FAX

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NOTES:

REQUEST FOR INFORMATION: CRFI 0511 HHR1500000002
BUYER: ROBERT P KILPATRICK, FILE 22
RESPONSE OPENING DATE: 2/25/2015
RESPONSE OPENING TIME: 1:30PM EST

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(W) Purchasing Division

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ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: HHR1500000002

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:
(Check the box next to each addendum received)

[✓]	Addendum No. 1	[ ]	Addendum No. 6
[ ]	Addendum No. 2	[ ]	Addendum No. 7
[ ]	Addendum No. 3	[ ]	Addendum No. 8
[ ]	Addendum No. 4	[ ]	Addendum No. 9
[ ]	Addendum No. 5	[ ]	Addendum No. 10

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

APS Healthcare
Company

Jennifer A. Smith
Authorized Signature

2/25/2015
Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.
Revised 6/8/2012

APS Healthcare

February 25, 2015

Robert P. Kilpatrick, Senior Buyer
Department of Administration, Purchasing Division
2019 Washington Street East
Charleston, WV 25305

RE: Request for Information
CRFI 0511 HHR1500000002

Dear Mr. Kilpatrick:

Innovative Resource Group LLC d/b/a APS Healthcare Midwest (APS) is pleased to respond to the above- referenced Request for Information to assist in DHHR's preparation for a prospective solicitation to aid in supporting the safety, permanency and well-being of vulnerable youth. APS supports any program or process that would enhance meeting the continuous health and social care needs of this population while remaining in the community setting.

Thank you for this opportunity to provide information to assist the State in achieving its goals to serve this population in the most effective and efficient approach.

Sincerely,

Jennifer W. Britton, Ph.D.
Executive Director
APS-WV

APS Healthcare has been the contracted Administrative Service Organization for the WV Department of Health and Human Resources since 2000. Since that time our duties have grown to encompass various functions for the Bureau for Medical Services (BMS), Bureau for Children and Families (BCF) and Bureau for Behavioral Health and Health Facilities (BHHF). We have been involved with services provided to foster children and vulnerable youth since our initial contract. Currently we interface with the targeted children and families' services in every aspect of our contract from authorizing durable medical equipment, outpatient and residential behavioral health and socially necessary services to assessing eligibility for Home and Community Based Waivers and Health Home programs to completing children's focus groups. Throughout all of these programs the need for coordinated care is pervasive. Based upon our experience, APS Healthcare would like to purpose an integrated care coordination model with a frame work similar to a health home.

While this RFI primarily focuses on healthcare needs of foster children there are many entities and environments that must coordinate communication including but not limited to the Bureau for Children and Families (BCF), Bureau for Medical Services (BMS), Bureau for Public Health (BPH), Bureau for Behavioral Health and Health Facilities (BHHF), Bureau for Child Support Enforcement (BCSE), the court system, probation, education, juvenile services, foster care providers, residential placements, parents, guardians ad litem and any other religious or cultural associations. In order for all these entities to effectively serve children who meet the definition of vulnerable youth each child's different presenting problems should be individually assessed and a care plan developed factoring in the effect of trauma. The care plan will be coordinated by a team of professionals consisting of nurses and medical social workers led by board certified pediatrician. The team will also have access to a network of specialized physician consultants to assist team members in ensuring the care plan meets the needs of the child and is appropriately coordinated.

The Department already has a wealth of information regarding the target population found across multiple Bureaus. Care Coordination for this group is not solely at the medical provider level. A care-coordinator must not only know BCF's foster care policy and what outcomes are to be monitored but also the resources each Bureau has to offer and how these apply to the children's care plan. To augment that information a care-coordinator must also know what services the education system or other stakeholders can offer to make an individualized care plan and implement it with as little disruption as possible in the child's daily life.

As you are aware, there are many steps required by BCF workers when a child is removed from his/her home in order to keep the child safe. At the time a child is removed from home, information for the child's smooth transition from home to placement starts to be gathered by the DHHR worker. Necessary information includes but is not limited to: Medicaid number for

each child, copy of birth certificate and Social Security card for each child, current address and phone number for the child, information about child's school enrollment up to now and what school child will be attending going forward during placement, nature of child's new placement (family setting, congregate care, etc.), name and contact information of Guardian ad litem assigned to child, psychological assessments, CAPS assessments if applicable, CANS assessments that have been conducted with the child recently and any medical records.

However, within 72 hours of initial placement, the child must undergo an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) evaluation with a Medicaid provider. We propose that during the EPSDT is an appropriate time to complete an initial trauma screening because the services needed are dictated by this evaluation. The evaluation could be completed by the physician or trained staff within the practice. If not completed during the EPSDT, the BCF worker or the assigned Care Coordinator will be responsible to complete the trauma assessment. Once the EPSDT has been completed, the Care Coordinator will review the EPSDT and the trauma assessment completed by the physician and begin the initial individualized care plan. The American Academy of Pediatrics' Bright Futures Recommendations for Preventative Pediatric Health Care will be used as the foundation of the child's care plan. Based on the results of child's trauma assessment completed at EPSDT, Care Coordinator will refer child for treatment with a mental health provider that is able to deliver trauma-focused mental health treatment.

In addition to working with the child's direct service team, the care coordinator will gather further health information to incorporate in the child's assessment from various Bureaus and Offices within WV DHHR. In order to determine which parents are legally able to participate in the care planning in certain situations the Bureau for Child Support Enforcement (BCSE) can be accessed to obtain any related orders, if there are any potential third party payers/private insurance noted and determine the child's father. The Bureau for Public Health (BPH) can assist in supplying immunization records and past EPSDT evaluations completed. BPH also has the Birth to Three, Right from the Start, and the Women, Infants and Children Programs in which a child may be referred or indicate past participation. Birth certificates/records are needed from the Office of Vital Statistics within BPH. BMS also holds key information regarding the child's health if they were a Medicaid recipient when with their family of origin and once placed in DHHR's custody. BMS's claims payer can provide a claims history to help determine what medical services the child has received as well as indicating the provider who may need contacted to obtain medical records. The claims payer also maintains the list of all Medicaid enrolled providers when a service provider needs to be located such as a dentist. The pharmacy vendor for BMS can also provide real time prescription drug data to assist with medication reconciliation because claims are submitted at the point of sale. BMS also has other pharmacy contractors that track both prescriber and recipient outliers, potential drug interactions and

provide member profiles. Pharmacy information is key because psychotropic medications are more frequently prescribed to foster children and trauma symptoms may be confused with other mental health conditions. This is also an area BCF workers do not have the knowledge to advocate for what is in the child's best interest. BMS may also identify if a child is currently receiving or waiting for Intellectual Developmental Disorders, Aged and Disabled and/or Traumatic Brain Injury waiver services.

Care Coordination also expands past the WV DHHR's data. For school age children, there are a variety of services provided through the education system. Not only educational records and Individual Education Plans but also information regarding health screens for hearing, vision and dental problems may also be obtained from the educational system. The care for children who have been receiving nursing services at school may also be contained in educational records. Health records such as drug screens, psychological evaluations and medical treatment may also be gathered from probation services and/or the Division of Juvenile Services if a child has been involved in the legal system due to delinquent or status offenses.

Once all the health information is gathered and reviewed, a service plan outlining what services are needed to meet the child's medical needs and ensure their wellbeing will be developed. The target population's medical conditions vary considerably from children requiring ventilators, to those with intellectual disabilities to children who only require preventative care. The intensity of care coordination will be based on the youth's current health status and diagnosis. There are many ways the target population could be subdivided based on specialized needs which may be necessary to provide a smoother implementation when considering the multi-systemic environments in which the children and youth are served. One example would be a team assigned to those children in out of state residential care that specialize in behavioral health.

Regardless of the child's health condition, a report outlining the status of their individual care plan including medication reconciliation and a summary of the care coordinator's interventions would be given to the worker to be distributed to the members of the child's multidisciplinary team. The Department may even consider granting access to the FACTS system so the information can be directly entered in each child's case record. There are multiple ways in which outcomes may be tracked and measured with a care coordination model in order to meet the Department's needs as well as for Federal reporting. While youth in foster care have assigned WV DHHR case workers and sometimes one through their placement agency, they often do not have the behavioral health or physical health training to be able accurately assess their medical needs and how the social aspects inter-relate their medical well-being. By utilizing the structure of a health homes model, care co-ordination with an integrated

perspective of physical and mental health, provides the State flexibility to monitor outcomes that are meaningful to WV such as diabetes, obesity, high blood pressure or use of psychotropic medications. This model also allows multiple options regarding who provides and/or administers the services and the different funding mechanisms such as a per member per month reimbursement. Ultimately APS Healthcare wants to assist the Department ensure the safety, permanency and wellbeing of West Virginia's children.