Vermont Department of Health (VDH), Division of Alcohol and Drug Abuse Programs (ADAP)
Request for Information (RFI)

Substance Use Disorder (SUD) Treatment and Recovery Service Delivery Coordination
And Administration of Funding

Questions and Responses: March 18, 2021/Respondents Conference Call

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Please note that our electronic submission has changed, and we are requesting that <u>Microsoft Word</u> documents be sent. We will accept PDF submissions that were received prior to this notification posting.

New RFI Language:

Responses must consist of a single email with a single **<u>Word document</u>** attachment containing all components of the response. Multiple emails and/or multiple attachments will not be accepted. There is an attachment size limit of 40 MB. It is the Respondent's responsibility to compress the file containing its response, if necessary, to meet this size limitation.

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1. **Why is the Vermont Department of Health, Division of Alcohol and Drug Abuse Programs issuing this RFI?**

   This Request for Information (RFI) is issued for the Vermont Department of Health (VDH, or "**the Department**"), Division of Alcohol & Drug Abuse Programs (ADAP, or "**the Division**") to gather input and obtain information in proceeding with proposals to contract with a vendor who will support the Division in leading the coordination of delivery of treatment and recovery services for substance use disorder as well as assist in the administration of funds to deliver these services across the various fund sources currently under the responsibility of ADAP.

   The Division recognizes that the need for high-quality services delivered to individuals with or at risk of substance use disorder continues to expand across the entire continuum of prevention, intervention, treatment and recovery. Although the State has a dedicated array of service providers that serve individuals across the continuum of care, there are still gaps in service. Many of these gaps can be attributed to the geographic landscape of the state (large rural areas as well as some larger-population centers) and the existing workforce available in the state to deliver services.

   The State envisions that the solution will support the following high-level goals:

   1. Ensure all Vermonters will have access to a core set of evidence-based treatment and recovery services.

   2. Design and implement one substance use disorder (SUD) continuum of care, agnostic of substance, that is able to meet individual needs and that is seamless for individuals to access and navigate.

3. Enhance care coordination, including the physical health care system, co-occurring conditions, and recovery services.

4. Develop a value-based payment structure to incentivize a higher quality of care and outcomes for Vermonters.

5. Recruit and retain high-quality staff through competitive wages/benefits and staff development career ladders to ensure capacity across the service continuum.

6. Reduce duplicative efforts on behalf of the client (e.g., multiple assessments, multiple case managers, etc.).

7. Reduce administrative functions performed by the State to enable the State to increase its quality-based activities geared towards improving care for Vermonters.

2. **If a formal solicitation (i.e. RFP) were to be released for this project, is there an anticipated timeline for its release?**

   Should this project come to fruition with a start date of 1/1/2023, an RFP would need to be released by the end of 2021 or early 2022.

3. **Does this project have any incumbent vendors and, if so, which vendors?**

   There is no incumbent to deliver the specific services outlined in the RFI. The Vermont SUD system of care does, however, include the following direct service providers currently receiving grants through ADAP.

   Vermont Substance Abuse Treatment & Recovery Directory:
   https://www.healthvermont.gov/sites/default/files/documents/pdf/ADAP_Treatment_Directory.pdf

4. **Regarding the RFI specific to Substance Use Disorder Treatment and Recovery Service Delivery, would we have the opportunity to provide feedback related to this topic as an enrolled Vermont Medicaid provider? If so, are there specific topics you want addressed in the responses to the RFI?**

   The Division is seeking feedback through this RFI and will consider any information, including partial responses, received in response. Please refer to section 6.2, page 12, of the RFI.

5. **Is it the state's intention to apply what is learned through this RFI strictly to the funding streams currently managed by the Division (ADAP) or is it your intention to apply lessons learned to a larger "braid" of funding that includes your Medicaid behavioral health funds as well?**

   The current intent is to apply what is learned through the RFI to those funds managed specifically by ADAP. This includes finding for substance use disorder treatment for Medicaid beneficiaries.

6. **Can you tell us what your total Division grants funding – including state funds – amounts to?**

    As passed by the Vermont Legislature, the ADAP total state fiscal year 2021 grants budget is $48,713,374. This includes SUD prevention, intervention, treatment, and recovery services programming.

7. **If that amount were added to State Medicaid behavioral health funds, what would that amount be?**

    Funds for behavioral health services separate and distinct from substance use disorder services are outside the scope of the RFI.

8. **What level of certainty do you have that the RFI and the Division will – in fact – issue an RFP in the coming months?**

    ADAP is committed to examining the most effective and efficient way to deliver services to Vermonters for substance use disorder across the spectrum of prevention, treatment and recovery. To that end, we are hopeful that this RFI will elicit ideas to strengthen the delivery model. Should a RFP be released, the specific scope will be determined by what is learned through the RFI process.

9. **Are vendors that do not respond reply to this RFI prohibited from responding to the RFP when it is released?**

    This RFI is for information gathering purposes only and no vendor will be selected, pre-qualified, or exempted based upon their RFI participation.
    Not responding to this RFI does not preclude participation in any future RFP, if any is issued.

10. **Is Vermont currently considering expanding the Hub and Spoke model to address all substances rather than just opioids? Why or why not?**

    At this time, no specific model has been pre-determined, however, it is not our intent to disrupt the current Hub and Spoke model for OUD. The Division is open to how services are defined, how services are delivered, which providers will deliver the services, how services will be paid for, and how services will be effectively and efficiently coordinated.

11. **If respondents in Group A do not have experience in some of the areas asked in the question list, should they not respond to the RFI as a whole? or are they encouraged to respond to those questions for which they do have information, systems and/or experience?**

    Yes, the Division is seeking feedback through this RFI and will consider any information, including partial responses, received in response.

12. How does the state currently pay providers from different funding sources?

Vermont currently utilizes three payment strategies for direct services. They include:

- Fee-for-Service Medicaid billing
    - Fee- for-Service (e.g., outpatient, intensive outpatient, residential SUD services)
    - Per member per month (PMPM) (e.g., opioid hub services)
    - Episodic payments (e.g., residential services)

- Invoicing for actual expenditures on a monthly/quarterly basis (e.g., non-Medicaid eligible outpatient, intensive outpatient, residential SUD services, recovery services)

13. What determines which funding pays for which services?

Factors that influence which funding is attached to which service, include, but are not limited to:

- Federal funding requirements
- Legislative mandates
- VDH/ADAP Priorities
- Service type
- Population to be served
- Client eligibility for Medicaid
- Insurance coverage

14. Does ADAP consider it feasible to pool funds from its multiple service funding sources into one payment pool from which all payments will be covered?

Yes. Goal 7 of the RFI is to reduce administrative functions. ADAP is hopeful that pooling funds across available sources that we manage may be one way to reduce administrative burden.

15. Does ADAP consider increases in service rates palatable for the state?

The development of actual service rates is outside the scope of this RFI.

Funding for the Vermont Medicaid Program and subsequent rates are determined by a combination of the Vermont Medicaid State Plan - Global Commitment Waiver and legislative action.

16. If a current preferred provider does not submit an application under either the "Service Delivery Coordinator" or "Direct Service Provider" what happens with their current status as a preferred provider as the system of care redesign proceeds?

This RFI is for information gathering purposes only and no vendor will be selected, pre-qualified, or exempted based upon their RFI participation. This RFI does not impact a provider's current status as a Preferred Provider.

17. What is the intended scope for vendors decision making around the system of care? If a new community-based provider becomes the vendor, will they make decisions on our current grants and services such as payment rates and whether to continue with certain services?

At this time, no specific model has been pre-determined. The Division is open to how services are defined, how services are delivered, which providers will deliver the services, how services will be paid for, and how services will be effectively and efficiently coordinated. In the end, however, it is the intent that ADAP will retain oversight at the macro level about how these functions will occur.

18. Would the payments to a vendor for their administrative services stretch the state dollars currently allocated to ADAP for SUD treatment even more than they already are? i.e., reduced funding for direct services. How will this be addressed by ADAP/SOV?

At this time, no specific model has been pre-determined. The Division is open to how services are defined, how services are delivered, which providers will deliver the services, how services will be paid for, and how services will be effectively and efficiently coordinated.

Funding is outside the scope of this RFI.

19. Will current Block grant funded services be rolled into the redesign or is this just focused on the current Medicaid FFS portion of the system?

Yes, the Substance Abuse Prevention and Treatment Block Grant (SABG) dollars currently funding activities within the scope of this RFI will be included.

20. Given the ongoing pandemic which has significantly stretched our resources and capacity around complexity of care and staffing (many vacancies and more difficult to hire than ever) it is next to impossible to take on such a big new initiative. We hope there aren't consequences to our services if we are unable to apply at this time given our current status. Is this the only opportunity there will be around the redesign? It would be unfortunate if that is the case.

This RFI is for information gathering purposes only and no vendor will be selected, pre-qualified, or exempted based upon their RFI participation.

21. Is the respondents teleconference from 3/9 available to review? If so, where can that be located?

No, questions from the respondents are posted as part of this document. See below.

22. How many MAT providers are in Vermont currently?

Opioid Treatment Hubs are included in the map on page 8 of the RFI. Please see the Blueprint for Health Annual Report for additional information regarding non-hub MAT providers: http://blueprintforhealth.vermont.gov/sites/bfh/files/doc_library/BlueprintforHealthAnnualReportCY2020.pdf

23. To help alleviate workforce shortages, does the State allow providers from neighboring states to provide services to Vermonters?

The Preferred Provider network includes three out of state vendors and two out of state locations.

24. Would vendors have to identify the 100 additional recovery coaches who need training, or are these coaches part of the Apprentice Addictions Professional credentialing program?

This had not been determined.

Recovery coach certification is a separate process from the Apprentice Addictions Professionals (AAP) credentialling and considered a separate workforce

25. How will ADAP fund a service delivery coordinator? Is there allocated funding for this entity?

At this time, no specific model has been pre-determined. The Division is open to how services are defined, how services are delivered, which providers will deliver the services, how services will be paid for, and how services will be effectively and efficiently coordinated.

Funding is outside the scope of this RFI.

26. What funding streams would the service delivery coordinator be managing (e.g./ Medicaid, state funds, block grants)?

At this time, no specific model has been pre-determined. The Division is open to how services are defined, how services are delivered, which providers will deliver the services, how services will be paid for, and how services will be effectively and efficiently coordinated.
The current intent is to apply what is learned through the RFI to those funds managed specifically by ADAP. This includes finding for substance use disorder treatment for Medicaid beneficiaries.

27. What kind of connectivity to VT Helplink would vendors need? For example, are referrals pushed to vendors in real time, or would vendors need to pull referral information from the platform on a pre-defined schedule?

The State is looking for respondents to propose solutions.

Respondent Call Questions and Responses:

28. Do you have a type of organization you foresee as potentially bidding on this work?

No. At this time, no specific model has been pre-determined.

29. In some respects, it appears you are seeking a behavioral health MCO contractor. We are not an MCO. We are an administrative entity. Is that ok? It sounds like it is

This RFI does not preclude any specific type of entity.

30. Is accreditation such as NCQA or URAC required?

This has not been determined.

31. What current challenges, if any, is VT experiencing with treatment and recovery services that led to the RFI?

Although the State has a dedicated array of service providers that serve individuals across the continuum of care, there are still gaps in service.

For example, the Hub and Spoke system, which is a nationally recognized model, is specific to individuals diagnosed with opioid use disorder (OUD) who are receiving medication assisted treatment. The State is looking for information around solutions to better integrate care for all substance use disorders across our treatment and recovery systems.

32. Will a few past years claims, encounter, utilization and financial reporting be made available to the vendor?

If an RFP is posted related to this RFI, then yes, more detailed information will be provided in regards to the items requested above.

Please refer to page 6 of the RFI which shows a summary of the clients served and resources expended by ADAP in Calendar Year 2019:

Category	Number of People Served	Expenditures	Per Person Expenditure
Prevention	623,960	$6,991,417	$11
Intervention	13,759	$3,999,723	$291
Treatment	13,678	$33,243,700	$2,430
Recovery	5,468	$3,000,571	$549

Additionally, the following can be reported about utilization and expenditures for individuals who are eligible for Vermont Medicaid who receive services from ADAP providers.

Note that the information below is for CY2019 services:

- Vermont Medicaid beneficiaries with an SUD diagnosis in CY2019: total 7,760 (children- 441, adults- 7,319).

- Of the 7,760 total, 47% had an SUD diagnosis only while 53% had a co-occurring mental health diagnosis.
- For these 7,760 individuals, Medicaid expenditures totaled $103.8 million, or $13,376 per enrollee in CY2019. This includes SUD-related, mental health-related and acute care services.

33. Is there possibility for using more than one vendor and/or subcontractor? Example: fiscal management as subcontractor and program management as contractor.

Yes.

34. Is ASAM PPC currently being used in VT?

Yes.

35. Are employment/job training and housing supports part of the benefit package your customers are eligible for? Q 5a for Group A. Re this statement in the RFI below, will the vendor then be responsible for paying service providers?

The funding for these services is not within scope for this RFI.

36. Please elaborate on how it is that SUD care coordination will integrate and collaborate with complex medical care coordination in the larger healthcare systems in VT. can you provide network capacity data? will we be able to discern where the gaps are?

The State is looking for respondents to propose solutions.

37. How are treatment and recovery providers currently paid? fee for service or pp/pm or other? are payments connected directly to individual patients or are they more to providers as agencies to support their ability to service patients?

Current payment techniques include:

- Fee-for-Service Medicaid billing
  - Fee- for-Service (e.g., outpatient, intensive outpatient, residential SUD services)
  - Per member per month (PMPM) (e.g., opioid hub services)
  - Episodic payments (e.g., residential services)
- Invoicing for actual expenditures on a monthly/quarterly basis (e.g., non-Medicaid eligible outpatient, intensive outpatient, residential SUD services, recovery services)

38. Is ADAP's goal to try and set up a system like One Care?

At this time, no specific model has been pre-determined. The Division is open to how services are defined, how services are delivered, which providers will deliver the services, how services will be paid for, and how services will be effectively and efficiently coordinated.

39. To what extent is SUD through ADAP addressing co-occurring needs via networks that include MH providers? How will that be handled in the near/far future to your knowledge?

Current state:

Current SUD programming is required to be co-occurring capable. The Vermont Department of Health Preferred Providers: Substance Use Disorder Treatment Standards are available on our website at: https://www.healthvermont.gov/sites/default/files/documents/pdf/ADAP_Preferred_Providers_SUD_Treatment_Standards_2020.pdf

Future state:

At this time, no specific model has been pre-determined. The State is looking for respondents to propose solutions.

40. How do current individuals experiencing SUD move between levels of service and between specialty SUD care and traditional medical care?

Current SUD programming is required to address whole person care. The Vermont Department of Health Preferred Providers: Substance Use Disorder Treatment Standards are available on our website at:

https://www.healthvermont.gov/sites/default/files/documents/pdf/ADAP_Preferred_Providers_SUD_Treatment_Standards_2020.pdf

41. Please elaborate on ADAP's current and proposed use of peer support specialists.

Current State:

ADAP's current recovery services, including peer support specialists, are described beginning on page 8 of the RFI.

Future State:

The State is looking for respondents to propose solutions.

42. What are the top 3 training priorities in VT in your estimation?

The ADAP 2020 – 2022 Strategic Plan includes the following training and technical assistance activities:

Goal 1. Improve equitable access to services
- Support improvement in provider responsiveness to populations of high need through training, technical assistance and funding opportunities, including but not limited to the Rapid Access to Medication Assisted Treatment (MAT) initiative

Goal 4. Increase capacity of treatment system to treat substance use disorder & co-occurring disorders
- Increase provider capacity to treat poly-substance use disorders through training and technical assistance
- Strengthen clinical supervision system to increase the quality of the clinical workforce and improve retention

Goal 6. Invest in recovery supports in the community

- Support training of recovery coaches and recovery coach supervisors for work in recovery centers and other community settings

Goal 7.

- Strengthen prevention and early intervention programs for youth and families through training, technical assistance and grants to schools

Goal 9. Provide access to workforce development opportunities

- Support and provide high quality training and technical assistance to prevention, intervention, treatment and recovery workforce; prioritize focus on addressing trauma, health equity skills and outreach to special populations"

The full plan is available at:
https://www.healthvermont.gov/sites/default/files/documents/pdf/ADAP_Strategic_Plan.pdf

43. Is there an appetite in VT for highly integrated clinical and social HHS data such as is the case in UT or IL? Many states have a lot of resistance to it.

Vermont does not currently have highly integrated clinical and social HHS data. The state is looking for respondents to propose solutions.

44. If you are responding to A and B does it need to be done separately or can they be answered as one?

Respondents may answer both the A and B tracks, <u>but the answers should be submitted separately</u>. In your RFI submission, please restate the question number and actual question. Immediately below the question, enter your response.

45. In and among the variety of payment mechanisms the state is currently using, is vouchers among them? Vouchers are provided to the client to use with provider of their choice.

No.

46. What data system does ADAP currently use for client data? For vendor payments?

- SATIS – Treatment Episode Data System (TEDS) reporting to SAMHSA, mandatory reporting for SAPT Block Grant funding (https://www.healthvermont.gov/sites/default/files/documents/pdf/ADAP_SATIS_Provider_Data_Elements_ICD_10_1.pdf)
- MMIS – Medicaid payment system (http://www.vtmedicaid.com/assets/pes/DXCPESUserGuide.pdf)
- Traditional Invoicing
- Online survey tool (Alchemer (formerly Survey Gizmo)) (https://www.alchemer.com)

47. Is the state currently using an SDOH screening tool such as PRAPARE?

No.

48. Does VT require a particular assessment tool?

No.

49. Just to confirm, Vermont not likely to be using a single care coordination method then?

At this time, no specific model has been pre-determined. The Division is open to how services are defined, how services are delivered, which providers will deliver the services, how services will be paid for, and how services will be effectively and efficiently coordinated.

50. How closely do the various Block Grants and the State's Medicaid waivers following one another? Is there anything ADAP envisions or that we posit that should align with Medicaid or is standalone innovation you seek? How interdependent are the two?

SABG Block Grant and Vermont's Medicaid Global Commitment waiver are distinct and separate agreements with the federal government. The State is looking for respondents to propose recommendations and innovations.

51. Can you speak to the current state of other adverse consequences in VT such as ED use, OD death rate, drug-addicted babies, foster care impacts, etc.?

Vermont Department of Health, Division of Alcohol and Drug Abuse Programs
Alcohol & Drug Abuse Programs Data and Reports
https://www.healthvermont.gov/alcohol-drugs/reports/data-and-reports

State of Vermont – Blueprint for Health – Community Health Profiles
http://blueprintforhealth.vermont.gov/community-health-profiles

52. Approx. when do you think you might go from info gathering to RFP?

Should this project come to fruition with a start date of 1/1/2023, an RFP would need to be released by the end of 2021 or early 2022.

53. Is it a conflict of interest for an organization to be both the Service Delivery Coordinator and a Direct Service Coordinator?

No.