. Implementation Support Related to all Programs:
  - a. Provide technical assistance that includes:
    - 1) Sharing information,
    - 2) Instructing,
    - 3) Skills training, and
    - 4) Other consulting services related to implementation, including but not limited to:
      - a) Eligibility;
      - b) Medicaid Management Information System (MMIS);
      - c) Manuals;
      - d) Guidance materials;
      - e) Flow charts;
      - f) Diagrams; and
      - g) Procedure development associated with the residual payment.
  - b. Develop, review and obtain approval of:
    - 1) Plan qualifications;
    - 2) Program evaluation strategies; and
    - 3) Readiness reviews related to approving plans to manage transitioning benefits and other documents.
  - c. Attend weekly conference calls.
2. Implementation Support Related to specific Managed Care Programs:
  - a. Other Transition Assistance as Needed::
    - 1) Attend weekly calls regarding the transitions;
    - 2) Once developed, provide implementation support related to the transition of certain Medicaid subpopulations to the managed care delivery system;
    - 3) Evaluate the related state programs, which include, but are not limited to:
      - a) CCO/HH program roll-out;
      - b) SIPs-PL managed care implementation; and
      - c) Impact of Children's MRT and OPWDD ~~Managed Care~~ transformations.
  - b. Children's Transition to Managed Care:
    - 1) Develop strategies to adjust the implementation design based upon changes made by the State and/or CMS.
      - a) Adjustments will be made based upon the various implementation designs available (i.e. 1915(c), 1915a, 1115, etc.), how the designs intersect, and how they impact another.
    - 2) Assist the State with future planning, based on implementation and design changes. Specifically, this will include but not be limited to:
      - a) Transitioning HCBS population to Managed Care;
      - b) Transitioning Foster Care Population to Managed Care;
      - c) Implementation of the "Residual Per Diem" rate for Foster Care; and
      - d) Article 29-I Licensure and contracting for Voluntary Foster Care Agencies.

### 3. Phase 3: Continuation Support

The contractor will provide ongoing support following the implementation of identified projects which includes, but is not limited to the following:

1. Provide reports of relevant Federal actions and State activity related to services and funding, commensurate with relevant Federal and State activity;
2. Develop the 1915(c) and 1115 Waiver close out processes and procedures for NYS;
3. Update Technical Assistance documents detailed in Section 4.1.B.1 and 4.1.B.2;
4. Review and provide input and feedback on State drafted materials such as:
  - a. Policies and procedures, and
  - b. Guidance documents.
5. Obtain and evaluate other State's implementations for analysis and comparison data that could impact or intersect with Managed Care Transitions, Children's Transformation, and other identified projects, such as Community First Choice Option (CFCO), other State Plan Amendments and/or 1915(c) Waivers.

Tasks could include, but are not limited to:

- a. Analyze and Evaluate the interplay of the various MRT initiatives;
  - b. Develop strategies to validate the integrity of the OPWDD Transition and Children's Transformation Design or other identified projects; and
  - c. Prepare programmatic guidance documents and other materials distinguishing the interplay between the different authorities, services and program designs.
6. Develop performance standards and quality metrics to quantify and measure the success of the implementation of the OPWDD Transition to ~~Managed Care~~ or other identified projects.
  7. Monitor performance standards and quality metrics, to ensure that the ongoing implementation of the OPWDD Transition to ~~Managed Care~~ or other identified projects comports with CMS expectations and requirements.
  8. Develop and/or consulting on:
    - a. Contract amendments for Specialized IDD Managed Care Plans (for CMS & OSC); and
    - b. All waiver documents including applications, renewals and amendments as directed by the State or CMS, specifically but not limited to:
      - 1) Draft Amendment to 1115 Waiver for implementation of Mandatory enrollment in 2020 (for CMS);
      - 2) Annual CMS 372 Reports on the NYS 1915(c) waivers;
      - 3) SPAs; and
      - 4) Transition Plan for 1115 Waiver in 2020 and annually thereafter (for CMS).
  9. It is estimated that the Contractor may incur approximately **1,000** consulting hours in for this phase.