

Heritage Health RFP and Behavioral Health Requirements

1. What are the goals for behavioral health in the managed care system? **RFP Page 31**
 - a. Decreased reliance on emergency and inpatient levels of care by providing evidence based care options that emphasize early intervention and community based outcomes
 - b. Improved physical health outcomes
 - c. Enhanced integration of services and quality of care
 - d. Emphasis on person-centered care, including preventive and care management services
 - e. Reduced rates of costly and avoidable care
2. Incorporation of Behavioral Health parity **RFP Page 53**
3. Medically Necessary Services **RFP Page 53**
4. Covered services for children (aged 20 and under) include: **RFP Page 55**
 - a. Crisis stabilization
 - b. Inpatient psychiatric hospital (acute and sub-acute)
 - c. Psychiatric residential treatment facility (age 19 and under)
 - d. Outpatient assessment and treatment
 - e. Rehabilitation services
5. Covered services for people 21 and over include: **RFP Page 56**
 - a. Crisis stabilization
 - b. Inpatient psychiatric hospital (acute and sub-acute)
 - c. Outpatient assessment and treatment
 - d. Rehabilitation services
6. Establishing the network **RFP Page 96**
 - a. The MCO's network must include providers that are currently serving Medicaid members and will need to be part of the MCO's network to continue to care for these members. In addition, the MCO must make a good faith effort to include providers currently contracted with behavioral health regions in Nebraska.
 - b. The MCO must contract with providers who/that demonstrate a commitment to the behavioral health principles of care defined in Section IV.L Care Management of this RFP, including principles of rehabilitation and recovery from mental illness and substance use disorder; a focus on recovery-oriented, trauma-informed services and trauma-specific treatment (e.g., trauma-focused cognitive behavioral therapy); consumer and family involvement in program management and oversight; a family-driven and strengths-based approach to working with children and their families; cultural and linguistic competency; and training for staff about these principles. In addition, the MCO must collaborate with the DHHS Division of Behavioral Health and State behavioral health regions in establishing its network.
7. Care Management **RFP Page 110**
 - a. General Requirements
 - i. Co-occurring, comprehensive, and holistic care
 - ii. Must include prevention and evidence based treatment for all ages
 - iii. Recognition of social determinants of health and wellness
 - iv. Culturally competent

- b. Health-Risk Screening/Assessment for all members to determine need for CM services
- c. Includes Behavioral Health Principles of Care
 - i. Services will be part of an overall coordinated system of care that ensures access to mental health (MH) and substance use disorder (SUD) treatment services to improve the overall health of every person served. To the fullest extent possible, services should be provided in the community where the member lives.
 - ii. Services will provide recovery-based care.
 - iii. Services will be trauma informed.
 - iv. Services will be person-centered, consumer and family driven, and age and developmentally appropriate.
 - v. Medicaid SUD services will be delivered in accordance with the principles of recovery-oriented systems of care.
 - vi. Members will be able to choose their own provider to the fullest extent possible at all levels of treatment.
 - vii. Services will provide a resiliency-based system of care for children and their families
- d. Basic CM services
- e. Coordination with other CM Programs and Providers, including Tribal, HCBS, DCF