

**Outpatient Mental Health Services
Contract Application Packet
For Willamette Valley Community Health (WVCH) Members
June, 2017**

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PROCESS AND TIMELINE:

The Behavioral Care Network (BCN) will identify areas of need and evaluate contract applications as they are received. Eligible applicants will be offered a contract upon approval by the BCN Board's Executive Committee, which meets monthly. Note: Prior to the Board meeting, BCN must publish a public notice in the newspapers of general circulation in Marion and Polk Counties for contracts recommended for approval at that meeting.

CONTRACT PERIOD:

The initial contract is for a mutually agreed upon effective date, through the end of the calendar year in which the contract begins. The contract may be renewed up to 10 full year terms.

BACKGROUND & DESCRIPTION OF SERVICES:

About BCN and this Contract Application

BCN is responsible for managing the mental health benefits for Marion and Polk County residents who are enrolled in the Oregon Health Plan as Members of Willamette Valley Community Health (WVCH). Through its contract with WVCH, BCN is required to contract for the full range of mental health services. This Contract Application serves to identify prospective providers that are interested and qualified to join the provider network. (Note: BCN manages the addictions network, but the addictions contracts are held by WVCH.)

BCN MISSION

To improve the lives of WVCH Members through investments in community resources and access to high quality, integrated mental health and addictions services.

BCN GOALS

- Ensure timely access to treatment and recovery services.
- Increase capacity of families and communities to promote mental health.
- Integrate behavioral health with other health care and social supports.
- Promote meaningful, culturally competent engagement.
- Ensure network excellence through oversight, training, and quality improvement.
- Facilitate operational excellence.

Outpatient mental health services for adults and children encompass the services described below. Services delivered by any particular agency/provider are in relation to that provider's populations, programs and services.

- Individual, group, and family counseling/therapy for adults and children with a wide variety of mental health diagnoses
- Treatment for individuals with a Severe Mental Illness
- Case management
- Skills training
- In-home services
- Infant mental health and early childhood mental health services
- Specialty services addressing issues such as trauma, fire setting, juvenile sexual behavior, and eating disorders
- Mental health treatment for individuals with intellectual/developmental disabilities
- Transitional age services
- Medication management
- Peer support services
- Culturally specific services
- Intensive community-based outreach and care teams to serve people who are not successfully engaged with office-based therapies, such as homeless individuals, people who are frequent utilizers of crisis and emergency department services, and families parenting challenging youth.

Network Expectations

Qualified applicants will be offered a contract to be part of the BCN provider network. While provider agencies will be individually contracted, it is expected that providers will work together collaboratively to meet the needs of WVCH Members.

All services provided to Members must be medically necessary and based on sound clinical theory, research, and practice. Services must meet the needs identified by the Member in the Member's treatment plan, which may include outreach or community-based services. Providers will be expected to actively work to serve the individual in the lowest possible level of care that is medically necessary as well as to provide or arrange intensive services when needed.

Unless otherwise stated, payment for services within the scope of this Contract Application is made per eligible encounter. Reimbursement for services to WVCH Members will be made per the attached payment schedule, effective May 1, 2017 (see Exhibit B). Incentives to support specific provider performance expectations and risk sharing opportunities may be included in contracts. Additional funding may be available for specific change initiatives and performance requirements, including meeting the incentive measures for WVCH as a CCO. The payment methodology for services may vary in the future as BCN determines and/or as WVCH needs change.

All services are to be culturally sensitive and culturally competent. Cultural sensitivity will need to be integrated throughout the selected provider's organization. Selected providers will also need to have capacity for verbal and written communications in any language necessary to meet Member needs.

All contractors will need to have appointment times available that will meet the needs of the Members and in accordance with Oregon Administrative Rules, which may include weekend and evening appointments. All providers will be responsible for responding to any crises for their enrolled clients both during and after regular business hours. Therefore, all providers will need to have 24-hour telephone coverage.

Marion County's Psychiatric Crisis Center (PCC) and Polk County Mental Health crisis staff will be available 24/7 for face-to-face screening, consultation and supportive services.

Focus Areas:

The BCN has identified the following focus areas to address service gaps for children and adults:

- In-home child and family services
- Intensive services for individuals with moderate to serious functional impairments. Services include, but are not limited to, case management, medication management, and skills training
- Co-occurring services for people with mental illness and substance abuse challenges
- Under-served populations (i.e., rural, culturally specific –applicant must identify populations)
- Outpatient services in primary care medical offices

If additional focus areas are identified, they will be posted on BCN website.

Categories of Providers:

There are four categories of providers that are eligible to apply for a contract with BCN to address the above listed focus areas.

1. Agencies with a Certificate of Approval for outpatient mental health services from the Oregon Health Authority that have a clinic location in Marion or Polk County.
2. Groups consisting solely of mental health professionals licensed by an Oregon licensing body that have a clinic location in Marion or Polk County.
3. Patient Centered Primary Care Homes (PCPCHs) currently contracted by WVCH interested in providing outpatient mental health services to WVCH Members.
4. Other providers contracted by WVCH qualified to provide outpatient mental health services.

Contracted providers are expected to participate in and ensure the desired results of BCN's annual Quality Plan. Contracted providers are offered some clinical training (without cost and with CEUs) and technical assistance to prepare their staff for adherence to BCN's adopted practices.

BCN is responsible for monitoring contractual relationships with all contracted providers and for the overall direction of the service delivery model of the provider network. BCN is also responsible for monitoring services to ensure treatment is medically necessary. Contracted providers are responsible for assessing the clinical needs of individuals and for meeting all utilization requirements to assure contract compliance. Providers must also participate in all audits conducted by BCN.

Evaluation and Award:

Applications will be evaluated by the BCN on the basis of their responses and in accordance with the criteria below:

- Contracts will only be offered to applicants that are among the four categories of providers eligible to apply for a contract. BCN will consult available resources, such as the Oregon Health Authority, Oregon Secretary of State, and/or WVCH, as necessary to affirm contractor's eligibility for a contract.
- Contract applications must include at least one of the Focus Areas listed on page 3.
- Contracts will not be offered to any applicant that answers "no" to any item in Section C – Contract Requirements.

Applicants may be asked for additional information, clarifications, or references.

CONTRACT APPLICATION FORM

**Provision of Outpatient Mental Health Services to
Willamette Valley Community Health Members**

Please type or print all information. Return the completed and signed Contract Application Form with the Required Responses to:

Mid-Valley Behavioral Care Network
Contract Application for Outpatient Mental Health Services
Attn: Provider Relations
2965 Ryan Drive SE, Suite 150
Salem, Oregon 97301

Name of Interested Provider	Director's Name
Address	City/State/Zip

Name of person designated to receive all communications regarding this Contract Application (one person only)	Phone
Email Address	Fax

Signature below indicates an interest in contracting with Behavioral Care Network to provide outpatient mental health services to Willamette Valley Community Health Members and the authority to commit to such a contract.

The Applicant certifies pursuant to ORS 279A.110(4) that it has not discriminated and will not discriminate against any minority, women, or emerging small business enterprise or against a business enterprise that is owned or controlled by or that employs a disabled veteran in obtaining any required subcontract.

NAME AND TITLE (please print or type)

SIGNATURE

DATE

REQUIRED RESPONSES

**Provision of Outpatient Mental Health Services to
Willamette Valley Community Health Members**

IMPORTANT: Responses are binding on the applicant unless otherwise negotiated through the contracting process.

Section A: Overview

Please respond to each item in this section.

1. Which of the following provider categories applies to your organization?

<input type="checkbox"/>	a. My organization has a Certificate of Approval for outpatient mental health services from the Oregon Health Authority and has a clinic location in Marion or Polk County.
<input type="checkbox"/>	b. My organization is a group consisting solely of mental health professionals licensed by an Oregon licensing body(s) and has a clinic location in Marion or Polk County.
<input type="checkbox"/>	c. My organization is a Patient Centered Primary Care Home (PCPCH) currently contracted by WVCH and is interested in providing outpatient mental health services to WVCH Members.
<input type="checkbox"/>	d. My organization is a provider contracted by WVCH and is qualified to provide outpatient mental health services to WVCH Members.

2. Please describe the population of WVCH Members your organization will serve for outpatient mental health services.

- a. Describe your experience providing services to Oregon Health Plan Members.
- b. Describe target population(s) you will serve and your experience serving them.
- c. Describe specialty areas and/or Evidence Based Practices your agency will provide.
- d. Describe your organization’s timeline for hiring staff and launching services.
- e. Project the number of WVCH Members your organization will serve per year per below:

WVCH Members Age Categories	Projected Number to Serve /Year
Children ages 0-5	
Children ages 6-12	
Adolescents ages 13-17	
Transitional adults ages 18-21	
Adults ages 22-64	
Older adults ages 65 and over	
Total	

3. Please list the address of each location at which your organization will provide services.

Section B: Operations

Please respond to each item in this section.

1. Identify any anticipated challenges with the inclusion of mental health documentation in your agency’s Electronic Health Record system and with electronic billing for mental health services. (Note: Agencies with an OHA Certificate of Approval are subject to OAR 309-019 for clinical documentation. Other providers are subject to OAR 410-120-1360 for clinical documentation.)

2. Access and Hours:
Please mark “yes” or “no” and initial to indicate your organization’s agreement to each of the following required elements that will be included in all contracts.

<input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____	Ensure that routine appointments are available within 14 calendar days of request and that urgent care is offered within 48 hours.
<input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____	Offer day, evening, and weekend appointments as necessary to meet Members’ treatment needs.
<input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____	Provide after-hours availability to respond to Members in crisis and to assist with hospitalizations, crisis assessment/planning, and emergency appointments.

3. Describe your agency’s experience in partnering with other providers to arrange for mental health services or other services that your organization does not offer.

4. Quality Improvement:
Describe your organization’s quality improvement program including:
 - a. Metrics collected and how they are used
 - b. Involvement of Members and their families
 - c. Capacity to provide culturally competent services for Members, including languages spoken
 - d. Staffing support for clinical supervision and quality assurance and improvement.

5. Funding:
 Annual Budget:
 Please provide an estimated annual budget to serve the population described in Section A (2) including personnel, materials & supplies, capital costs, and indirect costs.

 Start-Up Funding:
 If you are requesting start-up funds, please provide a description of the reasons you need the funds along with an itemized list of funds requested.

Section C: Contract Requirements

Please mark “yes” or “no” and initial to indicate your organization’s agreement to each of the following required elements that will be included in all contracts.

<input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____	1. To meet all applicable CCO contractual requirements and Oregon Administrative Rules and referenced Oregon Revised Statutes.
<input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____	2. To obtain outpatient care with other network providers for any WVCH Member requesting mental health services if your organization is not able to offer them care within 14 calendar days of their request for specialty care.
<input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____	3. To follow BCN/WVCH Policy and Procedures pertaining to coordination of care with primary care and other medical providers (external to your organization’s clinic if you are a medical provider).
<input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____	4. To provide initial assessment for current clients in crisis within and outside of business hours and to partner with crisis systems to ensure appropriate response to any callers needing emergent care.
<input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____	5. To provide care management, peer support, and/or problem solving assistance to assist Members who are unable to attend all scheduled appointments.
<input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____	6. To ensure clinician participation in Child and Family Teams for children that your organization serves who are also receiving wraparound services.
<input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____	7. To participate actively in BCN activities, work groups, and quality improvement initiatives, and to adhere to BCN policies, procedures, and practice guidelines.
<input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____	8. To submit billings in a timely manner as defined by BCN.
<input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____	9. To submit information required as part of BCN’s utilization management structure, and to participate in all Utilization Review processes.
<input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____	10. To follow BCN Ethics and Compliance Program, including fraud, waste, and abuse reporting.
<input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____	11. To follow BCN standard for reporting and reviewing critical incidents.
<input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____	12. To make administrative and/or clinical staff available for BCN training as needed.
<input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____	13. To ensure submission of data to Oregon’s Measures and outcomes Tracking System (MOTS) in the required format. (This requirement does <u>not</u> apply to services provided in primary care at this time.)

General Rules for Contract Application and Award Process

Complete Application:

A complete application includes the Contract Application Form (page 5) and the Required Responses (pages 6-9).

Submitting the Application:

Applications must be submitted by US postal mail, express courier or delivered in person weekdays between 8:00 am and 5:00 pm (closed on most government holidays).

The address for mailing or delivering applications is:

Contract Application for Outpatient Mental Health Services
Mid-Valley Behavioral Care Network
Attn: Provider Relations
2965 Ryan Drive SE, Suite 150
Salem, Oregon 97301

Emailed applications will be accepted with the application attached as a pdf. The email address is: mhcontracting@mvcn.org

Questions should be directed to the BCN Provider Relations Coordinator at 503-566-2916.

Public Records; Confidentiality of Proposals:

All applications are available for public inspection when the contract awards are announced except for those portions designated by proposers as trade secrets or as confidential proprietary data. Proposers must mark each confidential section and/or page as follows: THIS MATERIAL IS TO BE HELD CONFIDENTIAL.

Reservation of Rights:

BCN reserves all rights regarding this Contract Application, including, without limitation the right to:

- Request additional information from any applicant, in writing and/or in a meeting, pertaining to any statements made within the application.
- Waive any minor irregularities or informalities in any application and interview.
- Amend or cancel this solicitation without liability if it is in the best interest of the public to do so
- Accept the applicant/s deemed to be the most beneficial to the public and BCN.
- Negotiate the statement of work within the scope of work described in this Contract Application and to negotiate the rate.
- Reject any application that fails to substantially comply with all prescribed solicitation procedures and requirements.
- Reject any and all applications, or accept only portions of an application.
- Discontinue contract negotiations with a selected applicant if negotiations are not completed satisfactorily within a timeframe that permits the contract to be effective upon the date required by BCN.