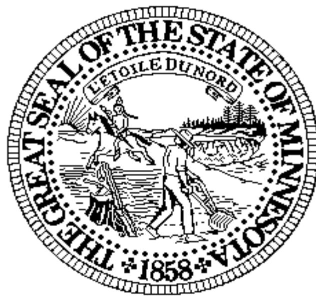
MINNESOTA

DEPARTMENT OF HUMAN SERVICES

MANAGED CARE AND PAYMENT POLICY DIVISION

REQUEST FOR PROPOSALS



FOR
A QUALIFIED GRANTEE(S) TO

Provide Health Care Services to Medical Assistance (MA) and MinnesotaCare
Recipients in Anoka, Carver, Dakota, Hennepin, Ramsey, Scott and Washington Counties.

For communication assistance, contact Minnesota Relay Service at 7-1-1 or 1-800-627-3529. If you ask, we will give you this information in another form, such as Braille, large print, or audiotape.

April 6, 2011
(Revised April 25, 2011)

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RFP Summary

Important Dates:

State Register Notice – April 4, 2011

RFP Published – April 6, 2011

RFP-Technical Proposal Bidder’s Conference – April 12, 2011

All RFP Technical Questions due – April 14, 2011

RFP Cost Bid – Bidder’s Conference – April 29, 2011

Proposals due – May 13, 2011

Cost Bids due – June 16, 2011

Anticipated Selection of Successful Responder(s) – July 25, 2011

Anticipated Start of Contract – January 1, 2012

State Contact: Beryl Palmer

I. INTRODUCTION

The State spends nearly $3 billion annually on purchasing health care from managed care organizations for state public programs. It is critical for the public trust that Minnesota's taxpayers understand how public dollars are being used, and that the dollars are used effectively. The State is seeking greater disclosure and accountability of managed care plan spending. In order to further these goals, this competitive Request For Proposals (RFP) seeks to: foster increased quality (including enrollee engagement), increase MCO transparency, focus networks as value and efficiency, encourage improved provider data interchange regarding cost and quality, and improve efficiencies. Although the State expects Responders to compete on cost effectiveness, the State also expects Responders to compete on their provider networks and plan designs by demonstrating high quality and organizational efficiencies.

A. PURPOSE OF REQUEST

The Minnesota Department of Human Services, through its Managed Care and Payment Policy Division (State), is seeking Proposals from qualified managed care organizations (MCOs) to provide prepaid health care to eligible Medical Assistance (MA) and MinnesotaCare recipients in **Anoka, Carver, Dakota, Hennepin, Ramsey, Scott and Washington Counties**. The term "The Counties" as used in this document shall refer to the aforementioned 7 counties.

This RFP does not include procurement for the Minnesota Senior Care Plus (MSC+), Minnesota Senior Health Options (MSHO) and Special Needs BasicCare (SNBC) programs.

B. OBJECTIVE OF THIS RFP

The objective of this RFP is to contract with qualified Responders to perform the tasks and services set forth in this RFP in the counties included in this RFP. It is anticipated that any contract awarded under this RFP will have a start date of **January 1, 2012**. Thereafter, the Commissioner of Human Services may choose to renew any contract awarded under this RFP annually for up to 5 years.

If a county is identified as a Metropolitan Statistical Area (MSA), the State will require that at least two MCOs be selected to provide health care services in that county. All counties in this procurement are MSAs.

Technical Proposal and Cost Bid Required

Due to budget constraints, the State seeks to contract with the highest quality, most efficient and most cost-effective MCOs available. Therefore, this RFP will require that plans compete on both cost and technical elements of their proposals.

Proposers must submit **both** a Technical Proposal and a Cost Bid.

The Technical Proposal will make up 50% of the score. Technical Proposals must be submitted by **4:00 p.m. Central Daylight Time on May 13, 2011.**

The Cost Bid will make up 50% of the score. Cost Bids must be submitted by **4:00 p.m. Central Daylight Time on June 16, 2011.**

The low cost bidder will receive all default assignments.

In the event that there is no single low-cost bidder, the State reserves the right to assign individuals who do not make a choice of MCO on the basis of other measures including, but not limited to, historical performance on quality measures and network capacity.

This RFP does not obligate the State to award a contract or complete the project, and the State reserves the right to cancel the solicitation if it is considered to be in its best interest. All costs incurred in responding to this RFP will be borne by the Responder.

C. BACKGROUND

1. General

Under the authority of Minnesota Statutes, sections 256B.69, 256B.692 and 256L.12, the State is soliciting proposals for health care services in Anoka, Carver, Dakota, Hennepin, Ramsey, Scott and Washington Counties. Recipients in these counties are currently enrolled in the Prepaid Medical Assistance Program (PMAP) and MinnesotaCare.

To begin serving the above populations in these counties, MCOs must successfully respond to this RFP. Only MCOs selected in this procurement will serve these populations.

Pursuant to Minnesota Statutes, section 256B.69, subdivision 3a, County Boards have been included in the development, approval, and issuance of this RFP as it pertains to the MA and MinnesotaCare populations.

2. Number of Enrollees as of April 5, 2011

The following table contains the current number of Medical Assistance and MinnesotaCare enrollees in the 7 counties. This table includes adults without children.

County	MA < 65	Non-Citizen	MinnesotaCare	County Total
Anoka	22,240	167	8,806	31,213
Carver	2,563	18	1,615	4,196
Dakota	18,504	227	8,606	27,337
Hennepin	84,794	1,075	30,084	115,953
Ramsey	56,527	420	16,190	73,137
Scott	5,022	53	2,874	7,949
Washington	8,280	32	4,977	13,289
Total	197,930	1,992	73,152	273,074

County specific information and exhibits can be found in Appendix H and Appendix J of this RFP.

3. Managed Care Education and Enrollment Process, Choice and Assignment

Current managed care enrollees will have the ability to enroll in a new MCO through an open enrollment option in September 2011 for an effective enrollment date of January 1, 2012. For managed care enrollment after January 1, 2012, new recipients will receive the current MCO options at the time their eligibility is established.

Each enrollee will have the opportunity to choose among the MCOs contracting in his or her county of residence. Enrollees who do not choose a MCO will be assigned to one.

Default Assignment: Enrollees who are part of an eligibility case in which another member on that case is enrolled to an MCO will be enrolled to that MCO. Enrollees who have been enrolled in an MCO in the past 12 months will be re-enrolled in that MCO, if that MCO is available in the enrollee's county. The low cost bidder will receive all default assignments.

In the event that there is no single low-cost bidder, the State reserves the right to assign individuals who do not make a choice on the basis of other measures including but not limited to quality and network capacity.

4. Eligible Populations

The following eligible persons who are recipients of Medical Assistance and MinnesotaCare and reside within the counties identified in this RFP are eligible for managed care enrollment:

a) Medical Assistance/Pregnant Woman - Women who are pregnant and meet Medical Assistance eligibility criteria under this basis.

b) Medical Assistance/Children Under 21 – Children who meet Medical Assistance eligibility requirements.

c) Medical Assistance/Adults with Children – Parents and relative caretakers of children who meet Medical Assistance eligibility requirements.

d) Medical Assistance/Adults without Children – Adults 21-64 who meet Medical Assistance eligibility requirements.

e) State-funded Medical Assistance – Pregnant women, children under age 21, adults with children who are eligible for Medical Assistance but who do not qualify for federally-funded programs due to immigration status may qualify for state-funded Medical Assistance, called Program N.

f) MinnesotaCare Enrollees – Individuals must belong to an eligible group under Minnesota Statutes, Chapter 256L, meet income criteria, satisfy all other eligibility requirements, and pay a premium to the State. All MinnesotaCare eligible recipients are required to participate in managed care and there is no basis for exclusion of this population. Additional requirements include:

- Enrollees must be a U.S. citizen or have a lawful immigration status and meet program guidelines.
- Families are eligible if their income is at or below 275% Federal Poverty Guidelines (FPG).
- Non-pregnant parents cannot have income over $50,000.
- Adults without children may be eligible if their income level is at or below 250% FPG. Adults without children at less than 75% FPG may be eligible for MA.
- There are no asset limits for pregnant women and children under age 21, but for all others, the asset limit is $10,000 for a single person and $20,000 for a family of 2 or more.
- Enrollees cannot have Medicare, other health insurance, or have had health insurance in the last four months except for Medical Assistance enrollees whose health

insurance premium was paid for by Medical Assistance. There are exceptions to this for certain children.

- Enrollees cannot have current access to employer-subsidized insurance or have had access to employer-subsidized insurance through a current employer within the past 18 months. There are exceptions to this for certain children.

5. Excluded Populations

The following Medical Assistance recipients **are excluded** from enrollment in a managed care organization:

a) Recipients receiving Medical Assistance due to blindness or disability as determined by the U.S. Social Security Administration or the State Medical Review Team, except if age 65 years or older.

b) Recipients receiving Medical Assistance under the Refugee Assistance Program pursuant to 8 U.S.C. 1522(e).

c) Medical Assistance recipients who are residents of state institutions, unless the placement has been approved by the MCO or is a court-ordered placement.

d) Medical Assistance recipients who are terminally ill as defined in Minnesota Rules, part 9505.0297, subpart 2; item N and who, at the time of enrollment in PMAP, have an established relationship with a primary physician who is not part of a PMAP MCO.

e) Individuals who are Qualified Medicare Beneficiaries (QMB), as defined in Section 1905(p) of the Social Security Act, 42 U.S.C. 1396d (p), who are not otherwise receiving Medical Assistance.

f) Individuals who are Service Limited Medicare Beneficiaries (SLMB), as defined in Section 1905(p) of the Social Security Act, 42 U.S.C. 1396a(a)(10)(E)(iii) and 1396d(p), and who are not otherwise receiving Medical Assistance.

g) Non-citizen recipients who only receive emergency Medical Assistance under Minnesota Statutes, section 256B.06, subd. 4.

h) Recipients receiving Medical Assistance on a medical spend-down basis.

i) Recipients, who at the time of notification of mandatory enrollment in PMAP have a communicable disease whose prognosis is terminal and whose primary physician is not a participating provider in the MCO, and that physician certifies that disruption of the existing physician-patient relationship is likely to result in the patient becoming noncompliant with medication or other health services.

j) Medical Assistance recipients with cost-effective employer-sponsored private health care coverage, or who are enrolled in a non-Medicare individual health plan determined to be cost-effective according to Minnesota Statutes, section 256B.69, subd. 4(b)(9).

k) Medical Assistance recipients who are eligible while receiving care and services from a non-profit center established to serve victims of torture.

l) Women receiving Medical Assistance through the Breast and Cervical Cancer Control Program.

The following Medical Assistance populations **are exclude**d from mandatory enrollment, **but may elect** to enroll in PMAP on a voluntary basis:

a) Medical Assistance recipients with private health care coverage through a Health Maintenance Organization (HMO) licensed under Minnesota Statutes, Chapter 62D. Such recipients may enroll in PMAP on a voluntary basis if the private HMO is the same as the MCO the person will select under PMAP.

b) Adults who are determined to be seriously and persistently mentally ill (SPMI) and eligible to receive Medical Assistance covered targeted case management services pursuant to Minnesota Statutes, section 245.4711.

c) Children who are determined to be severely emotionally disturbed (SED) and eligible to receive Medical Assistance covered targeted case management services pursuant to Minnesota Statutes, section 245.4881.

d) Children receiving Medical Assistance through adoption assistance according to Minnesota Statutes, section 256B.69, subd. 4(b)(1).

6. Financial Considerations

Selected Responders will be paid a fixed monthly payment per enrolled member (capitation) for the provision of all services covered by the contract. Such Responders will be at full risk for provision of the covered services for the rates agreed upon; the State will not supplement the monthly capitation payment. Responders will be expected to have access to sufficient reserves and/or reinsurance to bear the risk of unexpected medical claims which may occur. Furthermore, the capitation (rates) paid to the Responders must be certified by a qualified actuary who is a member of the American Academy of Actuaries. This is a requirement of the Centers for Medicare and Medicaid (CMS), and protection for the State against unreasonably low rates.

Responders to this RFP who have current contracts with the State are required to provide a recent 5-year history of their medical loss ratio (MLR) (2006-2010) onPMAP and MinnesotaCare programs. Those Responders who do not have a prior contracting history with the State, shall provide recent MLR history on other business (commercial or individual) to meet this medical loss requirement.Minnesota Statutes limit administrative services to an aggregate 8.2% of revenue for managed care contracts for Minnesota Health Care Programs. As part of the Cost Bid, responders are required to provide a five-year history (2006-2010) of their administrative costs as a percent of revenue for PMAP and MinnesotaCare programs. Specifications and a template for this requirement will be provided along with the Data Book. In the absence of public program experience, the administrative costs on commercial or individual business may be used.

Responders must submit a Cost Bid for contracting in calendar year 2012. In addition, the State may, at its option, subsequently require a bid for 2013. A cost proposal template and instructions will be available on the DHS public website after April 22, 2011. The template will request bids for each of the seven counties included in this RFP, for children, parents, pregnant women and adults without children in both the prepaid medical assistance program (PMAP) and in MinnesotaCare. Responders will be expected to submit rate bids in each rate cell for each county in which they will be licensed to do business in 2012. The State will evaluate the bids for sufficiency in the individual rate cells. In addition, proposed rates will be applied to a standard population in each county, to identify the most cost-effective bids for the State.

Although the State may employ a health-based risk assessment mechanism to adjust the final payments to selected responders, the bid proposals should not assume any adjustment for health risk. The State will develop a risk-adjustment mechanism and will present this information at the Responders Conference for Cost Bids April 29, 2011.To assist bidders who may be unfamiliar with the cost of providing services to this population, a data book will be provided upon request with recent historical cost and enrollment history in each of the counties. This data book will be available on the DHS public website after April 22, 2011.

The State will evaluate the bids on a best-value basis, and select at least two (2) Responders in each county that meet the minimum qualifications. The minimum qualifications for selection will be those bids which are in a pre-determined range of acceptability, and have met the other requirements of this RFP.

The State may, at its option, request that any or all Responders submit a best and final offer (BFO). The State at its discretion may choose not to request a BFO. Bidders are therefore advised to submit their most competitive offer at the outset. Each proposal must be certified as a viable bid by a qualified actuary. The certification must accompany the Cost Bid. The State will limit the number of best and final rounds.

Adjustments to the final rates paid for 2012 will be made incorporating any legislative changes in benefits and payments coming out of the 2011 session. These adjustments will be applied by the State to the rates agreed upon by the State and the successful responders.

7. Certificates of Coverage (COC)

MCO(s) must develop COCs or COC Addenda for the populations they serve under Minnesota Health Care Programs (MHCP). The COCs and COC Addenda are based on models available from the State and must contain the following elements: specific information on benefits, including any limitations and exclusions, cost-sharing (or co-pays), what services require authorization or approval, American Indian access to Indian Health Services, enrollee rights and protections, information on prescription drug coverage, and information on how grievances and appeals are resolved. Model COCs and COC Addenda are on the DHS public website: http://www.dhs.state.mn.us/dhs16_139709.

8. Other Information

a) Minnesota Health Care Fact Sheet - http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-4932-ENG

b) Medically Underserved Regional Listing - http://muafind.hrsa.gov/

c) Public Health Nursing Agencies Listing - http://www.health.state.mn.us/divs/cfh/ophp/system/administration/chb.cfm

d) Community Health Clinics Listing - http://findahealthcenter.hrsa.gov/Search_HCC.aspx

e) Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHC) - 2011 FQHC Listing and 2011 RHC Listing for RFP -

f) Regional Treatment Centers Listing - http://www.dhs.state.mn.us/SOS/default.htm

g) Chemical Dependency Rule 31 Facilities Listing - http://www.dhs.state.mn.us/id_017167

h) Gaps Analysis – http://www.dhs.state.mn.us/dhs16_141764

i) Base rates for specific programs – Please contact Jason Wiley at [redacted].

II. SCOPE OF WORK

A. OVERVIEW

An MCO is required to submit a proposal in good faith that meets the requirements of the RFP provided that the requirements can be reasonably met by an MCO to serve individuals eligible for the programs in a geographic region of the state. For purposes of this RFP, the geographic region consists of the 7 counties listed in this RFP. To be eligible as a successful Responder, an MCO must meet **all** of the following criteria and fulfill all of the following requirements.

1. Managed Care Organization

To be considered a qualified MCO for purposes of responding to this RFP, a successful Responder must meet the definition of a Managed Care Organization. Under the Minnesota Medical Assistance State Plan, an MCO means an entity that has, or is seeking to qualify for, a comprehensive risk contract, and that is:

a) A Federally Qualified HMO that meets the advance directives requirements of 42 CFR 489.100-104; **or**

b) Any public or private entity that meets the advance directives requirements and is determined to also meet the following conditions: a) makes the services it provides to its Medicaid Enrollees as accessible (in terms of timeliness, amount, duration, and scope) as those services are to other Medicaid Recipients within the area served by the entity, and b) meets the solvency standards of 42 CFR 438.116.

In determining whether an entity meets the definition of a qualified MCO, the Commissioner has discretion to explore various provider options that will be most advantageous to the population eligible for enrollment in the managed care program. Providing the above requirements are met, the Commissioner may contract with any non-profit managed care entity that is not a health maintenance organization (HMO) licensed under Minnesota Statutes, Chapter 62D. Other non-profit managed care entities include, but are not limited to county-based purchasing entities that meet applicable requirements under Minnesota Statutes, Chapter 62D or Community Integrated Service Network or "community network" under Minnesota Statutes, Chapter 62N, or an accountable provider network as defined under Minnesota Statutes, section 62T.01, subd. 3.

2. Participation Requirements

Pursuant to Minnesota Statutes, section 256B.0644, all qualified MCOs must participate as contractors in Minnesota Health Care Programs, including Medical Assistance and MinnesotaCare as a condition of participating in state and local government employee health insurance programs, the workers' compensation system, and insurance plans provided through the Minnesota Comprehensive Health Association (MCHA).

Minnesota Statutes, section 256L.12, subdivision 5, requires qualified MCOs to participate in the MinnesotaCare program in service areas where it participates in the Medical Assistance program.

In addition, HMOs, Community Integrated Service Networks (CISNs), county-based purchasing (CBP) entities, and other qualified provider types must participate in Minnesota Health Care Programs, including Medical Assistance and MinnesotaCare as a condition of licensure by the Minnesota Department of Health pursuant to Minnesota Statutes, Chapters 62D.04, subdivision 5 and 62N.25, subdivision 2.

3. Network Adequacy and Capacity

Responders should consider its' network for adequacy and capacity to provide access for the populations covered under this procurement. It is not necessary to bid the Responder's entire network. When developing the network, Responders should consider high-quality, cost-effectiveness, and capacity for enrollee engagement, organizational efficiencies, and the ability to meet access standards. At a minimum the Responders network must include Health Care Homes, Essential and Community Health Providers and Federally-Qualified Health Centers (FQHC).

4. Disclosure of Ownership

Federal law requires Managed Care Organizations (MCOs) to submit disclosure information as indicated in Appendix G. The MCO should not have a director, officer, partner, agents, managing employees or other Persons with a 5% or more Ownership or Control Interest in their business entity, either directly or indirectly, if they are excluded from participation in Medicaid under §§ 1128 or 1128A of the Social Security Act or have been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, or the Title XX services program.

See the Disclosure of Ownership statement in **Appendix G**.

5. Conflict of Interest Safeguards

The Balanced Budget Act of 1997 extends federal conflict of interest regulations to contractors and requires them to have safeguards in place regarding conflict of interest for purchases involving Medicaid funds. These safeguards must be as strict as those in federal purchasing statutes, in accordance with 41 U.S.C. 423, and 18 U.S.C. 207 and 208. Minnesota Statutes, section 256B.0914 requires respondents to have conflict of interest safeguards.

6. Administrative Simplification, Security and Privacy Requirements

The MCO must comply with the Administrative Simplification, Security and Privacy requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), any rules promulgated thereunder, the Minnesota Health Care Simplification Act of 1994, Minnesota Statutes, section 62J.50 et.seq., including but not limited to, compliance with 45 CFR, Parts 160 and 162. Administrative Requirements: Electronic Transaction Standards and Part 164 Security and Privacy requirements. The MCO shall be in compliance with these requirements consistent with the applicable effective dates contained in state or federal law.

7. Financial Solvency

All MCOs must meet the solvency standards established by the State for health maintenance organizations (HMOs) or be licensed or certified by the State as a risk bearing entity.

B. TASKS/DELVERABLES

Persons eligible for MA under the age of 65 and all eligible persons in MinnesotaCare are covered under the Families and Children contract. This contract provides enrollees with access to cost-effective health care.

The contract between the MCO and the State includes comprehensive, preventive, diagnostic, therapeutic and rehabilitative health care services as specified in Article 6 of the contract. The contract includes requirements for eligibility and enrollment, MCO and enrollee communications, marketing and enrollee education, reporting requirements, access standards, transition services,

service authorization, quality assessment and performance improvement, denials, terminations and reductions (DTRs), grievances, appeals, and state fair hearings, and other required provisions including compliance with various state and federal laws and regulations. The MCOs must comply with the program contract requirements specified in the model contract. The 2011 Families and Children model contract can be found at: http://www.dhs.state.mn.us/main/dhs16_139710#.

III. PROPOSAL FORMAT

Proposals must conform to all instructions, conditions, and requirements included in the RFP. Responders are expected to examine all documentation and other requirements. Failure to observe the terms and conditions in completion of the Proposal are at the Responder's risk and may, at the discretion of the State, result in disqualification of the Proposal for nonresponsiveness. Acceptable Proposals must offer all services identified in *Section II - Scope of Work* and agree to the contract conditions specified throughout the RFP.

A. REQUIRED PROPOSAL CONTENTS

Responses to this RFP must consist of all of the following components. (See the following sections for more detail on each component.) Each of these components must be separate from the others and uniquely identified with labeled tabs.

1. Table of Contents

2. Technical Proposal Requirements

   a. Executive Summary
   b. Description of the Applicant Organization
   c. Project Activities and Implementation Plan

3. Cost Bid Requirements (Data Book and templates available after April 22, 2011)

   a. Administrative Expenses Template (Divided into the following categories: Billing and Enrollment; Claim Processing; Detection and Prevention of Fraud; Customer Service; Product Management and Marketing; Customer Service; Underwriting; Regulatory Compliance and Government; Lobbying, Provider Relations and Contracting; Quality Assurance and Utilization Manangement; Wellness and Health Education; Research and Product Development; Charitable Contributions and General Administration as defined in Minnesota Statutes, §**62J.38**).
   b. Medical Loss Ratio (MLR) Template – Broken out by medical services, administrative services and contribution to reserves and other categories.
   c. Completed Bidding Template

4. Required Statements

   a. Responder Information and Declarations
   b. Exceptions to RFP Terms and Conditions
   c. Affidavit of Noncollusion
   d. Trade Secret/Confidential Data Notification
   e. Affirmative Action Data Page
   f. Certification and Restriction on Lobbying
   g. Disclosure of Ownership

4. Appendices *(If Applicable)*

Any additional information thought to be relevant, but not applicable to the prescribed format, may be included in Appendices within your Proposal.

B. TECHNICAL PROPOSAL REQUIREMENTS

The following will be considered minimum requirements of the Technical part of the Proposal. Emphasis should be on completeness and clarity of content.

1. **Executive Summary**: This component of the proposal should demonstrate the Responder's understanding of the services requested in this RFP and any problems anticipated in accomplishing the work. The Executive Summary should also show the Responder's overall design of the project in response to achieving the deliverables as defined in this RFP. Specifically, the proposal should demonstrate the Responder's familiarity with the project elements, its solutions to the problems presented and knowledge of the requested services.

2. **Description of Applicant Organization:** This section must include information on:
   - the programs and activities of the organization,
   - the number of people served,
   - geographic area served,
   - staff experience,
   - programmatic accomplishments.

   Also include:
   - reasons why your organization is capable to effectively complete the services outlined in the RFP;
   - a brief history of your organization;
   - all strengths that you consider are an asset to your program.

   The Responder should demonstrate:
   - the length, depth, and applicability of all prior experience in providing the requested services;
   - the skill and experience of staff and the length, depth and applicability of all prior experience in providing the requested services.

3. **Project Activities and Implementation plan:** All proposals submitted under this RFP must address, in sufficient detail, how the Responder will fulfill the expected outcomes outlined in this RFP including county-identified issues in Appendix H. Simply repeating the outcomes and asserting that they will be performed is not an acceptable response. The fulfillment of this section also includes the Responder addressing each item listed in:

   - Appendix I (Assurances)
     All Responders must complete and submit the attached "Assurances" Appendix.

   - Appendix J *(Exhibits)*
     Proposals submitted for Anoka, Carver, Dakota, Hennepin, Ramsey, Scott and Washington Counties must complete and submit detailed responses for each question listed in this Appendix.

     Maintain the numbering as indicated in Appendix J for responding and reviewing purposes. In order to maintain the numbering, the MCO should indicate "Not Applicable-N/A" where questions are not being addressed.

- Appendix K *(Quality Assessment and Performance Improvement Program)*
- Appendix L *(Plan Design)*
- Appendix M (*Specifications for Provider Network Listing*)
  Responders must submit a list of their contracted providers by county as prescribed in this Appendix **and are reminded that they need not bid their entire network. Responders should consider its' network for adequacy and capacity to provide access for the populations covered under this procurement.**

C. REQUIRED STATEMENTS

The following are required statements that must be included with your Proposal. Complete the correlating forms found in the RFP Appendices and submit them as the "Required Statements" section of your Proposal.

1. *Responder Information and Declarations (Appendix A)*

Complete and submit the attached "*Responder Information and Declarations"* form. If you are required to submit additional information as a result of the declarations, include the additional information as part of this form.

2. *Exceptions to RFP Terms (Appendix B)*

The contents of this RFP and the Proposal(s) of the Successful Responder(s) may become part of the final contract if a contract is awarded. Each Responder's Proposal must include a statement of acceptance of all terms and conditions stated within this RFP or provide a detailed statement of exception for each item excepted by the Responder. Responders who object to any condition of this RFP must note the objection on the attached "*Exceptions to RFP Terms*" form. If a Responder has no objections to any terms or conditions, the Responder should write "None" on the form.

A responder should be aware of the State's standard contract terms and conditions in preparing its response. The model contracts can be found at http://www.dhs.state.mn.us/dhs16_139709.

Much of the language reflected in the contracts is required by statute. If you take exception to any of the terms, conditions or language in the contract, you must indicate those exceptions in your response to the RFP. Only those exceptions indicated in your response to the RFP will be available for discussion or negotiation.

Responders are cautioned that any exceptions to the terms of the standard State contract which give the Responder a material advantage over other Responders may result in the Responder's Proposal being declared nonresponsive. Proposals being declared nonresponsive will receive no further consideration for award of the Contract. Proposals that take blanket exception to all or substantially all boilerplate contract provisions will be considered nonresponsive Proposals and rejected from further consideration for contract award.

3. *Affidavit of Noncollusion (Appendix C)*

Each Responder must complete and submit the attached "*Affidavit of Noncollusion*" form.

4. *Trade Secret/Confidential Data Notification (Appendix D)*

All materials submitted in response to this RFP will become property of the State and will become public record in accordance with Minnesota Statutes, section 13.591, after the evaluation process is completed. Pursuant to the statute, completion of the evaluation process occurs when the State has completed negotiating the contract with the Successful Responder. If a contract is awarded to the Responder, the State must have the right to use or disclose the trade secret data to the extent otherwise provided in the Contract or by law.

If the Responder submits information in response to this RFP that it believes to be trade secret/confidential materials, as defined by the Minnesota Government Data Practices Act, Minn. Stat. §13.37, and the Responder does not want such data used or disclosed for any purpose other than the evaluation of this Proposal, the Responder must:

a. clearly mark every page of trade secret materials in its Proposal at the time the Proposal is submitted with the words "**TRADE SECRET**" or "**CONFIDENTIAL**" in capitalized, underlined and bolded type that is at least 20 pt.; the State does not assume liability for the use or disclosure of unmarked or unclearly marked trade secret/confidential data;

b. fill out and submit the attached "*Trade Secret/Confidential Information Notification Form*", specifying the pages of the Proposal which are to be restricted and justifying the trade secret designation for each item. If no material is being designated as protected, a statement of "None" should be listed on the form;

c. satisfy the burden to justify any claim of trade secret/confidential information. Use of generic trade secret/confidential language encompassing substantial portions of the Proposal or simple assertions of trade secret interest without substantive explanation of the basis therefore will be regarded as nonresponsive requests for trade secret/confidential exception and will not be considered by the State in the event of a data request is received for Proposal information; and

d. defend any action seeking release of the materials it believes to be trade secret and/or confidential, and indemnify and hold harmless the State, its agents and employees, from any judgments awarded against the State in favor of the party requesting the materials, and any and all costs connected with that defense. This indemnification survives the State's award of a contract. In submitting a response to this RFP, the Responder agrees that this indemnification survives as long as the trade secret materials are in the possession of the State. The State is required to keep all the basic documents related to its contracts, including selected responses to RFPs, for a minimum of six years after the end of the contract. Non-selected RFP Proposals will be kept by the State for a minimum of one year after the award of a contract, and could potentially be kept for much longer.

The State reserves the right to reject a claim if it determines Responder has not met the burden of establishing that the information constitutes a trade secret or is confidential. **The State will not consider prices or costs submitted by the Responder to be trade secret materials.** Any decision by the State to disclose information designated by the Responder as trade secret/confidential will be made consistent with the Minnesota Government Data Practices Act and other relevant laws and regulations. If certain information is found to constitute a trade secret/confidential, the remainder of the Proposal will become public; only the trade secret/confidential information will be

removed and remain nonpublic.

The State also retains the right to use any or all system ideas presented in any Proposal received in response to this RFP unless the Responder presents a positive statement of objection in the Proposal. Exceptions to such Responder objections include: (1) public data, (2) ideas which were known to the State before submission of such Proposal, or (3) ideas which properly became known to the State thereafter through other sources or through acceptance of the Responder's Proposal.

5. *Human Rights Compliance (Appendix E)*

For all contracts estimated to be in excess of $100,000, Responders are required to complete and submit the attached "*Affirmative Action Data*" page. As required by Minn. R. 5000.3600, "It is hereby agreed between the parties that Minn. Stat. § 363A.36 and Minn. R.5000.3400 - 5000.3600 are incorporated into any contract between these parties based upon this specification or any modification of it. A copy of Minn. Stat. § 363A.36 and Minn. R.5000.3400 - 5000.3600 are available upon request from the contracting agency."

6. *Certification Regarding Lobbying (Appendix F)*

Federal money will be used or may potentially be used to pay for all or part of the work under the contract, therefore the Responder must complete and submit the attached "*Certification Regarding Lobbying*" form.

7. *Disclosure of Ownership (Appendix G)*

The MCO must complete and submit the attached Disclosure of Ownership form.

IV. RFP PROCESS

A. TIMELINE

ACTIVITY	COUNTIES Anoka, Carver, Dakota, Hennepin, Ramsey, Scott and Washington Counties
State Register Notice	April 4, 2011
RFP Publication	April 6, 2011
Technical Questions for Responder's Conference Due	April 8, 2011
Responder's Conference Registration Deadline	April 11, 2011
Responder's Conference – Technical Requirements	April 12, 2011
All Technical Proposal RFP Questions Received	April 14, 2011
All Technical Proposal RFP Questions Answered and Posted on DHS Website	April 18, 2011
Cost Bid Questions for Responder's Conference Due	April 26, 2011
Responder's Conference Registration Deadline	April 27, 2011
Responder's Conference – Cost Bid	April 29, 2011
All Cost Bid RFP Questions Received	May 3, 2011
All Cost Bid RFP Questions Answered and Posted on DHS Website	May 5, 2011
Technical Proposal Responses Due	May 13, 2011
Cost Bids Due	June 16, 2011
RFP Review Completed	June 17, 2011
Resolutions from County Boards Due	July 15, 2011
Notice of Intent to Contract	July 25, 2011
PCNLs Due to Contract Manager for Review	August 5, 2011
County Staff and Provider Informational Meetings	September 2011
Open Enrollment	September 2011
Contract Negotiations Begin	September 2011
Access to services	January 1, 2012

B. ACCESS TO THE RFP

To access the RFP, go to the DHS public website on or after 12 noon (Central Daylight Time) on **April 6, 2011**.

http://www.dhs.state.mn.us/id_000102

To obtain a paper copy of the RFP or to request a copy of the document in a Microsoft Word format, please contact Beryl Palmer, at [redacted].us or call [redacted].

C. RESPONDERS' CONFERENCES

Two Responders Conferences will be held.

Responder's Conference – Technical Requirements

The Responder's Conference – Technical Requirements will be held on **April 12 at 9:00 a.m., Room 2380, at the Elmer L. Andersen Human Services Building, 540 Cedar Street, St. Paul, MN**. The conference will serve as an opportunity for Responders to ask specific questions of State staff concerning the project. Attendance at the Responders' Conference is **mandatory**. Registration is also **mandatory**. Please contact **Jolayne Lange** at (651) 431-2502 or e-mail her at Jolayne.lange@state.mn.us by **April 11** to register. Responders may attend via conference call. Contact the State contact for this RFP for more information about attending by conference call. Written answers to questions asked at the conference will be posted on the DHS Public website. Oral answers given at the conference are non-binding.

Responder's Conference – Cost Bid

The Responder's Conference – Cost Bid will be held on **April 29 at 9:00 a.m., Room 2370, at the Elmer L. Andersen Human Services Building, 540 Cedar Street, St. Paul, MN**. The conference will serve as an opportunity for Responders to ask specific questions of State staff concerning the project. Attendance at the Responders' Conference is **mandatory**. **Registration is mandatory.** Please contact **Jolayne Lange** at (651) 431-2502 or e-mail her at Jolayne.lange@state.mn.us by **April 27** if you plan to attend. Responders may attend via conference call. Contact the State's contact for this RFP for more information about attending by conference call. Written answers to questions asked at the conference will be posted on the DHS Public website. Oral answers given at the conference are non-binding.

D. RESPONDERS' QUESTIONS

Responders' questions regarding the Technical Requirements for the RFP must be submitted **in writing, email or fax prior to 4:00 p.m. Central Daylight Time by April 8, 2011.**

All questions must be addressed to:

Request for Proposal Response
Attention: Beryl Palmer
Managed Care and Payment Policy Division
Department of Human Services
P.O. Box 64984
St. Paul MN 55164-0984
Telephone: [redacted]
FAX: (651) 431-7426

Questions may also be e-mailed to [redacted].

Responders' questions regarding the Cost Bid Requirements for the RFP must be submitted **in writing, email or fax prior to 4:00 p.m. Central Daylight Time by May 3, 2011.**

All questions must be addressed to:

Request for Proposal Cost Bid Response
Attention: Jason Wiley
Managed Care and Payment Policy Division
Department of Human Services
P.O. Box 64984
St. Paul MN 55164-0984
Telephone: [redacted]
FAX: (651) 431-7429

Questions may also be e-mailed to [redacted].

Other personnel are **NOT** authorized to discuss this RFP with Responders before the proposal submission deadline. **Contact regarding this RFP with any State personnel not listed above could result in disqualification.** The State will not be held responsible for oral responses to Responders. Written answers to all Technical Requirements questions will be posted on the DHS Public website no later than **April 18, 2011.** Written answers to all Cost Bid Requirements questions will be posted on the DHS Public website no later than **May 5, 2011.**

E. PROPOSAL SUBMISSIONS

Submit one (1) original paper copy of the Technical Proposal along with a CD with a copy of the Proposal in a PDF version with the capability to select and copy specific text from the PDF document. In addition, a CD (or CDs) containing a complete proposal must be included for each county that the MCO is including in the proposal. Technical Proposals must be physically received (not postmarked) by **4:00 p.m. Central Daylight Time on May 13, 2011** to be considered.

Submit one (1) original paper copy of the Cost Bid Proposal along with a CD with a copy of the Proposal in Excel with the capability to select and copy specific text from the PDF document. In addition, a CD (or CDs) containing a complete proposal must also be included. Cost Bids must be physically received (not postmarked) by **4:00 p.m. Central Daylight Time on June 16, 2011** to be considered.

Late Proposals will not be considered and will be returned unopened to the submitting party. **Faxed or e-mailed Proposals will not be accepted.**

Clearly label the "Proposal – Original" and CD(s) with the name and submission due date for this RFP. If there is more than one CD, please indicate that by marking the CDs as 1 of 2. All Proposals, including the required electronic copies, must be submitted in a single sealed package or container. The original proposal should be submitted in a three-ring binder or spiral bound binder with **each section indexed with tabs**. The main body of the Proposal pages must be numbered and submitted in 12-point font on 8 ½ X 11 inch paper, single spaced. The size and/or style of graphics, tabs, attachments, margin notes/highlights, etc. are not restricted by this RFP and their use and style are at the Responder's discretion. **The proposals submitted on CD(s) must be bookmarked to indicate each section. For Appendix J: Exhibits in the Technical Proposal, bookmark each service area separately.**

The above-referenced packages and all correspondence related to this RFP must be delivered in accordance with the instructions above.

It is solely the responsibility of each Responder to assure that their Proposal is delivered at the specific place, in the specific format, and prior to the deadline for submission.

Failure to abide by these instructions for submitting Proposals may result in the disqualification of any non-complying Proposal.

V. PROPOSAL EVALUATION AND SELECTION

A. OVERVIEW OF EVALUATION METHODOLOGY

1. All responsive Proposals received by the deadline will be evaluated by the State. Proposals will be evaluated on “best value” as specified below, using a 200-point scale (100 possible technical points and 100 possible cost points). The evaluation will be conducted in four phases:

   a. Phase I Required Statements Review
   b. Phase II Evaluation of Technical Proposal
   c. Phase III Evaluation of Cost Proposals
   d. Phase IV Selection of the Successful Responder

2. During the evaluation process, all information concerning the Proposals submitted, except identity and address of Responders, will remain non-public and will not be disclosed to anyone whose official duties do not require such knowledge.

3. Nonselection of any Proposals will mean that either another Proposal(s) was determined to be more advantageous to the State or that the State exercised its right to reject any or all Proposals. At its discretion, the State may perform an appropriate cost and pricing analysis of a Responder's Proposal, including an audit of the reasonableness of any Proposal.

B. EVALUATION TEAM

State staff will select evaluators for the evaluation team to review and evaluate RFP responses. Each county will also select a representative that will participate on the evaluation team. State and professional staff, other than the evaluation team, may also assist in the State’s evaluation process. The State reserves the right to alter the composition of the evaluation team and their specific responsibilities.

The State as a participant in the federal Medicaid program must safeguard against conflicts of interest in the Medicaid procurement process. See U.S. Code, title 42, sections 1396a(a)(4) and 1396u-2(d)(3); Minnesota Statutes, section 256B.0914. The State must ensure that a person who participates in the evaluation of the RFP responses does not have a conflict of interest. Therefore, all evaluators and other staff will be required to sign a conflict of interest statement and confidentiality agreement in order to participate as a member of the evaluation team.

County representatives who participate on the RFP evaluation team may not:

- be or have been involved in discussions regarding becoming a member of a county-based purchasing entity;
- be or have been involved in direct or indirect negotiations with an MCO;
- disclose contractor bid or proposal information, or source selection information, as defined in Minnesota Statutes, section 256B.0914, before the award decision has been made by the State. (This prohibition against disclosure does not apply to discussions between evaluation team members as part of the deliberative process, or as otherwise permitted by law.)
- disclose proprietary, aka “trade secret” information (see Minnesota Statutes, section 13.37), even after the award decision, unless permitted by law.

- extend an offer or accept employment by procurement bidders and bid evaluators, respectively.

Pursuant to Minnesota Statutes, section 256B.0914: Failure to abide by the above restrictions could result in criminal prosecutions or a fine of $50,000, or both, for each violation.

The county role in seeking MCO(s) to provide services to eligible individuals within the proposed county for Medical Assistance recipients is important in the development, approval and issuance of the RFP. The county may make recommendations regarding the development, issuance, and changes needed in the RFP. The county also has the opportunity to review each proposal based on the identification of community needs and county advocacy activities, and can advise the State on the approval of local networks and their operations to ensure adequate availability and access to covered services.

Counties are delegated the duty of developing the county section of the RFP including identification of service development and access issues as described in Appendix J: Exhibits. Please note that county information will need to be addressed as part of the RFP response.

C. EVALUATION PROCESS

Evaluation of RFP responses include, but are not limited to, the following:

1) Assessment of the proposal and the MCO provider network.
2) Assessment of quality measures, availability and access to covered services provided through the MCO's network.
3) Evaluation of Cost Bids.

Any dispute between the State and the counties about the MCO selection process will be reviewed by a three person mediation panel as provided in Minnesota Statutes, section 256B.69, subdivision 3a(d). The Commissioner of the Minnesota Department of Human Services will resolve any disputes taking into account the recommendations of this panel.

D. EVALUATION PHASES

At any time during the evaluation phases, the State may, at the State's discretion, contact a Responder to: (1) provide further or missing information or clarification of their Proposal, (2) provide an oral presentation of their Proposal, or (3) obtain the opportunity to interview the proposed key personnel. Reference checks may also be made at this time. However, there is no guarantee that the State will look for information or clarification outside of the submitted written Proposal. Therefore, it is important that the Responder ensure that all sections of the Proposal have been completed to avoid the possibility of failing an evaluation phase or having their score reduced for lack of information.

1. Phase I – Required Statements Review

   The Required Statements will be evaluated on a pass or fail basis. Responders must "pass" each of the requirements identified in these sections to move to Phase II.

2. Phase II - Evaluation of Technical Proposals and Cost Bids

   a. Points have been assigned to the following areas.

Technical Components	Total Possible Points
Executive Summary	5 points
Description of the Applicant Agency	5 points
Project Activities and Implementation	
Appendix I – State/County Assurances	5 points
Appendix J - Exhibits	40 points
Appendix K - Quality Assessment and Performance Improvement Program	15 points
Appendix L - Plan Design	5 points
Appendix M - Provider Network	25 points
Total:	**100 points**

b. The evaluation team will review the components of each responsive Proposal submitted. Each component will be evaluated on the team's evaluation of the Responder's understanding and the quality and completeness of the Responder's approach and solution to the issues presented.

c. After reviewing the Proposals, the members of the evaluation team will rate each Proposal component using the following formulas:

Each Proposal component will receive one of the following ratings based on how well the team member feels the component met the RFP requirements. Upon determining which of the following ratings best describes the component being rated, the total possible points available for the component will be multiplied by the corresponding point factor.

Technical Components Rating	Point Factor to be Applied to Total Possible Points
Excellent	1.0
Very Good	.75
Good	.50
Fair	.25
Poor	0.0

Other factors upon which the proposals will be evaluated by the State include, but are not limited to, the following:

- Whether the organization meets the State Plan definition of an MCO.
- Qualifications of the organization and its personnel.
- Can serve most or all of the counties in the geographic area.
- Can demonstrate their ability to integrate health services with community, public health, and social services.
- Will serve MA and MinnesotaCare recipients.
- Completeness of the response and ability to meet all requirements contained in this RFP, which includes providing all services and tasks required in the model contract.
- MCO's performance under other contracts with the State involving the MA and MinnesotaCare recipients.
- MCO's ability to provide accessible, quality, and timely medical care to MA and MinnesotaCare recipients.
- Number of potential MCO(s) and availability of providers in the MCO's licensed services area.

- Access to, and availability of covered services within the potential MCO's licensed service area that meets provider network standards and community needs, such as Public Health goals.

3. Phase III - Evaluation of Cost Proposals

   a. **Prior to evaluation in Phase III, no Cost Proposal will be reviewed and all will remain sealed.**

   b. Only the Proposals found to be responsive under Phases I and II will be considered in Phase III.

   c. The Cost Proposals will be examined to determine if they are complete, in compliance with the requirements of this RFP, accurate in their calculation, and consistent with their technical counterpart. Any Cost Proposal that does not meet these criteria may be considered nonresponsive and rejected.

   d. Cost will be of significant importance in selecting a Responder(s) deemed qualified to provide all the requested services, but will not be the sole determining factor.

   e. Evaluation criteria for the Cost Bid component will be made available at the Cost Bid Responder's Conference. Points for Cost Proposals will be awarded as follows:

Cost Bid Components	**Total Possible Points**
Administrative Expenses	10 points
Cost Bid	90 points
Total:	**100 points**

Cost Bid Components Rating	Points for Each Year
Administrative Expenses	≤8.2% = 2
	8.3%-10% = 1
	>10% = 0

Cost Bid	90 Points

   f. The evaluation team reserves the right to reject unreasonable costs proposed by Responders. Specifically, the evaluation team will not consider any proposed costs that are, at the sole discretion of the State, not rational or are not competitively priced. Such Proposals will be regarded as nonresponsive and receive no further consideration.

4. Phase IV – Selection of the Successful Responder(s)

   a. Only the Proposals found to be responsive under Phases I, II and Phase III will be considered in the selection process.

b. The evaluation team will review the scoring in making its recommendations of the Successful Responder(s).

c. The State may submit a list of detailed comments, questions, and concerns to one or more Responders after the initial evaluation. The State may require said response to be written, oral, or both. The State will only use written responses for evaluation purposes. The total scores for those Responders selected to submit additional information may be revised as a result of the new information.

d. The evaluation team will make its recommendation based on the above-described evaluation process. A notice of intent to contract will be issued no later than **July 25, 2011**.

e. The final award decision will be made by the Commissioner or authorized designee. The Commissioner or authorized designee may accept or reject the recommendation of the evaluation team.

E. CONTRACT NEGOTIATIONS AND UNSUCCESSFUL RESPONDER NOTICE

If a Responder(s) is selected, the State will notify the Successful Responder(s) in writing of their selection and the State's desire to enter into contract negotiations. Until the State successfully completes negotiations with the selected Responder(s), all submitted Proposals remain eligible for selection by the State.

In the event contract negotiations are unsuccessful with the selected Responder(s), the evaluation team may recommend another Responder(s). After the State and chosen Responder(s) have successfully negotiated a contract, the State will notify the unsuccessful Responders in writing that their Proposals have not been accepted. All public information within Proposals will then be available for Responders to review, upon request.

VI. REQUIRED CONTRACT TERMS AND CONDITIONS

A. ***Requirements.*** All Responders must be willing to comply with all state and federal legal requirements regarding the performance of the Contracts. The requirements are set forth throughout this RFP and are contained in the model contracts which can be found at http://www.dhs.state.mn.us/dhs16_139709.

B. ***Governing Law/Venue.*** This RFP and any subsequent contract must be governed by the laws of the State of Minnesota. Any and all legal proceedings arising from this RFP or any resulting contract in which the State is made a party must be brought in the State of Minnesota, District Court of Ramsey County. The venue of any federal action or proceeding arising here from in which the State is a party must be the United States District Court for the State of Minnesota.

C. ***Travel.*** Reimbursement for travel and subsistence expenses actually and necessarily incurred by the grantee as a result of the contract will be in no greater amount than provided in the current "Commissioner's Plan" promulgated by the commissioner of Minnesota Management and Budget. Reimbursements will not be made for travel and subsistence expenses incurred outside Minnesota unless it has received the State's prior written approval for out of state travel. Minnesota will be considered the home state for determining whether travel is out of state.

D. ***Preparation Costs.*** The State is not liable for any cost incurred by Responders in the preparation and production of a Proposal. Any work preformed prior to the issuance of a fully executed contact will be done only to the extent the Responder voluntarily assumes risk of non-payment.

E. ***Contingency Fees Prohibited.*** Pursuant to Minn. Stat. §10A.06, no person may act as or employ a lobbyist for compensation that is dependent upon the result or outcome of any legislation or administrative action.

F. ***Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion.*** Federal money will be used or may potentially be used to pay for all or part of the work under the contract, therefore the Responder must certify the following, as required by the regulations implementing Executive Order 12549:

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -- Lower Tier Covered Transactions

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.

4. The terms *covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded*, as used in this clause, have the meaning set out in the Definitions and Coverages sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this response that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 C.F.R. 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

G. ***Insurance Requirements***

1. Grantee shall not commence work under the grant contract until they have obtained all the insurance described below and the State of Minnesota has approved such insurance. All

policies and certificates shall provide that the policies shall remain in force and effect throughout the term of the grant contract.

2. Grantee is required to maintain and furnish satisfactory evidence of the following insurance policies:

   a. **Workers' Compensation Insurance:** Except as provided below, Grantee must provide Workers' Compensation insurance for all its employees and, in case any work is subcontracted, Grantee will require the subcontractor to provide Workers' Compensation insurance in accordance with the statutory requirements of the State of Minnesota, including Coverage B, Employer's Liability. Insurance **minimum** amounts are as follows:

      $100,000 – Bodily Injury by Disease per employee
      $500,000 – Bodily Injury by Disease aggregate
      $100,000 – Bodily Injury by Accident

      If Minnesota Statute exempts Grantee from Workers' Compensation insurance or if the Grantee has no employees in the State of Minnesota, Grantee must provide a written statement, signed by an authorized representative, indicating the qualifying exemption that excludes Grantee from the Minnesota Workers' Compensation requirements.

   b. **Commercial General Liability:** Grantee is required to maintain insurance protecting it from claims for damages for bodily injury, including sickness or disease, death, and for care and loss of services as well as from claims for property damage, including loss of use which may arise from operations under the grant contract whether the operations are by the Grantee or by a subcontractor or by anyone directly or indirectly employed by the Grantee under the grant contract. Insurance **minimum** amounts are as follows:

      $2,000,000 – per occurrence
      $2,000,000 – annual aggregate
      $2,000,000 – annual aggregate – Products/Completed Operations

      The following coverages shall be included:

      Premises and Operations Bodily Injury and Property Damage
      Personal and Advertising Injury
      Blanket Contractual Liability
      Products and Completed Operations Liability
      Other; if applicable. Please list________________
      State of Minnesota named as an Additional Insured

   c. **Commercial Automobile Liability:** Grantee is required to maintain insurance protecting the Grantee from claims for damages for bodily injury as well as from claims for property damage resulting from ownership, operation, maintenance or use of all owned, hired, and non-owned autos which may arise from operations under this grant contract, and in case any work is subcontracted the Grantee will require the subcontractor to provide Commercial Automobile Liability. Insurance **minimum** amounts are as follows:

      $2,000,000 – per occurrence Combined Single limit for Bodily Injury and Property Damage

In addition, the following coverages should be included:

Owned, Hired, and Non-owned Automobile

d. Professional/Technical, Errors and Omissions, and/or Miscellaneous Liability Insurance (if applicable)

This policy will provide coverage for all claims the Grantee may become legally obligated to pay resulting from any actual or alleged negligent act, error, or omission related to Grantee's professional services required under the grant contract.

Grantee is required to carry the following **minimum** amounts:

$2,000,000 – per claim or event
$2,000,000 – annual aggregate

Any deductible will be the sole responsibility of the Grantee and may not exceed $50,000 without the written approval of the State. If the Grantee desires authority from the State to have a deductible in a higher amount, the Grantee shall so request in writing, specifying the amount of the desired deductible and providing financial documentation by submitting the most current audited financial statements so that the State can ascertain the ability of the Grantee to cover the deductible from its own resources.

The retroactive or prior acts date of such coverage shall not be after the effective date of this grant contract and Grantee shall maintain such insurance for a period of at least three (3) years, following completion of the work. If Grantee discontinues such insurance, then extended reporting period coverage must be purchased to fulfill this requirement.

3. Additional Insurance Conditions

- Grantee's policy(ies) shall be primary insurance to any other valid and collectible insurance available to the State of Minnesota with respect to any claim arising out of Grantee's performance under this grant contract;
- Grantee's policy(ies) and Certificates of Insurance shall contain a provision that coverage afforded under the policies shall not be cancelled or non-renewed without at least thirty (30) days advanced written notice to the State of Minnesota;
- Grantee is responsible for payment of grant contract related insurance premiums and deductibles;
- If Grantee is self-insured, a Certificate of Self-Insurance must be attached;
- Include legal defense fees in addition to its liability policy limits, with the exception of G.2.d above; and
- Obtain insurance policies from an insurance company having an "AM BEST" rating of A- (minus); Financial Size Category (FSC) VII or better and must be authorized to do business in the State of Minnesota.

4. The State will reserve the right to immediately terminate the contract if the Grantee is not in compliance with the insurance requirements and retains all rights to pursue any legal remedies against the Grantee. All insurance policies must be open to inspection by the State, and copies of policies must be submitted to the State's authorized representative upon written request.

5. The successful responder is required to submit acceptable evidence of insurance coverage requirements prior to commencing work under the contract.

H. ***Nonvisual Access Standards***

Nonvisual access standards require:

1) The effective interactive control and use of the technology, including the operating system, applications programs, prompts, and format of the data presented, are readily achievable by nonvisual means;

2) That the nonvisual access technology must be compatible with information technology used by other individuals with whom the blind or visually impaired individual must interact;

3) That nonvisual access technology must be integrated into networks used to share communications among employees, program participants, and the public; and

4) That the nonvisual access technology must have the capability of providing equivalent access by nonvisual means to telecommunications or other interconnected network services used by persons who are not blind or visually impaired.

I. ***Contingency of Operations Planning Requirement***

Functions identified under this request for proposal have been designated as Priority 1 or Priority 2 services under the Minnesota Department of Human Service's Continuity of Operations Plan. Due to this designation, the successful responder will be required to develop a continuity of operations plan to be implemented in the event of a gubernatorial or commissioner of the Minnesota Department of Health declared health emergency. The successful responder will be expected to have a continuity of operations plan available for inspection by the State upon request. The continuity of operations plan shall do the following:

(a) ensure fulfillment of Priority 1 or Priority 2 obligations under the contract;

(b) outline procedures for the activation of the contingency plan upon the occurrence of a governor or commissioner of the Minnesota Department of Health declared health emergency;

(c) identify an individual as its Emergency Preparedness Response Coordinator (EPRC), the EPRC shall serve as the contact for the State with regard to emergency preparedness and response issues, the EPRC shall provide updates to the State as the health emergency unfolds;

(d) outline roles, command structure, decision making processes, and emergency action procedures that will be implemented upon the occurrence of a health emergency;

(e) provide alternative operating plans for Priority 1 or Priority 2 functions;

(f) include a procedure for returning to normal operations; and

(g) be available for inspection upon request.

VII. STATE'S RIGHTS RESERVED

Notwithstanding anything to the contrary, the State reserves the right to:

A. Reject any and all Proposals received in response to this RFP;

B. Disqualify any Responder whose conduct or Proposal fails to conform to the requirements of this RFP;

C. Have unlimited rights to duplicate all materials submitted for purposes of RFP evaluation, and duplicate all public information in response to data requests regarding the Proposal;

D. Select for contract or for negotiations a Proposal other than that with the lowest cost or the highest evaluation score;

E. Consider a late modification of a Proposal if the Proposal itself was submitted on time and if the modifications were requested by the State and the modifications make the terms of the Proposal more favorable to the State, and accept such Proposal as modified;

F. At its sole discretion, reserve the right to waive any non-material deviations from the requirements and procedures of this RFP;

G. Negotiate as to any aspect of the Proposal with any Responder and negotiate with more than one Responder at the same time; including asking for Responders' "Best and Final" offers as to price, technical provisions, or both;

H. Extend the contract, in increments determined by the State, not to exceed a total contract term of five years;

I. Cancel the Request for Proposal at any time and for any reason with no cost or penalty to the State;

J. Contract with other entities to serve part of the population included in this Request or exclude certain populations from enrollment;

K. At its discretion, adjust accepted rates for the 2nd and subsequent year(s) of the contract, and/or require a bid for the 2nd and subsequent year(s) of the contract;

L. Correct or amend the RFP at any time with no cost or penalty to the State. If the State should correct or amend any segment of the RFP after submission of Proposals and prior to announcement of the Successful Responder, all Responders will be afforded ample opportunity to revise their Proposal to accommodate the RFP amendment and the dates for submission of revised Proposals announced at that time. The State will not be liable for any errors in the RFP or other responses related to the RFP; and

M. Alter the composition of the evaluation team and their specific responsibilities.

VIII. APPENDICES (A-M)

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APPENDICES TO FOLLOW

APPENDIX A – Responder Information/Declarations

REQUEST FOR PROPOSALS **STATE OF MINNESOTA** **PREPAID HEALTH CARE** ***Face Sheet: Required Information***
Name of Managed Care Organization:
Principal Place of Business: **Address:** **City: ____________________________State: ____________Zip Code:**
Name of MCO Contact Person: **Title: ___________________________ Telephone Number:**
Name of MCO Contact Person for Contract Selection Notification (If different from above): **Title: ___________________________ Telephone Number:**
Federal Employer's I.D. Number:
Check the applicable boxes for the license held by your MCO: **☐ HMO ☐ CISN ☐ Other** **(Explain)____**
TECHNICAL PROPOSAL DEADLINE: May 13, 2011 at 4:00 p.m. CDT **COST BID PROPOSAL DEADLINE: June 16, 2011 at 4:00 p.m. CDT**
We hereby agree to furnish services in accordance with the specifications contained in this Request for Proposals. **MCO Name:** **Authorized Signature:** **Title:** **Telephone Number (Including Area Code):**

REQUEST FOR PROPOSALS
STATE OF MINNESOTA
PREPAID HEALTH CARE
Face Sheet: Required Information

Name of Managed Care Organization:

Check the applicable boxes for the counties within this MCO's current licensed service areas, and the counties this MCO is proposing to serve in this proposal.

Licensed	Proposing	County
		Anoka
		Carver
		Dakota
		Hennepin
		Ramsey
		Scott
		Washington

Name(s) of individuals involved with the preparation of this Proposal:

By submission of this Proposal, Responder warrants that:

1. The information provided is true, correct and reliable for purposes of evaluation for potential contract award. Responder understands that the submission of inaccurate or misleading information may be grounds for disqualification from the award as well as subject the Responder to suspension or debarment proceedings as well as other remedies available by law.

2. It is competent to provide all the services set forth in its Proposal.

3. Each person signing a section of this Proposal is authorized to make decisions as to the prices quoted and/or duties proposed and is legally authorized to bind the company to those decisions.

4. If it has relationships that create, or appear to create, a conflict of interest with the work that is contemplated in this request for proposals, Responder will provide, along with this form, a list containing the names of the entities, the relationship, and a discussion of the conflict.

5. To the best of its knowledge and belief, and except as otherwise disclosed, there are no relevant facts or circumstances which could give rise to organizational conflicts of interest. An organizational conflict of interest exists when, because of existing or planned activities or because of relationships with other persons, a vendor is unable or potentially unable to render impartial assistance or advice to the State, or the vendor's objectivity in performing the contract work is or might be otherwise impaired, or the vendor has an unfair competitive advantage. Responder agrees that, if after award, an organizational conflict of interest is discovered, an immediate and full disclosure in writing will be made to the Assistant Director of the Department of Administration's Materials Management Division ("MMD") which will include a description of the action which Responder has taken or proposes to take to avoid or mitigate such conflicts. If an organization conflict of interest is determined to exist, the State may, at its discretion, cancel the contract. In the event the Responder was aware of an organizational conflict of interest prior to the award

of the contract and did not disclose the conflict to MMD, the State may terminate the contract for default. The provisions of this clause must be included in all subcontracts for work to be performed similar to the service provided by the prime contractor, and the terms “contract,” “contractor,” and “contracting officer” modified appropriately to preserve the State’s rights.

6. No attempt has been made or will be made by Responder to induce any other person or firm to submit or not to submit a Proposal.

7. If there is a reasonable expectation that the Responder is or would be associated with any parent, affiliate, or subsidiary organization in order to supply any service, supplies or equipment to comply with the performance requirements under the resulting contract of the RFP, Responder must include with this form written authorization from the parent, affiliate, or subsidiary organization granting the right to examine directly, pertinent books, documents, papers, and records involving such transactions that are related to the resulting contract. This right will be given to the Minnesota Department of Human Services, U.S. Department of Health and Human Services, and Comptroller General of the United States.

8. If, at any time after a Proposal is submitted and a contract has been awarded, such an association arises as described in the paragraph above, Responder will obtain a similar certification and authorization from the parent, affiliate, or subsidiary organization within ten (10) working days after forming the relationship.

By signing this statement, you certify that the information provided is accurate and that you are authorized to sign on behalf of, and legally bind, the Responder.

Authorized Signature: ______________________________

Printed Name: ______________________________

Title: ______________________________

Date: ______________________ Telephone Number: ______________________

APPENDIX B

EXCEPTIONS TO TERMS AND CONDITIONS

A Responder shall be presumed to be in agreement with the terms and conditions of the RFP unless the Responder takes specific exception to one or more of the conditions on this form.

RESPONDERS ARE CAUTIONED THAT BY TAKING ANY EXCEPTION THEY MAY BE MATERIALLY DEVIATING FROM THE RFP SPECIFICATIONS. IF A RESPONDER MATERIALLY DEVIATES FROM A RFP SPECIFICATION, ITS PROPOSAL MAY BE REJECTED.

A material deviation is an exception to a specification which 1) affords the Responder taking the exception a competitive advantage over other Responders, or 2) gives the State something significantly different than the State requested.

INSTRUCTIONS: Responders must explicitly list all exceptions to State terms and conditions (including those found in the model contract, if any). The model contracts can be found at http://www.dhs.state.mn.us/dhs16_139710. Reference the actual number of the State's term and condition and page number for which an exception(s) is being taken. If no exceptions exist, state "NONE" specifically on the form below. Whether or not exceptions are taken, the Responder must sign and date this form and submit it as part of their Proposal. (*Add additional pages if necessary*.)

Responder Name:	
Term & Condition Number/Provision	**Explanation of Exception**

By signing this form, I acknowledge that the above named Responder accepts, without qualification, all terms and conditions stated in this RFP (including the sample contract) except those clearly outlined as exceptions above.

____________________	____________________	__________
Signature	Title	Date

Appendix C

STATE OF MINNESOTA
AFFIDAVIT OF NONCOLLUSION

I swear (or affirm) under the penalty of perjury:

1. **That I am the Responder (if the Responder is an individual), a partner in the company (if the Responder is a partnership), or an officer or employee of the responding corporation having authority to sign on its behalf (if the Responder is a corporation);**

2. **That the attached Proposal submitted in response to the ___________________________ Request for Proposals has been arrived at by the Responder independently and has been submitted without collusion with and without any agreement, understanding or planned common course of action with, any other Responder of materials, supplies, equipment or services described in the Request for Proposal, designed to limit fair and open competition;**

3. **That the contents of the Proposal have not been communicated by the Responder or its employees or agents to any person not an employee or agent of the Responder and will not be communicated to any such persons prior to the official opening of the Proposals; and**

4. **That I am fully informed regarding the accuracy of the statements made in this affidavit.**

Responder's Firm Name: ____

Authorized Signature: ____

Date: __________________

Subscribed and sworn to me this ________ day of ___________

____
Notary Public

My commission expires: ______________

Appendix D -- Trade Secret/Confidential Data Notice

Responder/Company Name: ______________________________

It is the position of the above-named Responder that certain data contained in the following page(s) of the attached Proposal have been submitted in confidence and contain trade secrets and/or privileged or confidential information (*list pages -- If no protected information has been submitted, state "NONE"*):
____

The justification for the Trade Secret/Confidential data designation is (*be specific, do not make general statements of confidentiality. Include reference to specific facts, licenses, trademarks, etc., and any relevant statutes or other law, such as how the data meets the requirements of Minn. Stat. §13.37, subd. 1(b). Add additional pages if necessary*):
____
____
____
____

The Responder acknowledges that, in accordance with Minn. Stat. §§ 13.591 and 16C.06, Subd. 3, upon completion of contract negotiations, all materials submitted in response to this RFP will become the property of the STATE and will become public record, with the exception of any portion(s) of an RFP or supporting data that are determined to be nonpublic "trade secret information."

The Responder asserts that it has clearly marked every page of trade secret or confidential materials in the attached Proposal at the time the Proposal was submitted with the words "**TRADE SECRET"** or **"CONFIDENTIAL**" in capitalized, underlined and bolded type that is at least 20 pt. Responder acknowledges that the State is not liable for the use or disclosure of trade secret data or confidential data that Responder has failed to clearly mark as such.

Responder agrees to defend any action seeking release of the materials it believes to be trade secret or confidential, and indemnify and hold harmless the STATE, its agents and employees, from any judgments awarded against the STATE in favor of the party requesting the materials, and any and all reasonable costs connected with that defense. This indemnification survives the STATE's award of a contract and remains as long as the trade secret and/or confidential materials are in the possession of the STATE.

Responder acknowledges that the STATE is required to keep all the basic documents related to its contracts, including selected responses to RFPs, for a minimum of six years after the end of the contract. Non-selected RFP Proposals will be kept by the STATE for a minimum of one year after the award of a contract, and may be kept for much longer. **Responder acknowledges that prices submitted by the Responder will not be considered trade secret materials.**

The Responder acknowledges that the STATE reserves the right to reject Responder's claim of trade secret/confidential data if the STATE determines that the Responder has not met the legal burden of establishing that the information constitutes a trade secret or is confidential. The Responder also acknowledges that if certain information is found to constitute a trade secret or is confidential, the remainder of the Proposal will become public; only the protected information will be removed and remain nonpublic.

______________________________	____________________________	_______________
Signature	Title	Date

* *Whether or not protected information is provided, the Responder must sign and date this form and submit it with the "Required Statements".*

APPENDIX E

State Of Minnesota – Affirmative Action Data Page

If your response to this solicitation is in excess of $100,000, complete the information requested below to determine whether you are subject to the Minnesota Human Rights Act (Minnesota Statutes 363A.36) certification requirement, and to provide documentation of compliance if necessary. **It is your sole responsibility to provide this information and—if required—to apply for Human Rights certification prior to execution of the contract. The State of Minnesota is under no obligation to delay proceeding with a contract until a company receives Human Rights certification.**

BOX A – **For companies which have employed more than 40 full-time employees within Minnesota on any single working day during the previous 12 months. All other companies proceed to Box B.**

Your response will be rejected unless your business:

has a current Certificate of Compliance issued by the Minnesota Department of Human Rights (MDHR)

-or-

has submitted an affirmative action plan to the MDHR, which the Department received prior to the date and time the responses are due.

Check one of the following statements if you have employed more than 40 full-time employees in Minnesota on any single working day during the previous 12 months:

- □ We have a current Certificate of Compliance issued by the MDHR. **Proceed to** Box C. **Include a copy of your certificate with your response.**
- □ We do not have a current Certificate of Compliance. However, we submitted an Affirmative Action Plan to the MDHR for approval, which the Department received on _________________ (date). [If the date is the same as the response due date, indicate the time your plan was received: __________(time)]. **Proceed to** Box C.
- □ We do not have a Certificate of Compliance, nor has the MDHR received an Affirmative Action Plan from our company. **We acknowledge that our response will be rejected**. **Proceed to** Box C**.**

Contact the Minnesota Department of Human Rights for assistance. (See below for contact information.)

Please note: Certificates of Compliance must be issued by the Minnesota Department of Human Rights. Affirmative Action Plans approved by the Federal government, a county, or a municipality must still be received, reviewed, and approved by the Minnesota Department of Human Rights before a certificate can be issued.

BOX B – **For those companies not described in BOX A**

Check below.

- ❑ We have not employed more than 40 full-time employees on any single working day in Minnesota within the previous 12 months. **Proceed to BOX C**.

BOX C – **For all companies**

By signing this statement, you certify that the information provided is accurate and that you are authorized to sign on behalf of the responder. You also certify that you are in compliance with federal affirmative action requirements that may apply to your company. (These requirements are generally triggered only by participating as a prime or subcontractor on federal projects or contract. Contractors are alerted to these requirements by the federal government.)

Name of Company: ____________________________________Date: _______________________________

Authorized Signature: _____________________________Telephone number: __________________________

Printed Name: __________________________________Title: ____

For assistance with this form, contact:

Minnesota Department of Human Rights, Compliance Services Section

Mail: 190 East 5th St., Suite 700 St. Paul, MN 55101 TC Metro: (651) 296-5663 Toll Free: 800-657-3704

Website: www.humanrights.state.mn.us Fax: (651) 296-9042 TTY: (651) 296-1283

Email: employerinfo@therightsplace.net

APPENDIX F

CERTIFICATION REGARDING LOBBYING

For State of Minnesota Contracts and Grants over $100,000

The undersigned certifies, to the best of his or her knowledge and belief that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, A Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. 1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

____
Organization Name

____
Name and Title of Official Signing for Organization

By: ______________________________________
Signature of Official

____
Date

APPENDIX G

DISCLOSURE OF OWNERSHIP

☐ **NOT APPLICABLE**

☐ **APPLICABLE.** PLEASE COMPLETE THE FOLLOWING:

1. The name and address of each Person with an Ownership or Control Interest in the MCO or in any subcontractor in which the MCO has direct or indirect ownership of five percent (5%) or more;
2. A statement as to whether any Person with an Ownership or Control Interest is related to any other Person with Ownership or Control interest such as spouse, parent, child, or sibling; and
3. The name of any other Disclosing Entity in which a Person with an Ownership or Control Interest in the MCO also has an ownership or control interest in the named Disclosing Entity, consistent with 42 CFR § 438.610.

By signing this statement, you certify that the information provided is accurate and that you are authorized to sign on behalf of, and legally bind, the Responder.

Authorized Signature: ____

Printed Name:____

Title: ____

Date:___________________________

Telephone Number:_______________________________________

APPENDIX H: COUNTY SPECIFIC INFORMATION

1. Anoka County

County Administration

Agency Name: Anoka County Human Services
Director's Name: Jerry Soma, Division Manager
Address: 2100 Third Avenue
Anoka, MN 55303
Telephone Number:
FAX Number: 763-422-6987

County Agency Contacts

County Agency Contacts Area of Responsibility	Name	Title	Telephone Number
Social Services	Bill Pinsonnault	Social Services and Mental Health Director	
Financial Assistance	Edna Hoium	Income Maintenance Director	
Public Health	Rina McManus	Community Health & Environmental Services Director	
Mental Health - Adults	Bill Pinsonnault	Social Services and Mental Health Director	
Mental Health - Children	Bill Pinsonnault	Social Services and Mental Health Director	
Chemical Dependency	Bill Pinsonnault	Social Services and Mental Health Director	
Transportation	Tim Kirchoff	Supervisor of Transit & Operations and Planning (countywide)	

County Demographics

Anoka County is located in the northwestern portion of the Minneapolis / St. Paul, seven-county metro area. The county encompasses 440 square miles, Anoka County is home to 20 cities and one township; and goes from heavy residential and commercial development in the southern portion to a more sparse rural population in the northwest. As of 2009, the Census Bureau estimates the population of Anoka County to be 331,582, which makes it Minnesota's fourth most populous county. The average household size is 2.7, with 59% of total households married-couple families. Anoka County has experienced a steady increase in residents of color. The non-white population was 3.4% in 1990 and increased to 13.1% in 2009 (2009 estimates). Poverty in the county has increased from 4.2% to 5.8% from 2000 to 2009,

General County Service Delivery and Access

Anoka County has two hospitals, Mercy and Unity, as well as 24 primary care providers and 53 pharmacies. There are 74 specialty provider clinics in the county, as well as 8 urgent care clinics. Recipients also use providers across the metro area, including specialties not located in Anoka County.

There is a lack of dental providers accepting Medical Assistance (MA) in Anoka County. In addition mental health resources, particularly for children, are limited for the county's MA and MinnesotaCare populations. Access to services in the Northern and Eastern areas of the county is limited and most clients utilize Fairview and Allina Systems in Forest Lake and Wyoming.

Anoka County currently offers five different MCO options to clients adding complexity and administrative requirements at the county level and confusion for clients. The cost and efficiency of maintaining five MCOs offerings should be considered especially when an MCO has a small number of enrollees in the county.

MCO programs often change which can affect the client, create confusion, and add difficulties to care coordination. For example, Special Needs Plans are ending, yet there is still something called "special needs" with different coverage.

MinnesotaCare has four different benefit sets. Each time a call is received from a client their benefit set needs to be determined before the client's questions can be answered. Access to services is limited depending on which benefit set the client is in. Transportation, hospital limits and dental benefits are especially problematic.

Other health care resources, service and access issues affecting this county's MA and MinnesotaCare recipients include:

- Clinic providers who are willing to see individuals for Refugee Health screenings are very limited. Two of the providers that see primary refugees are located in the northeast section of the county, while many refugees living in Anoka County live in the south western end of the county. Transportation to appointments is an issue. However, fragmentation of services is a greater issue as services for the Refugee Health screenings are provided by one primary care clinic and ongoing follow-up and preventative health services are usually provided through a clinic closer to where the client lives, resulting in fragmented and often delayed medical care.
- There is only one low cost family planning clinic located in the county with very limited service hours.
- Within Anoka County there are limited clinics for non-English speaking clients, family planning, dental care, and mental health. When needed, Anoka County refers clients in need of these resources and services to clinics in the Minneapolis/St. Paul and other north suburban areas.
- Transportation is an issue for the families. Public transportation is a challenge for families particularly with young children, as the bus line is not very accessible to most families who reside in Anoka County. MCOs often require families to use bus services rather that taxi services and this creates additional barriers to timely and appropriate care.

Dental

Clients must use the providers in their MCO's network. The primary providers offered by the MCOs are the Smile Centers in Big Lake and Brooklyn Center and both of these are out of the county. All of the five MCOs currently offered to Anoka County clients allow the Smile Center. The Smile Centers offer good access - 7 days a week and evening hours. There have been complaints from clients that they would never go back there.

Some clients have used the same dentist a long time and their dentist may let them continue, but the benefits have been cut back substantially.

Specialty dentists are extremely scarce such as oral surgeons and endodontists. Clients are sent by MCOs to Minneapolis or western and southern suburbs for services.

The client calls a provider within their network of dental providers. If that provider is not accepting new MA clients they may then call the MCO directly or work with Child and Teen Checkups Outreach or with Public Health Nurses at home visits to get connected to a provider.

Dental providers that accept new clients with MA and MinnesotaCare are very limited within Anoka County. Currently there are only four dental providers within Anoka County that accept new clients with MA/MinnesotaCare. Because the number of providers who are currently accepting new MA/MinnesotaCare clients is so limited, MA/MinnesotaCare clients in Anoka County are often forced to seek dental care from providers who are located outside of the county. Transportation issues are often a problem as well.

See Attachment _A_ for complete listing of MA/MinnesotaCare providers in Anoka County. Of those listed only Apple Tree Dental, Metropolitan Pediatric Dental Association, "V" Dental Center, and Riverdale Pediatric Dentistry are currently accepting new MA/MinnesotaCare clients.

One MCO offers services through a dental van in the community for one week/month.

Chemical Dependency

Access to Services

Anoka County provides access to funding for chemical dependency treatment for low-income persons through the Consolidated Chemical Dependency Treatment Fund (CCDTF). Rule 25 assessments are provided by county staff for those eligible for the CCDTF; assessments are done in the Social Services/Mental Health Department for those already receiving services through the Department, while the Community Corrections Department provides Rule 25 assessments for all others, under a Memorandum of Understanding with Social Services. Referrals are made to the programs under contract with Anoka County as well as too many other programs both in and beyond the metro area, depending upon client need and availability of services. Sub-acute detoxification services are provided at Mission Detox in Plymouth and Ramsey Detox in St. Paul, under contractual relationships with Anoka County, with overflow services at Dakota County Receiving Center in Hastings. Pre-petition Screening staff coordinates with the MCOs and other third-party insurers and this has been working well. Anoka County operates a treatment support program for a small group of methamphetamine users utilizing grant and county funding.

Issues

The primary issues faced by Anoka County are lack of appropriate and effective treatment resources for those who have been through treatment many times, transportation to outpatient treatment, and lack of quality residential treatment services. Another challenge is the transition when individuals gain or lose Managed Care coverage; it can be up to 2 months before we are notified by a treatment program that a client has lost Managed Care coverage and that we need to pick up coverage under Rule 25. Getting the eligibility determination information at that point, in addition to the assessment, can also be a challenge. We are now having much less difficulty getting the information needed, via providers, to authorize continuing services for individuals on MinnesotaCare who have met the $10,000 annual maximum for inpatient/residential treatment.

Providers

Anoka County currently contracts with all licensed chemical dependency treatment providers located in Anoka County (Anthony Louis Center, Community Addiction Recovery Enterprise – Anoka, Grace Counseling Services, Minnesota Alternatives, New Choices for Adolescents, Regions Hospital/New Connection Programs, Riverplace Counseling Center, Transformation House (3 locations) and Unity Hospital). In addition, Anoka County contracts with 2 programs located outside the county: Specialized Treatment Services for medication assisted treatment and Nystrom & Associates for MI/CD outpatient treatment. Anoka County accepts courtesy assessments from other counties and from providers, but does not contract with other agencies to provide Rule 25 assessments.

Mental Health Services in Anoka County

Mental health services in Anoka County are largely provided by private providers in the community. Anoka County itself provides Mental Health Targeted Case Management for Adults and Children, Traumatic Brain Injury Case Management and case management for Community Alternatives for Disabled Individuals (CADI) that have a mental illness. Community based services may be funded through a contract with Anoka County or through health insurance. Anoka County provides funding for clinic based services though contracts that reimburse on a sliding fee basis. Mercy Hospital provides inpatient psychiatric services for adults. There are no inpatient hospital beds for children or adolescents in Anoka County.

Mental Health Services for adults and children are an issue in Anoka County. Often times certain mental health providers have long waiting lists and are located in areas within or outside of the county that create transportation problems for families.

Mental Health – Adult

Access to Services

Adult Mental Health Targeted Case Management is accessed by contacting Anoka County at 763-422-7070.

Outpatient and community based services can be accessed by recipients by directly contacting the provider.

Other mental health services may be accessed through referrals from primary care providers. The Family Health Public Health Nurses refer clients to Adult Rehabilitative Mental Health Services (ARMHS) through Metro Psychology Support Services.

Timely access to a Psychiatrist or Nurse Practitioner continues to be major issue in Anoka County. The waiting time for the initial outpatient appointment can range from 6 weeks to three months, depending on the clinic.

An initial appointment with an individual therapist can be as soon as two weeks, depending on the clinic and if the recipient is requesting a particular therapist that is in high demand.

Anoka County is both an urban and rural county. Mass transit is often unreliable or does not accommodate the locations or time frame needs of residents.

A lack of free medical transportation creates an issue of access and follow- through for many.

Lack of Specialists:
Psychiatrists

Psychiatric Nurse Practitioners

Mental Health- Children

Access to Services
Children's Mental Health Targeted Case Management is accessed by contacting Anoka County at 763-712-2703. Outpatient and Community Based services can be accessed by recipients by directly contacting the provider. Other mental health services may be accessed through a referral from their primary care provider and /or Help Me Grow.

Timely access to a Child Psychiatrist or Nurse Practitioner continues to be major issue in Anoka County. The waiting time for the initial outpatient appointment can range from 6 weeks to three months, depending on the clinic.

An initial appointment with an individual therapist can be as soon as two weeks, depending on the clinic and if the recipient is requesting a particular therapist that is in high demand.

There are no in-patient psychiatric hospital beds for children/adolescents in Anoka County.

Anoka County is both an urban and rural county. Mass transit is often unreliable or does not accommodate the locations or time frame needs of children and families.

Families often are unreliable in transporting children to needed treatment causing a high "no show" rate.

A lack of free medical transportation creates an issue of access and follow-through for many.

There is a lack of the following Specialists:

- Child Psychiatrists
- Psychiatric Nurse Practitioners

See Attachment B for the list of mental health provider(s) with which county currently contracts (including community mental health, Rule 79 case management, and children's mental health collaborative providers).

Transportation

Recipients enrolled in MCOs receive transportation through the MCO. MCO enrollees eligible for mileage reimbursement obtain this through Non Emergency Medical Transportation (NEMT). NEMT also provides assessment, transportation scheduling, and mileage reimbursement for MA recipients not enrolled in a MCO.

NEMT is provided by Medicaid Transportation Management, Inc. (MTM) under a multi-county contract managed by Hennepin County. MTM maintains the list of transportation providers. Anoka County does not separately contract for transportation providers.

Anoka County has a limited volunteer program for medical appointments only. Anoka County has transportation available through the Anoka County Traveler..

Special Programs

Anoka County Community Health has representation on the Child and Teen Checkups (C&TC) Metro Action Group. This group is made up of representatives from MCOs, Local Public Health, MN Department of Health and DHS. The focus of this group is to increase the number of children under age 21 who are on MA/MinnesotaCare who receive age appropriate C&TC Screenings.

Anoka County is a provider/implementing agency for the Nurse Family Partnership. The Nurse Family Partnership (NFP) is a nationally recognized and most rigorously evaluated program of its kind which was launched over 30 years ago. The NFP is a non-profit organization connected to the Prevention Research Center for Family and Child Health at the University of Colorado. The NFP target's low-income first-time mothers early in their pregnancy and provides frequent public health nurse home visiting utilizing evidence based tools, and curriculum. Research on the NFP model has proven the following consistent program effects – improved prenatal health, fewer childhood injuries, fewer subsequent pregnancies, increased intervals between births, increased maternal employment, improved school readiness.

Partnership for Family Success (PFS) or the PFS Program is an integrated service model for low-income families, a collaborative effort including Income Maintenance, Employment Services, Social Services, Corrections and Public Health Nursing, PFS provides support and utilizes strength based strategies to help families achieve family and economic stability, to empower families with opportunities and information.

The Family Health Refugee Health Program provides public health nurse family home visiting services designed to foster a healthy beginning for diverse populations in Anoka County. Referrals are initiated if information from the initial overseas screening or referring agency identifies someone who is new to the United States within the past 12 months and where any of the following is true: there is a pregnant women in the family, there is a child under three years of age in the family, there is a child or adult with a significant health issue, there is a child of any age with special needs, there is a family member who has tuberculosis or other infectious disease issues. The Refugee Health public health nurse acts as a conduit for assisting families in understanding the significance of the health issues that precipitated the referral and assisting and supporting families in accessing appropriate community resources.

A monthly Resource Fair for clients with limited English includes MCO participation, resulting in lead screening, information and referral.

Community Health & Environmental Services-Public Health Nursing is a member of the Head Start Advisory Council and provides health policy advocacy and consultation.

Public Health

Minnesota counties acting as community health boards have local governmental responsibilities for basic health protection. Under the Minnesota Public Health Act (MN Statute 145A), they are required to assess the health problems and resources in their communities, establish local public health priorities, identify goals and objectives and determine the mechanisms by which they will address the local priorities to achieve desired outcomes. This Community Health Assessment and Action Plan (CHAAP) process must be conducted every five years.

A comprehensive community health assessment process was conducted in 2009 that included strategies designed to involve as many residents and workers as possible to identify issues that affect them. State and local health data and statistics from a wide array of sources were also reviewed as part of the assessment process.

Through this process, the COMMUNITY HEALTH PRIORITY ISSUES FOR ANOKA COUNTY for 2010-2014 was identified as follows:

A. CHILDREN AND ADULTS WHO ARE OBESE AND OVERWEIGHT are at risk for chronic diseases caused by physical inactivity, poor nutrition, unhealthy eating habits, and other unhealthy behaviors.

B. THE HEALTH AND WELL-BEING OF FAMILIES ARE AT RISK due to a variety of socio-economic conditions including: financial hardship, violence, and stress; as well as the lack of: health insurance, knowledge of community resources, family support, parenting skills, affordable housing, child and elder care.

C. THE QUALITY AND ACCESSIBILITY OF HEALTH SERVICES are being challenged due to increasing demand and limited, affordable community resources – especially for diverse populations, people with mental health needs, and senior adults.

D. ALCOHOL AND PRESCRIPTION DRUG ABUSE AND DEPENDENCY, tobacco use, and illegal drug use result in health and safety concerns for adolescents, adults, and families.

An Interventions Plan has been developed for each priority that includes: a goal statement, target population, and an action plan with outcomes, measurement indicators and evaluation. The Community Health Assessment Report 2010-2014 as well as the Interventions Plan can be found at www.anokacounty.us/v2_dept/ches/index.asp.

Public Health Nursing Family Home Visiting (FHV) services are provided to pregnant and postpartum women, newborns and young children through a number of differently funded approaches i.e. Temporary Assistance for Needy Families, Maternal Child Health, and Metro Alliance for Healthy Families. These services are also supported in part by the ability to bill Public Health Nurse Clinic home visits to the MCOs and straight MA for families on MA/MinnesotaCare. It is essential to continue to have that billing source available in order to maintain the needed level of FHV services.

As noted above, overweight and obesity related to poor nutrition and lack of physical activity has been identified as a priority issues in Anoka County. There is lack of nutrition and dietitian services to assist individuals and families with nutritional needs surrounding the prevention of overweight and obesity; as well as interventions when a health concern has been identified (i.e., weight management, diabetes prevention, healthy eating on a budget, etc.). This gap has been identified particularly for those with a low income or who are uninsured and underinsured. However, reimbursement constraints make it difficult for even those with insurance to utilize dietitian resources.

With respect to overweight and obesity, dietitian and nutrition services have been identified at Allina hospitals, Health Partners clinics, Fairview clinics, and Multicare Associates clinics (located in Anoka County). Availability and insurance requirements vary per site.

Nystrom and Associates has dietitians that accept MA (serves Anoka County—not located in Anoka County). We also found that Neighborhood Health Source Clinics will see Anoka County residents. Neighborhood Health Source Clinics offer care on a sliding fee scale based on family income and size to individuals and families with no insurance or a high deductible. The Neighborhood Health Source clinics also accept MA (Medicaid) and MinnesotaCare.

Providers

OB/GYN
Dr. Henry Bong
Coon Rapids Women's Health/Allina
Fridley OB/GYN/Allina
Fairview Clinic-Fridley OB/GYN
Health Partners (Riverway) OB/GYN

Pediatric/Family Health
North Metro Pediatrics
See Attachment C for list of C&TC Clinics

Reproductive Health and Education Services
Nucleus Clinic

Free Clinics
Al-Shifa/Islamic Center of Minnesota
St. Mary's Health Clinics

Dental
See Attachment A for list of C&TC Dental Providers

C&TC 2010 Anoka County Dental Clinics

Attachment A ***Clinic Name & Location***
ANDOVER
Round Lake Dental
13841 Round Lake Blvd
763-427-0285
ANOKA
Dr. Richard Capp
320 East Main Street
763-421-4102
Fifth Avenue Dental
1829 - 5th Avenue South
763-421-5320
John J Keller DDS
552 East Main Street
763-421-4550
Duane Michaelis DDS
518 East Main Street
763-427-2770
Riverside Family Dental
2006 - 1st Avenue North #202
763-427-7930
BLAINE
Aberdeen Dental Associates
11800 Aberdeen Street NE #110
763-786-4280
Arden Dental Associates
11806 Aberdeen Street NE #150
763-786-1545
Baylon Dentistry for Children
11943 Central Avenue NE
763-757-2914
HealthPartners Dental – Blaine
10961 Club West Pkwy #240
763-780-1292
Metro Dental
4255 Pheasant Ridge Drive NE #407
763-225-6100
Metro DentalCare
261 NE Highway 10
763-786-9644
NorthPark Dental
9120 Baltimore Street NE
763-786-1560
Northtown Dental
113 Northtown Drive NE
763-780-5007
Park Dental – Blaine
12904 Central Avenue NE
763-755-1330

2. Carver County Section

County Administration

Agency Name: Carver County Community Social Services
Director's Name: Gary Bork
Address: 602 East 4th Street
Chaska, MN 55318-2102
Telephone Number: [redacted]
FAX Number: (952)361-1660

County Agency Contacts

Area of Responsibility	Name	Title	Telephone Number
Social Services	Gary Bork	Director	[redacted]
Financial Assistance	Jim Broucek	Income Support Manager	[redacted]
Public Health	Randy Wolf	Public Health and Environment Director	[redacted]
Mental Health - Adults	Don Heywood	Behavioral Health Manager	[redacted]
Mental Health - Children	Dan Koziolek	Child & Family Manager	[redacted]
Chemical Dependency	Don Heywood	Behavioral Health Manager	[redacted]
Transportation	Jim Broucek	Income Support Manager	[redacted]

County Demographics

Carver County is located approximately 30 miles west of Minneapolis and encompasses an area of approximately 357 square miles. It contains 11 cities (Carver, Chanhassen, Chaska, Cologne, Hamburg, Mayer, New Germany, Norwood Young America, Victoria, Waconia, and Watertown). While it is part of the seven-county Twin Cities Metropolitan Area, Carver County remains a blend of suburban and rural populations with two distinct demographic regions. The western portion of the county is rural and agriculture-based, and the eastern side is comprised of rapidly growing suburbs. The 2008 U.S. Census Bureau population estimate for the county is 90,043. The 2008 Metropolitan Council Forecasts of Population, Households and Employment forecasts the county's population will be 195,400 in 2030.

Approximately 6% of Carver County children speak a language other than English at home. The most frequent non-English languages include Spanish, German, Laotian, Russian, Vietnamese, and Cambodian.

General County Service Delivery and Access

While there are many minorities, specific services in the adjacent metropolitan area, there are few such services in Carver County and transportation to services outside of the county frequently becomes a barrier.

Dental

Access to dental services for recipients on MA is often a challenge due to limited providers, long waits to get appointments, and transportation barriers to available providers when they are some distance away. Please see the provider information at the end of this section sent by the State for information about providers used by Carver County recipients at the end of the Carver County Section.

Chemical Dependency

Recipients have two local providers of outpatient chemical dependency services from which to choose. Both providers have a contract with Carver County. Haven Chemical Health Systems in Waconia and Five Stars Recovery Center in Chaska provide outpatient treatment. Five Stars also provides sober housing and outpatient treatment services with housing.

Mental Health - Adult

Carver County operates a full Mental Health center at an office in Waconia and with satellite office hours in Chaska. First Street Center provides Rule 29, Rule 79, and Mobile Crisis services. The Center is willing to continue to contract to provide Targeted Case Management to eligible adults with serious and persistent mental illness. Current contracts are at the annual rate established by DHS.

There are also many private practice programs throughout the County.

Transportation is a frequent barrier to access to mental health services.

Mental Health – Children

Carver County Community Social Services is willing to continue to contract to provide Targeted Case Management services directly to eligible children. Current contracts are at the annual rate established by DHS.

CCCSS has adopted a strong solution-focused and strengths-based model of casework practice that focuses on building partnership with families to clearly define all harm, danger, and worries for children using language the family can agree with or accept whenever possible. Family strengths are defined just as clearly and concretely. The clear descriptive language about worries and strengths helps to diminish parent's and children's feelings about being judged or blamed and diminishes the impact denial can have on treatment. Our focus is on working together to find creative solutions that respond to family and agency bottom lines about how things need to be in the future. This model takes the wraparound casework approach to the next level where strong informal networks help the family develop a written support plan that concretely defines behaviors that will be different, helps the family practice the new behaviors, studies the results together, and repeatedly adjusts the written plan until it works well enough.

Our practice model helps agency caseworkers focus on building each family's capacity to identify and solve their own problems in order to avoid building dependence on outside experts and government. Mental health professionals and practitioners still play critical instructive and supportive roles with families who are encouraged to actively think through the role they want these professionals to play in their family life and to define the outcomes they expect. Regular team meetings often occur to help families best use their formal and informal resources.

In the fall of 2009 Clinicare Corporation bought up a local group home for adolescent males that is located in Victoria in Carver County. They appear to be in the process of developing Lake Auburn Academy into a residential treatment program. There are no other residential programs for children or adolescents within Carver County. The only children's day treatment program located within the county closed a couple of years ago due to the low number of children being referred and served. A number of residential, partial hospitalization and day treatment programs do operate near Carver County and are used by Carver County children and families when such services are necessary for the child's safety.

Local access to community based services including psychiatry and psychotherapy as well as specialized services such as skills training for children with autism spectrum disorder appear to be adequate.

Carver County's family service and children's mental health collaborative is currently being scaled back significantly as a result of diminishing funds. Eighteen years after inception, the collaborative school based casework program is essentially ending along with the availability of proactive child welfare services. The collaborative will continue to provide co-located therapy at in level 4 programs at the Carver Scott Educational Program and some therapy services at other schools in the county.

Transportation

SmartLink Transit provides mass transportation in Carver and Scott Counties from Monday – Friday from 5:30AM to 7:00 PM. SmartLink is integrated with the Dial-A-Ride and ADA services of the surrounding communities via the regional TransitLink system. Their customer service agents can schedule rides anywhere within the seven county metro area though such trips may require transfers to other service buses. SmartLink also recruits and schedules volunteer drivers to help meet other transportation needs.

SmartLink Transit provides mileage reimbursement and MA rides for residents of Scott and Carver Counties who are eligible for MA transportation benefits. Residents, who receive benefits, may qualify for reimbursement of transportation costs under the following conditions:

- They have a current MA Program certification number and meet eligibility requirements.
- The trip is a medical necessity.
- They have reserved the trip with SmartLink Transit up to five business days in advance.
- They have completed the necessary forms.

Private medical transportation is available in Carver County through Allina Medical Transportation and Ridgeview Hospital in Waconia.

Special Programs

Carver County has a combined Adult and Child Local Advisory Committee, and a Mental Health Initiate Advisory Committee.

Public Health

Home health care provider(s) are included on the list of providers provided by DHS.

List of Providers

Carver Co.
Providers by Cou...

3. Dakota County Section

County Administration

Agency Name: Dakota County Community Services
Director's Name: Kelly Harder
Address: 1 Mendota Rd. W., Ste. 500
West St. Paul, MN 55118-4773
Telephone Number: [redacted]
FAX Number: 651-554-5948

County Agency Contacts

Area of Responsibility	Name	Title	Telephone Number
Social Services	Patrick Coyne	Social Services Director	[redacted]
Financial Assistance	Ruth Krueger	Director	[redacted]
Employment & Economic Assistance	Ruth Krueger	Director	[redacted]
Public Health	Bonnie Brueshoff	Public Health Director	[redacted]
Mental Health - Adults	Emily Schug	Social Services, Deputy Director	[redacted]
Mental Health - Children	Joan Granger-Kopesky	Social Services, Deputy Director	[redacted]
Chemical Dependency	Emily Schug	Social Services, Deputy Director	[redacted]
Transportation	Emily Schug	Social Services, Deputy Director	[redacted]
Other:			
Community Corrections	Barbara Illsley	Community Corrections Director	[redacted]
Workforce Services	Mark Jacobs	Workforce Services Director	[redacted]

County Demographics

Dakota County is a large county, made up of urban and rural areas, which sometimes provides challenges for clients in terms of access to services, transportation, etc.

The ethnic makeup of the county is explained in Attachment C.

Student Diversity studies show the most commonly spoken languages spoken are Spanish, Somali, Vietnamese, Russian and Hmong. The Contractors Dakota County uses for interpreter services are listed in Attachment A.

General County Service Delivery and Access

No issues noted at this time.

Dental

Recipients access dental care directly or through County service authorizations.

Major dental benefit cuts and drug formulary changes to generic-only medications have caused issues. Clients had more delays and unecessary steps, as many were unaware of formulary changes until at the pharmacy waiting to buy long-standing medications.

Dental contract language issues, particularly with adult dental services have caused issues. At times, specific language, that is contingent upon having a service covered for a patient, is not clearly delineated in the contract. For example: Anesthesia is a covered service when performed in an outpatient hospital or freestanding Ambulatory Surgery Center; however, certain requirements must be met, such as the client having a developmental disability or being combative, in order to be covered. Contract language should reflect more specific coverage requirements.

Please see Attachment B for list of dental providers that county recipients use.

<u>Chemical Dependency</u>

Recipients primarily receive services and Rule 25 Assessments through contracts with providers.

Please see Attachment A for a list of chemical dependency treatment provider(s) with which county currently contracts (including Rule 25 assessments, inpatient and outpatient).

<u>Mental Health - Adult</u>

Many of our recipients are receiving their mental health services through contracts with providers.

Please see Attachment A for List mental health provider(s) with which county currently contracts (including community mental health, Rule 79 case management, and children's mental health collaborative providers).

<u>Mental Health - Children</u>

Issues

1. In mid-March, a Managed Care organization announced closure of new or expanded Customized Living contracts effective 3/1/10 through 7/1/10. The e-mail arrived on 3/18/10 and was retroactive to 3/1/10, which caused hardship for clients who had already waited months to enter the new expansion facility in March. If these clients did not have a plan "change option" for managed care, they were in a difficult situation and County staff had to work fast to find alternatives. This was within the MCOs' contractual abilities, but resulted in hardship to clients. In the future, a longer notice should be provided, and/the MCOs be of more assistance in allowing time for clients to adjust and find alternatives, working in partnership with County staff.

2. Personal Care Attendant services are going away for children with behavioral-only needs, so children with serious emotional disturbance are losing the support that helps keep them in home settings. The alternative has been behavioral techs, but the funding for that is such that no one offers it. Some viable alternative to personal care assistance (PCA) for children with significant behavioral health concerns is critical to avoid more significant costs down the road.

3. The approach used by Clinics Without Walls or some similar alternative to provide access to medical care is important for people with disabilities. Getting follow-up from families to have blood levels checked or other related medical needs is very challenging in voluntary children's mental health cases. Many of these children have parents who have their own mental health issues. There has been a lot of success in Dakota County when able to use Clinics Without Walls.

4. We are encountering difficulties with Children's Mental Health Targeted Case Management. They have had a couple of situations of approving case management only for 30 days and telling workers that case management will end unless the parent consents to a specific service for their child, County staff are working with the MCO about this approach, but the benefit should be the benefit, and if the client meets eligibility for the service, it should be approved.

5. County staff members are hearing that one of the Managed Care Organizations is requiring members to use office-based services as an alternative to in-home family therapy. The therapeutic course is different when it occurs in the family home, and access for families with complex circumstances is enhanced, so purely office-based services would be of concern.

6. Dakota County has had a lot of success working individually with health care plans to get authorization for services to co-occur in facilities and in the community, such as during child visits at home, or with the family at home and the child in the facility. An example of the latter situation is having the usual therapist go to the facility to preserve the therapeutic relationship instead of using facility staff. There is the ability related to discharge planning for this during the final phase of the stay, but County staff have individually negotiated it throughout or at least sooner. The question is whether this should simply be allowed instead of having to be done each time on a case-by-case basis with negotiation.

7. Dakota County would like to see extra emphasis in supporting early childhood development, e.g. home visiting, clinical interventions for depressed mothers on Medical Assistance, etc.

Please see Attachment A for a list of mental health provider(s) with which county currently contracts (including community mental health, Rule 79 case management, and children's mental health collaborative providers).

Transportation

Recipients are receiving their transportation services through a myriad of options including County staff, Volunteer Driver Transportation agencies under contract, taxi companies, bus rides such as through Metro Mobility, DARTS TransitLink & ADA, etc.

List of Transportation providers (including those with county contracts):

Special medical transportation: MNET (Minnesota Non-Emergency Medical Transportation) - MTM (Medical Transportation Management, Inc.) - Dakota participates with the other metro counties in a contract between MTM and Hennepin County
Emergency: Crisis Response Unit - Ambulance
Common carrier (including bus, Para transit, taxi): See Above.
Volunteer system: Contracts with Volunteer Driver Transportation agencies.
Please see Attachment A.

Special Programs

Dakota County Collaborative, Metro Alliance for Healthy Families (MAHF) is one of Dakota County's special programs.

Public Health

Issues

1. Primary Care Clinic issues still exist in the Hastings, MN, area , particularly for pregnant women and/or clients moving to the area from another County, when a benefit had been covered by a Manged Care Organization in the previous County. This issue causes frequent plan adjustment or service issues.

2. Community Health Assessment
Under the Minnesota Public Health Act (MN Statute 145A), Minnesota counties acting as community health boards are charged with protecting the health of residents, and are required to: 1) assess community health needs and assets; 2) establish local public health priorities; and 3) identify goals and objectives and determine mechanisms to address the local priorities. This Community Health Assessment and Action Plan (CHAAP) process must be conducted every five years.

Throughout 2009, the Dakota County Public Health Department worked with the County's Human Services Advisory Committee (HSAC) on the CHAAP process. As an initial step, Public Health staff developed a series of Community Health Profiles on key health concerns in the County. Staff presented assessment data to a range of community groups, and members of the public completed a survey on their views of public health concerns. HSAC members analyzed the data from the Community Health Profiles and the input from the community to identify priority health issues in Dakota County for 2010-2014. (More information about the Dakota County CHAAP process is available at www.DakotaCounty.us – search "CHAAP".)
The top three priorities that were identified are:

- Obesity and chronic disease, due to physical inactivity and unhealthy eating habits.

- Access to health care, which is limited by lack of affordable services, especially for people without health or dental insurance and people with mental health needs.
- Mental health concerns which impact quality of life and health care costs.

3. Family Home Visiting
Family home visiting to assist pregnant women and new parents to become successful parents with healthy, thriving children has been shown to be extremely cost-effective. Currently, family home visiting services are funded through a variety of sources, including TANF, Maternal Child Health funds, foundation grants, and support from counties through the Metro Alliance for Health Families. A key funding source that must continue is the ability to bill MCOs and Fee For Service (FFS) for families on MA/MinnesotaCare for home visits by a public health nurse.

Dakota County would like to see emphasis in supporting early childhood development, e.g. home visiting, clinical interventions for depressed mothers on Medical Assistance, etc.

Please see Attachment for a list of providers that county recipients use.

List of all current providers in the specific service areas. Please see Attachments A and B.

Attach A - Dakota Co Contracte...

Attach B - Dakota Co Provider...

Attach C - Dakota Co Demograph...

4. Hennepin County Section

County Administration

Agency Name: Hennepin County Human Services and Public Health
Director's Name: Dan Engstrom
Address: Government Center
300 S. 6th Street, Minneapolis, MN 55487
Telephone Number: [redacted]
FAX Number: 612-348-8228

County Agency Contacts

Area of Responsibility	Name	Title	Telephone Number
Social Services	Deborah Huskins and Rex Holzemer	Human Services and Public Health Area Directors	Deborah ([redacted]), Rex ([redacted])
Financial Assistance	Jim Westcott, Pat Mack	Human Services and Public Health Area Managers of Eligibility Maintenance and Eligibility Determination	Jim ([redacted]), Pat ([redacted])
Public Health	Todd Monson	Human Services and Public Health Area Director	[redacted]
Mental Health - Adults	Gwen Carlson	Human Services and Public Health Area Manager	[redacted]
Mental Health - Children	Lynn Lewis	Human Services and Public Health Area Manager	[redacted]
Chemical Dependency	Gwen Carlson	Human Services and Public Health Area Manager	[redacted]
Transportation	Sherry Krueger	Human Services and Public Health Program Manager	[redacted]
Others (Please List)			

County Demographics

Hennepin County, incorporated in 1852, is the largest county in the state of Minnesota with a population of approximately 1.2 million (2009). In 2009, the median age was 36 years. Twenty-three percent of the population was under 18 years of age and 11 percent was 65 and older. The county, with Minneapolis as its largest city, has a broad-based economy with strong trade, service and manufacturing sectors.

With regard to the county's ethnic makeup, for people reporting one race alone, 78 percent are Caucasian; 10 percent are Black or African American; 1 percent are American Indian and Alaska Native; 6 percent are Asian; less than 0.5 percent are Native Hawaiian and Other Pacific Islander; and 3 percent are some other race. Three percent reported two or more races. Six percent of the people in Hennepin County are Hispanic. Seventy four percent of the people in Hennepin County are White non-Hispanic. People of Hispanic origin may be of any race.

With regard to nationality and language, 12 percent of the people living in Hennepin County in 2009 were foreign born. Eighty-eight percent were native, including 59 percent who were born in Minnesota.

Finally, among people at least five years old living in Hennepin County in 2009, 16 percent spoke a language other than English at home. Of those speaking a language other than English at home, 36 percent spoke Spanish and 64 percent spoke some other language.
Source: U.S. Census Bureau, American FactFinder, American Community Survey, 2009

General County Service Delivery and Access

General Issues

- Specialty Dental access is an issue.
- Restricted provider networks.
- Lack of knowledge regarding how to access a provider/plan.
- Maternal and child health (in 2008, 43.6% of births were to mothers on public programs).
- Provider hours of availability (medical and dental).
- Availability of specialty providers.
- Inadequate supply of Children and Adult mental health professionals.
- Lack of timely access and/or availability to mental health and chemical dependency professionals.
- Pharmaceutical copays are prohibitive for MNCare clients.
- Client transportation for MNCare clients.
- Access issues for increasing refugee and immigrant population due to language and cultural barriers.
- Lack of transparency regarding reporting by managed care organizations of County results by category (dental, mental health, etc.).

Dental

While general access to dental appointments has improved over the past five years, access and service issues continue to be a problem area for managed care enrollees in Hennepin County. Identified issues include:

- Inadequate preventive care is a major concern. Many of the dental problems school personnel observe could be prevented. There needs to be much more attention to assuring all kids get sealants, regular check ups, dental education, and access to basics like toothbrushes, floss and toothpaste. It is suggested that the managed care organizations implement incentive programs in this area. Associating the access to new toothbrushes to a vaccination clinic was cited as very successful and popular effort in South Minneapolis. The parents and kids both liked that much more than the traditional offer of stickers.

- Nights and weekend appointment availability needs to be greatly enhanced. Hennepin County is very committed to school success and having children frequently miss school for health appointments works against that goal. Also, many of the eligible families have parents that work in positions that do not allow for sick leave or time off for appointments.

- Limited provider networks could benefit from expansion, including the use of mid-level dental practitioners in order to provide shorter wait times, more client choice and care closer to home or school. The biggest shortage is for specialty care: oral surgeons, endodontists, periodontists and orthodontists.

- Dental education needs to be emphasized and become a routine part of primary care and a basis for partnerships with the schools.

- Orthodontia – narrow interpretations of medical necessity continues to be an issue for children.

Chemical Dependency

Anyone needing a chemical dependency assessment (Rule 25) calls the Hennepin County Front Door Call Center, 612 348-4111. Callers are made aware of treatment providers near where they live, culturally specific providers and which providers offer walk-in assessments.

Clients contact the providers who offer Rule 25 assessments and schedule a time for an assessment or go directly to the agency during walk-in hours and receive an assessment. The provider conducts the assessment and then faxes the Rule 25 Assessment and Summary Sheet to the Human Service and Public Health Department (HSPHD) Placement Team at Hennepin County. The Placement Team reviews and authorizes the client's placement into treatment. The client and provider are notified of the approval and a Service Agreement is signed by the county authorizing treatment services. This process enables payment for treatment through the Chemical Dependency Consolidated Treatment Fund.

Issues

- Lack of Mental Illness/Chemical Dependency (MI/CD) residential Rule 31 facilities.
- Lack of residential facilities for clients with CD issues who are also medically compromised.
- Lack of case management, long term treatment services and housing for clients completing Rule 31 treatment.
- Civil commitment is often seen as the only option for chronic alcohol and drug abusers because of lack of effective treatment resources and housing for this population.
- Chronic substance abusing clients utilize the Hennepin County Health Center (HCMC) Emergency Department for their medical needs.
- Need for better coordination between hospitals and treatment providers.
- Need for more culturally competent MI/CD providers and programs that allow mothers and children to remain together while involved in CD treatment.

List of Providers

*To schedule a Chemical Use Assessment (Rule 25) call **612-348-4111**

Chemical Health Residential and Non-Residential Treatment Programs
African American Family Services.. 612-871-7878
Alliance Clinic 612-638-2260
ARK Counseling/Plymouth.. 763-559-5677
Avalon – Prospect Park.. 612-638-2282
Chrysalis & Tubman Family Alliance 612-871-0118
Club Recovery 952-926-2526
Comunidades Latinas Unidas En Servicio (C.L.U.E.S) ………………...…612-746-3500
Correctional Transition Services Inc. (CTSI)…………………………….. 612-588-7530
C.R.E.A.T.E... 612-874-9811
Fairview Behavioral Services.. intake: 612-672-2222
MI/CD: 612-672-5060
First Nations Recovery Program.. 612-871-1208
HFA Addiction Medicine Program 612-347-7600
House of Charity Day By Day.. 612-594-2000
Indian Health Board (Assessments only) 612-721-9868
Lifestyle Counseling of Mound 952-472-3444
Lifestyle Counseling - Richfield/Bloomington 952-888-3511
Living Free Recovery Services.. 763-315-7170
Micah House.. 612-827-0484
MN Teen Challenge 612-373-3366
New Perspectives.. 612-465-8110
NorthPoint, LLC... ***contract currently being developed***
NuWay House... 612-872-0506
Omegon (VOA) 952-541-4738
On-Belay House (Anthony Lewis) 763-542-9212
Park Avenue Center 612-871-7443
People Incorporated 612-287-2340
PRIDE Institute 952-934-7554
Prodigal House... 612-721-8556
Progress Valley I (Men's facility) 612-827-2517
Progress Valley II (Women's facility) 612-869-3223
RS Eden 612-338-0723
Recovery Resource Center (RRC).. 612-752-8050
Regions Hospital – New Connection Program 952-941-5151
River Ridge Treatment Center 952-936-0304
Salvation Army Beacon Program 612-338-0113 x3110

3 R's – NuWay **612-789-8030**
Telesis - CREATE @ HC Adult Correctional Facility **763-475-4299**
Turning Point **612-520-4004**
Vinland Center **763-479-3555**
Vinland - Courage Center…………………………………………………. **763-588-0811**
(The) Wayside House **952-926-5626**

Chemical Health Housing with Supports
Alliance Apartments **612-630-3600**
Anishinabe Wakiagun **612-871-2883**
Mission Lodge **763-559-4249**
Wayside Supportive Housing…………………………………………………**952-926-5626**

Mental Health - Adult

Residents of Hennepin County receive individual, family, and group counseling, case management, community support (drop in), crisis and emergency services, and residential care. Residents access mental health services in a variety of ways, including:

- Call the Hennepin County Front Door intake number, (612) 348-4111, for intake and referral.
- Call the Hennepin County Mental Health Center, (612) 596-9438.
- Call NorthPoint Health and Wellness Center, (612) 302-4600.
- Walk in to or call any of seven Community Support Programs within Hennepin County for information and assistance to access mental health services.
- Contact one of two community based mental health clinics in Hennepin County that accept clients without a referral from the county: Community University Health Care Center (CUHCC) and Pyramid Counseling.
- Walk in to the Walk In Counseling Center in Minneapolis, 2421 Chicago Avenue.
- For mental health crisis, call Community Outreach for Psychiatric Emergencies, COPE: (612) 596-1223.
- For emergency services, call or walk in to Hennepin County Medical Center Acute Psychiatric Services, 701 Park Ave. So., (612) 873-3161.
- For additional information, the Hennepin County internet site has a directory of adult behavioral health services.

There may be a wait to see a psychiatrist on an outpatient basis.

Community Mental Health providers: Community University Health Care Center (CUHCC) and Pyramid Counseling. Also, Hennepin County Mental Health Center, and NorthPoint Health and Wellness Center, both operated by Hennepin County.

Rule 79 Case Management providers: Community University Health Care Center (CUHCC), Jewish Family & Children's Service, People Incorporated, Resource Inc., Mental Health Resources, Touchstone, Vail Place. Hennepin County also provides Rule 79 case management through county operated teams.

Children's Mental Health Collaborative providers: CUHCC, Fraser Child & Family Center, Family & Children's Service, Family Networks Inc., La Familia Guidance Center, Power of Relationships, Reach for Resources, St. David's Center for Child & Family Development, St. Joseph's Home for Children- Catholic Charities, The Storefront Group, Volunteers of America, Washburn Center for Children.

Intensive Residential Treatment Services (IRTS): Kelly Norton, People Incorporated, ReEntry, South Metro Human Services, Supportive Living Services, Touchstone.

Assertive Community Treatment (ACT): Mental Health Resources, People Incorporated, ReEntry, South Metro Human Services, Supportive Living Services.

Mental Health – Children

Under Age 5

Hennepin County children under age 5 are receiving services in a variety of ways. Screening for early mental health issues is done with Ages & Stages Questionnaires®: Social-Emotional (ASQ:SE) in primary care (reimbursed by MA), school

settings, community clinics and through the Follow Along Program. Young children with possible mental health conditions are referred to primary care, early intervention service, Early Head Start, early childhood mental health therapists or other therapeutic preschool services.

The biggest issue for the children under five is finding services, especially those that can be reimbursed through MA or other 3rd party. We are under continual pressure to increase the number of screens performed on children for mental health issues, birth to five. Even though the number of children screened has increased, the services available for these children are spotty. In addition, the children's mental health targeted case management does not begin until a child receives an ED or SED diagnosis, usually around age 5 to 6.

Early mental health providers in Hennepin County include but are not limited to: St. David's, Washburn, Fraser, Storefront, CLUES, Family and Children Services (Formerly Family Networks) and Reuben Lindh.

Over Age 5

Children in Hennepin County receive their mental health services through a collaboration of private and public agencies. Hennepin County Human Services offers the following children's mental health services:

- Crisis response
- Crisis stabilization
- Intake for short term service navigation
- Intake for case management
- Rule 79 Case management
- Outpatient psychiatric services, mental health assessments and therapy

Hennepin County contracts with private agencies to provide the following services

- Outpatient, school and home based mental health services
- Rule 79 case management
- Mobile diagnostic assessments
- Residential treatment
- Day treatment

The county is experiencing a shortage of residential treatment providers located in the metro area. We would like to see more residential providers creating programs for shorter term stabilization, with a reintegration plan back to a community setting. We are also experiencing a shortage of residential treatment providers able to provide services to aggressive, actively developmentatlly disabled youth.

The county would also like to have available intensive home based services that focus on family stabilization and placement prevention.

Transportation continues to be an issue for all services including Mental Health services. Assisting families in maintaining frequent contact with youth placed in out state or out-of-state residential facilities is especially challenging.

Rapid access to psychiatric appointments is of concern for us.

List of Primary Providers for Hennepin County CMH Services:

- Power of Relationships
- Volunteers of America
- Catholic Charities
- Fraser
- Children's Home Society and Family Services
- Washburn Child Guidance Center
- Storefront Group
- Nystrom and Associates
- Choices

- La Familia
- Hoy and Associates
- African America Family Services
- Reach for Resources

Transportation

Recipients currently receive transportation services through their MCO. These transportation services include common carrier (including bus, para transit, taxi), emergency and special transportation.

Issue: Extended wait times on the telephone while trying to set up transportation.
Solution suggestion: Automate eligibility and services via phone or internet appointments.

Issue: Lack of transportation in rural areas of Hennepin County.
Solution suggestion: Provide transportation in rural areas and have representatives look for alternative transportation for people that aren't able to ride the bus due to availability of routes or health reasons i.e. Special Transportation Services (STS), non-emergency transportation for ambulatory wheelchair and stretcher capable transports.

Issue: Lack of transportation beyond 30 miles.
Solution suggestion: Provide transportation beyond 30 miles. This especially concerns children in residential treatment authorized by the county and the MCO. Parents/families are often expected to attend family therapy sessions at the treatment facilities. Under current, rules, parents /families have no transportation assistance to facilities more than 30 miles away from home. If a MCO has agreed to treatment in a particular facility, the MCO should provide transportation as needed to meet medical necessity requirements.

Issue: Address changes are not allowed by recipients
Solution suggestion: Provide transportation based on recipient location as opposed to mailing address. Clients may be in short term facilities or have a different mailing address from their residence.

Issue: Lack of enhanced individual transportation
Solution suggestion: Provide passenger assistance of a qualified professional for recipients who need additional assistance due to a physical/mental impairment, so they can access their medical services safely.

Special Programs

None to report at this time.

Public Health

Maternal and Child Health Issues and Gaps in Services in Hennepin County are clustered in several areas:

- Getting babies off to a good start through effective parental education, early diagnosis and response to mothers with mental health issues, and early diagnosis and response to developmental delays.
- Access to appropriate and timely mental health and dental care as well as care focused on adolescents and underserved populations and those with special needs.
- A major need for increased obesity prevention and intervention services.

Issues

Getting babies off to a good start

Hennepin realizes that many of the problems children and families struggle with later in childhood and adulthood could have been prevented or more effectively responded to with appropriate supports in early life.

It begins with appropriate pregnancy care and preparation of parents for the basic responsibilities of parenting. Unsafe sleeping positions or environments were determined to be the cause of death for over 80 Hennepin County infants in the last five years. There remain serious health disparities in infant mortality and low birth weights for American Indians and African Americans. MCOs need to describe how they will make major contributions to preventing these tragedies.

Infant brain development (and thus later life success) is very heavily influenced by having appropriate parental and adult interaction to stimulate appropriate neuron development. Research shows that babies with depressed mothers are heavily at risk for inadequate brain development. Wilder Foundation research has estimated 10% of children were being cared for by mothers who were depressed.

Children with developmental disabilities are not being identified early enough. Early childhood mental health screening is being done, and significant mental health needs are identified. However, children do not qualify for services due to the lack of a diagnosis of developmental disability or persistent mental illness.

Access to Timely and Appropriate Care

System barriers and inadequate outreach and provider networks continue to prevent many children from getting the services they need to be healthy and get identified issues addressed before they become more serious.

- As noted before, the mental health care of children is lacking in many areas: the lack of timely assessments for children referred for referred for children's mental health targeted case management, lack of adequate numbers of children's and adolescent mental health providers, and there is a continuing need for culturally competent mental health providers with sufficient capacity for the population.
- As highlighted elsewhere, dental access and prevention remains a major shortcoming of the current system.
- Payment for assessments for families with children who are at risk of abuse and neglect is lacking, especially outside the hospital setting.
- Children with diabetic needs should be case managed when family interventions are insufficient.
- Care targeted to adolescents needs to be increased to identify and resolve issues and help them mature into appropriate users of health care services.
- Northwest suburban Hennepin County is lacking pregnancy prevention services, especially for the refugee populations.

Addressing Childhood Obesity

Increased obesity prevention and intervention services are needed.

Other Areas of County Concern (Children in Foster Care)

Nationally and statewide, children in the foster care system are more likely to have significant health concerns that can affect their ability to become healthy adults. Most of these children are placed in foster care because of abuse or neglect occurring within the context of parental substance abuse, extreme poverty, mental illness, homelessness, or human immunodeficiency virus (HIV) infection. As a result, a disproportionate number of children placed in foster care come from the segment of the population with the fewest psycho-social and financial resources and from families that have few personal and extended family sources of support. Recent brain research has shown that infancy and early childhood are critical periods during which the foundations for trust, self-esteem, conscience, empathy, problem solving, focused learning, and impulse control are laid down. Because multiple factors (e.g., an adverse prenatal environment, parental depression or stress, drug exposure, malnutrition, neglect, abuse, or physical or emotional trauma) can negatively impact a child's subsequent development, it is essential that all children, but especially young children, are able to live in a nurturing, supportive, and stimulating environment. It is not surprising that children entering foster care are often in poor health. Compared with children from the same socioeconomic background, they have much higher rates of serious emotional and behavioral problems, chronic physical disabilities, birth defects, developmental delays, and poor school achievement. Moreover, the health care these children receive while in placement is often compromised by insufficient planning, lack of access, prolonged waits for community-based medical and mental health services, and lack of coordination of services as well as poor communication among health and child welfare professionals.

Allowing children rapid and consistent access to health coverage, maximizing the links between resources, helping families find medical homes that will identify and consolidate their health needs, and increasing health literacy can all contribute to reducing future health care and other needs

How foster care children receive health care in Hennepin County

When children first enter foster care in Hennepin County, most often they are placed at the St. Joseph's Shelter Care program. The St. Joseph's program also contains a medical clinic which conducts physical screening and assessments, and also, with assistance from county workers, collects medical records and history information, when and where available. Once children are placed in foster care, it becomes the responsibility of the child's social worker, and/or the foster home or foster care agency, to arrange for medical care, and for developing treatment plans (with health care providers) where such plans are needed (and if not completed during the stay in Shelter Care). Medical care is usually sought from the medical provider nearest to the foster care placement that participates in the insurance program that the child is enrolled in, or from the medical provider that is already providing care to other members of the household. The child's social worker, aided by the foster care provider, is responsible for arranging for, and maintaining the necessary health care regimen for the foster child. When a child changes placements, there is no assurance that the medical provider remains the same.

Issues and Recommendations

1. We believe that children in foster care deserve special case management and tracking efforts. Would MCOs be willing to have these children identified by the county for special tracking and follow along?

2. MCOs should assure that foster children receive initial screenings, including mental health screenings, especially when a child enters care or experiences a change in placement. Comprehensive assessments should also be conducted, including an assessment of developmental milestones and mental health status, to complement the initial screenings. MCOs should track whether or not children are followed-up and receive needed and recommended health and mental health care, and have systems in place to notify foster parents and county workers when healthcare services are not being accessed, and when screenings and assessments suggest the need for further intervention.

3. In order to assist county workers and foster care providers navigate the healthcare system, we believe that MCOs should establish a foster care ombudsman or key contact person for each county within which they operate, to provide assistance to county workers or care givers who need help finding providers and/or accessing needed services. This service should also include provisions for securing 2nd opinions. The ombudsman can help ensure timely access to, and expedited records transfer concerning health care services provided to kids in foster care.

4. If not already being done, MCOs should meet regularly with county foster care officials to identify problems, gaps in services, provider issues, and trends or emerging practice changes in the local foster care system. MCOs should ensure that their reimbursement mechanisms address the costs of evidence based and promising practices targeted to kids in foster care, such as Multi-Dimensional Treatment Foster Care. MCOs should establish guidelines for treatment and/or continuing education for providers that work with these children. Foster children transitioning to adulthood should be assisted in planning for their continuing care as adults within the MCO.

<u>List of Providers</u>

Hennepin Providers
by County C...

Ramsey County

County Administration

Agency Name: Ramsey County Community Human Services
Director's Name: Monty Martin
Address: 160 East Kellogg Blvd.
Saint Paul, Minnesota 55101
Telephone Number:
FAX Number: 651-266-4439

County Agency Contacts

Area of Responsibility	Name	Title	Telephone Number
Social Services	Nancy Houlton	Manager	
Financial Assistance	Jane Martin	Manager	
Public Health	Diane Holmgren	Manager	
Mental Health - Adults	Susan Winslow	Manager	
Mental Health - Children	Linda Hall	Manager	
Chemical Dependency	Linda Hofstadter	Supervisor	
Transportation	Jane Martin	Manager	
Others (Please List)			

County Demographics

Geographically, Ramsey County is the smallest county in Minnesota however, with a population of approximately 500,000; it is the second largest county in the state. Ramsey County is largely urban, with half of the county's population residing in the City of Saint Paul. Ramsey County Community Human Services Department (RCCHSD) employees over 1,000 staff and annually serve over 110,000 individuals. In addition to providing financial, social, mental health, detoxification and chemical dependency services, RCCHSD operates Lake Owasso Developmental Disabilities Adult Residence, a residential home for developmentally delayed adults, and the Ramsey County Care Center, which provides skilled nursing care to adults. Approximately 60% of all RCCHSD's services are provided through private contracts which include case management, therapeutic support and residential services.

Approximately 25% of Ramsey County residents are under the age of 18 and nearly 30% are over the age of 62 with 10% of all families living under the poverty level. Ramsey County has among the highest rates in the state of child poverty, children born to teen mothers, children eligible for free and reduced lunch, child abuse and neglect rates, and children arrested for serious crime.

Since the mid-1970's, refugee resettlement and other immigration to Ramsey County has fueled a dramatic change in the demographics of the County. Dominated for the past century by Scandinavian and other Western European immigrants and their descendents, for the past 25 years Ramsey County has been the new home to tens of thousands of new Americans from Southeast Asia, Africa, the former Soviet Union, and the Spanish-speaking countries of Central and South America and the Caribbean.

We have seen this growing diversity reflected in a new economic and cultural dynamism throughout the county. We have also witnessed the very real and painful struggle on the part of some to adapt to a new culture and marketplace. This transition is often made much more difficult because of poverty and isolation, which is in part, due to the struggle to cope with a lack of English language skills. In turn, the poverty and isolation experienced by some of our limited English proficient residents greatly increases the need for timely and effective human services.

RCCHSD has made an assessment of the language needs of the people residing in the county. The following is breakdown of population by race and those individual identified as possessing limited English proficiency.

Assessment of Language Needs in Ramsey County			
Language	Ramsey County Estimated Population	Estimated % who are LEP	Estimated # who are LEP
Hmong	48,000	30%	14,400
Spanish	21,000	35%	7,350
Vietnamese	5,500	25%	1,375
Khmer	4,500	25%	1,125
Somali	6,800	40%	2,720
Russian	2,100	35%	735
Oromo	2,000	35%	700
Amharic	1,500	20%	300
Burmese/Karen	1,900	65%	1,235
Laotian	300	35%	105
Tigrinya	800	25%	200
Arabic	700	50%	350
French	150	15%	22
Tagalog	80	10%	8

RCCHSD is committed to eliminating racial disparities in service delivery for communities of color. It has been determined that there are a number of instances where service utilization and service outcomes are not equivalent across racial or ethnic groups. These disparities raise questions about whether we are providing equitable access to services for all groups, and whether the services are effective in achieving comparable results across cultural and racial groups.

General County Service Delivery and Access

- Increased need for prenatal care and parent education and prevention regarding Fetal Alcohol Syndrome (FAS) and chemical use during pregnancy.
- Limited psychiatric services for adults and children.
- Lack of specialists who provide service for high functioning autism, such as applied behavioral analysis.
- Complicated health care system which could benefit from the assistance of a health care coordinator.
- Limited culturally competent services.

Dental

Clients access dental care by contacting the clinic for an appointment. Information on providers who accept MA and MinnesotaCare is provided via Public Health and Web link.

Dental issues identified in Ramsey County:

- Lack of dentists who accept MA which results in long delays accessing care.

Dental Providers	
La Clinica 153 Cesar Chavez Street St. Paul, MN 55107 651.389.2510	Open Cities Health Center 409 North Dunlap Street Saint Paul, MN 55104 651.290.9200
East Side Family Clinic 860 Arcade Street St. Paul, MN 55106 651.772.9799	Open Cities - North End Clinic 135 Manitoba Avenue Saint Paul, MN 55117 651.489.8021

Community Dental Care 828 Hawthorne Avenue E St. Paul, MN 55106 651.774.2959	Quality Care Clinic 1076 West Seventh Street Saint Paul, 55101 651.414.0932
1670 Beam Avenue Maplewood, MN 55109 651.925.8400	The Smile Center 790 Seventh Street St. Paul, MN 55119 51.735.0595
Helping Hand Dental Clinic 506 Seventh Street West St. Paul, MN 55102 651.224.7561	University of Minnesota Dental Clinics Moos Tower 515 Delaware St SE Minneapolis, MN 55455 General: 612.625.2495 Pediatrics: 612.625.7171
Metropolitan Pediatrics 411 Main Street Suite 400 St. Paul, MN 55102 651.224.4969	West Side Community Health Services 478 South Robert Street St. Paul, MN 55107 651.602.7575

Chemical Dependency

Ramsey County offers a wide variety of services to help people of all ages who are experiencing various emotional and/or behavioral problems associated with chemical dependency or substance abuse along with co-occurring mental health difficulties.

Chemical Use Assessments and referrals to chemical dependency treatment, housing, and other services are provided to Ramsey County residents by the Chemical Health Unit. Assessments of one's use of alcohol or other drugs are provided on a no fee basis for eligible residents, or for a charge on a sliding fee scale based on income and number of dependents. The Chemical Health Unit also serves as an access point for State licensed chemical dependency treatment services for qualified individuals meeting both State income and clinical eligibility guidelines for public funding. Referrals to supportive Group Residential Housing (GRH) for eligible persons with chemical dependency are also provided. Treatment resources for co-occurring mental health and substance abuse disorders are also available through the Chemical Health Unit. It is estimated that 60% of people who experience a mental illness also experience a co-occurring addition to alcohol or drugs. Research has demonstrated the need to treat co-occurring disorders through integrated treatment.

Detoxification is provided by the Ramsey County Detox Center for adults and adolescents, 24 hours per day, seven days a week. The Detoxification Center is a sub-acute residential facility providing medical monitoring, chemical dependency assessments, screening, and referral to appropriate treatment programs for individuals who are intoxicated or experiencing withdrawal symptoms.

Service Coordination/Case Management provides information and referral resources; coordination of services; crisis intervention and community outreach as an alternative or adjunctive service to other types of chemical dependency treatment. Case managers assess (with the client, family members, and other professionals) what services are appropriate for supporting recovery. Case managers then arrange, coordinate and monitor services and also provide some of these services directly.

Chemical Dependency issues identified in Ramsey County:

- Lack of programming for mothers with children.
- Increased funding for intensive case management.
- Providers unable to service medically complicated clients.
- Increased programming for dually diagnosed clients.
- Lack of programming for sex offenders.
- Limited aftercare services

- Increased support for transportation to treatment.
- Expansion of psychiatric and medication management services in residential programs.

Chemical Dependency Providers	
African American Family Services 2616 Nicollet Avenue Minneapolis, MN 55408 Contact: Lissa Jones Rule 31 chemical dependency treatment.	My Home, Inc. 1010 University Avenue, S-1 St. Paul, MN 55104 Contact: Farris Glover Chemical dependency treatment for clients of the Ramsey County Detoxification Center.
Amethyst Counseling Services, Inc. 1403 Silver Lake Road New Brighton, MN 55112 Contact: Timothy Rice Outpatient chemical dependency treatment.	Phoenix Group Homes 1011 Interlachen Pkwy. Woodbury, MN 55125 Contact: Howie Meier Chemical dependency treatment program for boys age 12-18.
Avalon Programs L.L.C. 1706 University Avenue St. Paul, MN 55104 Contact: Rule 31 chemical dependency treatment.	Rays of Hope Unlimited 118 North Victoria St. Paul, MN 55104 Contact: Rosemary Williams Rule 31 adult outpatient chemical dependency treatment.
Community Drug & Alcohol Services, Inc. 501 Highway 13 E, S-108 Burnsville, MN 55337 Contact: Brian Sammon Adolescent outpatient chemical dependency treatment.	Regions Hospital (New Connection Program) 640 Jackson Street St. Paul, MN 55101 Contact: Susan Harer Adolescent male/female outpatient chemical dependency treatment.
Comunidades Latinas Unidas En Servicio 797 East 7th Street St. Paul, MN 55106 Contact: Judy Cavazos Culturally specific outpatient treatment services.	Regions Hospital (ADAP) 640 Jackson Street St. Paul, MN 55101 Contact: Charlie Mishek Adult male and female inpatient and outpatient chemical dependency treatment.
Fairview-University Medical Center 2450 Riverside Avenue Minneapolis, MN 55454 Contact: Dustin Chapman Adolescent outpatient chemical dependency treatment.	Senior CD Counseling and Assistance Association 2375 Ariel Street N Maplewood, MN 55109 Contact: John Clawson Rule 31 chemical dependency treatment for adults age 55 or older.
Hazelden Fellowship Club 680 Stewart Avenue St. Paul, MN 55102 Contact: Theresa Hayden Adult male/female halfway house chemical dependency treatment.	South Metro Human Services, Inc. 400 Sibley Street, S-500 St. Paul, MN 55101 Contact: Tom Paul Case management chemical dependency treatment.
HealthEast Chemical Dependency 559 Capitol Blvd. St. Paul, MN 55102 Contact: Joe Clubb Adult/adolescent chemical dependency treatment.	Tapestry LLC 1706 University Avenue St. Paul, MN 55104 Contact: Jckie Forrette Adult female extended care and inpatient chemical dependency treatment.
Hennepin Faculty Associates	Twin Town Treatment Center

914 South Eighth Street, S-300 Minneapolis, MN 55404 Contact: Justin Bonde Rule 31 chemical dependency adult outpatient treatment for Hmong and Hmong speaking persons.	1706 University Avenue St. Paul, MN 55104 Contact: Jackie Forrette Adult male and female extended care and inpatient chemical dependency treatment.
Juel Fairbanks Chemical Dependency Services, Inc. 806 North Albert Street St. Paul, MN 55104 Contact: Janice Lindstrom Halfway house/outpatient chemical dependency treatment for adult men and women.	Volunteers of America of MN 7625 Metro Boulevard Minneapolis, MN 55439 Contact: William Nelson Adult women chemical dependency treatment for women with a history of prostitution or related offenses.

Chemical Dependency Group Residential Housing	
C.A.H. Limited (Armstrong House) 17595 260th Shafer, MN 55074 Contact: Becky Cardenas Adult male chemical dependency residential housing.	Juel Fairbanks Chemical Dependency Services, Inc. 806 North Albert Street St. Paul, MN 55104 Contact: Janice Lindstrom Halfway house and outpatient treatment for adult men and women. Residential housing for adult women age 18 years or older who are chemically dependent and/or have a co-occurring mental illness.
Catholic Charities of the Arch. of St. Paul and Mpls. (Dorothy Day Women's Shelter) 1200 2nd Avenue South Minneapolis, MN 55403 Contact: Tracy Berglund Structured chemical dependency residential housing with support services.	Missions, Incorporated (Hart House) 3409 East Medicine Lake Boulevard Plymouth, MN 55441 Contact: Michelle Seymore Structured adult female residential housing.
Catholic Charities of the Arch. of St. Paul and Mpls. (St. Anthony Residence) 404 South 8th Street Minneapolis, MN 55404 Contact: Bill Hockenberger Structured male chemical dependency residential housing for chronic alcoholics.	Transition Homes Corporation 1450 North Willow Drive Medina, MN 55356 Contact: Michael Mugaas Residential housing for adult men age 18 years or older who are chemically dependent and/or have a co-occurring mental illness.
Emma Norton Services, Inc. 670 North Robert Street St. Paul, MN 55101 Contact: Joei Pfarr Residential housing for adult female age 18 years or older who are chemically dependent and/or have a co-occurring mental illness.	V. K. Arrigoni (Supervised Living Situations, Inc.0 255 Summit Avenue St. Paul, MN 55102 Contact: Vicky Frahm Structured chemical dependency residential housing.
Green House Recovery Center, Incorporated 680 Greenbrier Street St. Paul, MN 55106 Contact: Wes Sanford Structured adult male residential housing.	Volunteers of America of MN 7625 Metro Blvd. Minneapolis, MN 55439 Contact: William Nelson Residential housing for adult women age 18 or older who are chemically dependent and/or have a co-occurring mental illness.

Chemical Dependency Rule 25 Assessments	
African American Family Services 2616 Nicollet Avenue Minneapolis, MN 55408 Contact: Lissa Jones	Sonya Mims-Lewis 1475 Upper 55th Street, #206 Inver Grove Heights, MN 55075

Rule 25 chemical dependency assessments.	Rule 25 chemical dependency assessments.
Comunidades Latinas Unidas En Servicio 797 East 7th Street St. Paul, MN 55106 Contact: Juey Cavazos [redacted] Rule 25 chemical dependency assessments.	Project Remand, Inc. RCGCWest, 50 W. Kellogg Blvd. St. Paul, MN 55101 Contact: Mary Pat Maher [redacted] Rule 25 chemical dependency assessments.
Hennepin Faculty Associates 914 South Eighth Street, S-300 Minneapolis, MN 55404 Contact: Justin Bonde [redacted] Rule 25 chemical dependency assessments.	Senior CD Counseling & Assistance Association 2375 Ariel Street N Maplewood, MN 55109 Contact: John Clawson [redacted] Rule 25 chemical dependency assessments.
Hmong American Partnership 1075 Arcade Street St. Paul, MN 55106 Contact: Bao Vang [redacted] Rule 25 chemical dependency assessments.	Rosemary Williams 2103 Lyndale Avenue N Minneapolis, MN 55411 [redacted] Rule 25 chemical dependency assessments.
Juel Fairbanks Chemical Dependency Services, Inc. 806 North Albert Street St. Paul, MN 55104 Contact: Janice Lindstrom [redacted] Rule 25 chemical dependency assessments.	

Chemical Dependency Information and Referral	
African American Family Services 2616 Nicollet Avenue Minneapolis, MN 55408 Contact: Lissa Jones [redacted] Chemical dependency information and referral.	RIOS Programs 259 9th Avenue South South St. Paul, MN 55075 Contact: Mark Rios [redacted] Chemical dependency information and referral.
Juel Fairbanks Chemical Dependency Services, Inc. 806 North Albert Street St. Paul, MN 55104 Contact: Janice Lindstrom [redacted] Chemical dependency information and referral.	Leslie Sparks 154 Bernard Street E West St. Paul, MN 55118 [redacted] Chemical dependency information and referral.

Chemical Dependency Medical Services	
24 Hour Care 2829 Lyndale Avenue S, S-1 Minneapolis, MN 55408 Contact: David Wolfe [redacted] Temporary nursing services.	InteliStaf, Incorporated 2626 East 82nd Street, S-240 Bloomington, MN 55425 Contact: Jeannin Kelly [redacted] Short-term emergency staffing for nurses or nurses assistants in the Detox Center.
HealthEast Medical Laboratory 69 West Exchange Street St. Paul, MN 55102 Contact: Kathy Oppel [redacted] Diagnostic laboratory services at the Detox Center.	Prairie St. John's 7616 Currell Blvd., S-100 Woodbury, MN 55125 Contact: Steven Setterberg [redacted] Contract for services of Raymond Kennedy, M.D. at the Detox Center.

Chemical Dependency Mothers First	
Amherst H. Wilder Foundation 451 Lexington Parkway North St. Paul, MN 55104 Judy Parr [redacted] Paul Mattessich [redacted] Parenting education and children's programming services, external evaluation.	St. Paul-Ramsey County Department of Public Health RCGCWest-50 West Kellogg Blvd., S-930 St. Paul, MN 55102 Contact: Phyllis Haag [redacted]

Mental Health – Adult

The majority of people served by Community Human Services (CHS) Adult Mental Health are individuals with the most severe forms of mental illness and they receive publicly funded health care or are uninsured. Many of these men and women also experience additional challenges, including medical problems, chemical addiction and poverty. All individuals receiving case management services meet the state statute definition of serious and persistent mental illness, commonly referred to as SPMI. Services are provided by county staff and contracted agencies. The Ramsey County Mental Health Center serves persons with both SPMI and acute mental illness. An individual with an acute mental illness is one who has a mental illness that is serious enough to require prompt intervention. Outpatient services are provided through a variety of clinics that individuals access through their MCO network. See below for a description of services.

Types of Service	What's included in this?	What we intend to accomplish
Outpatient Treatment	• Psychiatry • Psychotherapy • Psychological evaluations • Adult rehabilitative services • Peer Support services • Day treatment • Medication management	• Provide a diagnosis for mental health symptoms and an assessment of the individual's strengths and need for treatment • Provide treatment that helps individuals manage and recover from their illness
Acute Care	• Crisis outreach and assessment • Crisis stabilization • Partial hospitalization • Pre-petition screening for commitment	• Keep the client and the community safe from harm by stabilizing acute psychiatric symptoms of the individual • Provide treatment in the early phase of acute illness that will enable the individual to minimize the disruptive impact of the episode and return to stable functioning • Provide care in the least restrictive setting possible
Case Management for Men and Women Living in the Community	• Non-intensive • Assertive community treatment • Short-term intensive	• Make it possible for men and women to manage their illness and live in the least restrictive setting possible
Residential Services	• Intensive residential treatment • Supportive housing • Rental assistance	• Provide treatment in a residential setting • Provide housing and support services which enable men and women to live as independently as possible in the community
Community Support	• Educational • Vocational • Socialization	• Help men and women with mental illness manage and recover from their illness

Adult Mental Health issues identified in Ramsey County:

- Lack of resources for child care and transportation create barriers for accessing care.
- Bicultural and bilingual mental health providers are quite limited and the cost of providing interpreters is very high for agencies.
- Clients experience numerous challenges navigating health system which could be mitigated through the assistance of a care coordinator. This would result in an increase treatment compliance and response.
- Individuals with mental health or chemical health problems report that health care providers lack empathy and understanding of their disorders.

Adult Mental Health Providers	
ABC Mental Health Therapy, Inc. 1845 University Avenue St. Paul, MN 55104 Contact: Dane Jorento [redacted]	Consumer Survivor Network of Minnesota 1821 University Avenue S-160 St. Paul, MN 55101 Contact: Maureen Marrin [redacted]

Day treatment sex offender services.	Consultation to the Department pertaining to integration of a peer recovery service model at the new county crisis center and adult rehabilitative mental health services. Peer recovery specialists providing ARMHS services via the "Milestones Program"
Amherst H. Wilder Foundation 451 Lexington Parkway North St. Paul, MN 55104 Contact: Michelle Zwakman [redacted] Care coordination, case management, assertive community treatment, and community support services for Southeast Asian adults.	Guild Incorporated 130 S. Wabasha Street, S-90 St. Paul, MN 55107 Grace Tangjerd-Scmitt [redacted] Care coordination, case management, and assertive community treatment.
Adonai Care Homes Corporation Amy Johnson Residence 89 Virginia Street St. Paul, MN 55102 Contact: Donetta Johnson [redacted] Assisted living plus and boarding care services.	Handy Help, LLC 366 Maple Island Road Burnsville, MN 55306 Contact: Phia Xiong Adult corporate foster care.
Boston Health Care Systems, Inc. 1865 Old Hudson Road St. Paul, MN 55119 Contact: Michele Boston [redacted] Adult corporate foster care services.	Hearth Connection 2446 University Avenue W, S-150 St. Paul, MN 55114 Contact: Richard Hooks Wayman [redacted] Housing subsidy services.
C.A.R.E., Inc. (Mounds Park Residence and The Quinlan Home) 391 Pleasant Street St. Paul, MN 55102 Contact: R. David Reynolds [redacted] Boarding care services.	HIRED 1200 Plymouth Avenue North Minneapolis, MN 55411 Contact: Barb Dahl [redacted] Adult rehabilitative mental health services.
Center for Victims of Torture 649 Dayton Avenue St. Paul, MN 55104 Contact: Pete Dross [redacted] Adult mental health case management services for victims of torture.	Mental Health Resources, Inc. 1821 University Avenue, S-N464 St. Paul, MN 55104 Contact: Kathy Gregersen [redacted] Care coordination, case management, assertive community treatment and housing subsidy administration.
Comunidades Latinas Unidas En Servico (CLUES) 797 East 7th Street St. Paul, MN 55101 Contact: Jesse Bethke [redacted] Bi-lingual, bi-cultural case management for adults of Latino heritage.	Outreach Counseling and Consulting Services, Inc. 4105 Lexington Avenue N, S-190 Arden Hills, MN 55126 Contact: Mila Amundson [redacted] Screening and diagnostic assessment services for nursing home applicants and residents.
Community Options, Ltd. 1585 Rice Street St. Paul, MN 55117 Contact: Diane Ollendick-Wright [redacted] Intensive residential treatment services.	Pathways Counseling Center, Inc. 1919 University Avenue St. Paul, MN 55104 Contact: Lori Borschke [redacted] Day treatment services for adults with dual diagnoses of mental illness and chemical dependency.
People, Inc. 317 York Avenue	Park Nicollet Health Services PathWay Medical Laboratories

St. Paul, MN 55130 Contact: Tim Burkett [redacted] Customized supportive living services, social, vocational, recreational services, case management, intensive residential treatment, care coordination, crisis residential treatment program.	3800 Park Nicollet Blvd. St. Louis Park, MN 55416 Contact: Bob Davy [redacted] Laboratory services for clients of the Mental Health Clinic.
Pro-Crisis, LLC N7478 690th Street Beldenville, WI 54003 Contact: Patricia Hecht-Kressly [redacted] Crisis intervention training sessions for Ramsey County Law Enforcement.	St. Paul ISD #625 S.E.E.D. Program 360 Colborne Street St. Paul, MN 55102 Contact: Faye Norton [redacted] Community support services.
RHSC, Inc. 640 Jackson Street St. Paul, MN 55101 Contact: Jayne Quinlan [redacted] Helps adults establish and maintain community living arrangements, residential treatment program.	State Operated Services 1802 Technology Drive NE Willmar, MN 56201 Contact: Sandra Butturff [redacted] Psychiatric services.
South Metro Human Services, Inc. 400 Sibley Street, S-500 St. Paul, MN 55101 Contact: Tom Paul [redacted] Assertive community treatment, outreach/homeless services, care coordination, case management, intensive residential treatment services, adult corporate foster care.	Tasks Unlimited Mental Health Services, Inc. 2419 Nicollet Avenue South Minneapolis, MN 55404 Contact: Roxanne Condon [redacted] Case management, care coordination, supported employment.
Spencer, Jeffrey 644 Germain Street St. Paul, MN 55106 [redacted] Emergency shelter family foster care.	West Side Community Health Services 153 Cesar Chavez Street St. Paul, MN 55107 Contact: Nan Brumbaugh [redacted] Bi-lingual, bi-cultural case management services for adults of Latino heritage.

Mental Health – Children

In Ramsey County, Children's Mental Health Case Management (Rule 79) is provided through the Ramsey County Children's Mental Health Collaborative (RCCMHC). Ramsey County Community Human Services and the St. Paul and suburban school districts, Community Corrections, providers and parents oversee the provision of case management and other services such as mentoring and intensive in-home therapy that support the plans for families who meet eligibility. Other services including respite and residential treatment are also provided through Human Services when found to be essential to the child's mental health care plan. Funding for the services accessed by the Collaborative and County may come from private health insurance (third party), MA, and county funds as available Ramsey County also offers mental health screening to all youth in Child Protection and Corrections/Delinquency.

Diagnostic assessments and short term case management for those youth and others referred who are having difficulty due to waiting lists and/or lack of insurance is provided service.

Ramsey County provides 24/7 crisis response to families with children with mental health concerns. Ramsey County meets monthly with the seven metro counties to work on providing high quality crisis service throughout the metro region.

Children's Mental Health issues identified in Ramsey County:

- Lack of child psychiatry including neuropsychiatry.
- Lack of safety net for children who are refused admission hospitals and other residential settings due to aggressive behaviors.
- Limited number of professionals experienced in working with co-occurring disorders (including chemical dependency and developmental delays).
- Insufficient number of experienced in-home therapists.
- Lack of services for youth transitioning to adulthood, especially for those who do not qualify for adult mental health case management.
- Limited number of professionals that meet the cultural and language needs of families.

Children's Mental Health	
180 Degrees 236 Clifton Avenue Minneapolis, MN 55403 Contact: Richard Gardell School based prevention and intervention, case management.	Metro Social Services, Inc. 345 University Avenue, S-A St. Paul, MN 55103 Contact: Sunday Olayinka Mental health assessments.
Amherst H. Wilder Foundation 451 Lexington Parkway North St. Paul, MN 55104 Michele Zwakman Residential care and treatment, mental health services, day treatment.	MN Department of Human Services 1800 State Highway 18, S-10 Brainerd, MN 56401 Contact: Gary Binsfield Training in Dialectical Behavior Therapy.
AMICUS, Inc. 15 South Fifth Street, S-1100 Minneapolis, MN 55402 Contact: Amelia Goodyear Community support to adjudicated girls.	Mounds View ISD #621 350 Hwy 96 West Shoreview, MN 55126 Contact: Ann Bettenburg Project ENHANCE outreach crisis and individual and family counseling.
Children's Home Society & Family Services 1605 Eustis Street St. Paul, MN 55108 Contact: Brian Stawarz Mental health assessments.	Northeast Metro ISD #916 2540 East County Road F White Bear Lake, MN 55110 Contact: Chris Zschau Clerical support services for Project ENHANCE.
Friendship Ventures 10509 108th Street NW Annandale, MN 55302 Contact: Georgann Rumsey Weekend respite care.	North St. Paul/Maplewood/Oakdale ISD #622 2520 East 12th Avenue East North St. Paul, MN 55109 Contact: Karen Joyer Project ENHANCE outreach crisis and individual and family counseling.
Guadalupe Alternative Programs 381 East Robie Street St. Paul, MN 55107 Contact: Marie Capra Mental health assessments.	Power of Relationships 820 North Lilac Drive, S-130 Golden Valley, MN 55422 Contact: James Keenan Day treatment services.
Kroll, Barbara 1444 129th Street New Richmond, WI 54017 Medication education training sessions for staff.	Roseville ISD#623 1251 West County Road B-2 Roseville, MN 55113 Contact: Chris Sonnenblum Project ENHANCE outreach crisis and individual and family counseling.

LaFamilia Guidance Center, Inc. 155 S. Wabasha, S-120 St. Paul, MN 55107 Contract: Jose Santos Fiscal agent for the consortium of eight agencies who offer case management services.	RS Eden 1931 West Broadway Minneapolis, MN 55411 Contact: Tim Cushing Electronic home monitoring.
LifeSpan of Minnesota, Inc. 12425 River Ridge Blvd., S-20 Burnsville, MN 55337 Contact: Traci Hackmann Day treatment services.	St. Paul Youth Services, Inc. 2100 Wilson Avenue St. Paul, MN 55119 Contact: Nancy LeTourneau Case management, crisis response services.
Washburn Child Guidance Center 2430 Nicollet Avenue South Minneapolis, MN 55404 Contact: Tom Stinmetz Intervention services for out-of-home placements.	White Bear Lake ISD #624 4855 Bloom Avenue White Bear Lake, MN 55110 Contact: Kathleen Daniels Project ENHANCE outreach crisis and individual and family counseling.

Children's Mental Health – Respite Care Providers	
Ahiers, Pam and Kim 2095 Skillman Avenue East North St. Paul, MN 55109 Respite care services.	Mouacheupao, Sy Vang 2161 Buhl Avenue North St. Paul, MN 55109 Respite care services.
Bloomstrand, Margaret 1981 Lee Street Maplewood, MN 55117 Respite care services.	Parnell, Janice and Michael 1316 Wagon Wheel Court White Bear Township, MN 55110 Respite care services.
Cebula, Joline and David 4952 Division White Bear Lake, MN 55110 Respite care services.	Reich, Linda 2434 Seventh Avenue East North St. Paul, MN 55109 Respite care services.
Cory, Nadine and Karen 2219 Holloway Avenue North St. Paul, MN 55109 Respite care services.	Rhea, Susan 1115 Burns Avenue St. Paul, MN 5106 Respite care services.
Crazy Thunder, Susan and Norman 974 Germain Court St. Paul, MN 55106 Respite care services.	Simpkins, Shannon and Timothy 1310 Wagon Wheel Court White Bear Lake, MN 55110 Respite care services.
Etheridge, Marsha 636 Burr Street St. Paul, MN 55130 Respite care services.	Spanjers, Deanna 143 Nina Street St. Paul, MN 55102 6 Respite care services.
Huerta, Debra and Jeff 895 Sixth Street East St. Paul,, MN 55106 Respite care services.	Waxon, Sharrel 796 Winslow Avenue St. Paul, MN 55107 Respite care services.

Mitchell, Janice 218 South Kipling Street, S-K-302 St. Paul, MN 55119 [redacted] Respite care services.	Young, Yvonne and Lyle 477 Crestview Drive South Maplewood, MN 55109 [redacted] Respite care services.

Transportation

Ramsey County is one of eight (8) metropolitan counties in the Metro Counties Consortium (MCC) whose membership consists of Anoka, Chisago, Dakota, Hennepin, Isanti, Sherburne, and Washington. The MCC have formalized the terms and conditions through which they will cooperatively manage and administer Access Transportation Services (ATS) of Non-Emergency Medical Transportation (NEMT) services by way of a Cooperative Agreement. Medical Transportation Management, Inc. (MTM) was selected by the MCC as a qualified vendor to provide brokerage services for ATS of NEMT. MTM manages this benefit by contracting with local, private and public transportation providers.

As a vendor providing brokerage services for ATS of NEMT, MTM is responsible for the following services:

- **Marketing and Informing Stakeholders**. MTM has developed materials to educate various stakeholder groups including clients, subcontracted transportation provider, county workers, healthcare facility staff, and community organizations. In-person training sessions are also provided.
- **Establishing and Maintaining Call Center**. MTM's customer service center is staffed to manage a large volume of call requests. Based on Calendar Year 2009 data, the call center handled more than 300,000 requests. The customer call center manages requests from clients, caseworkers, financial workers, and service providers.
- **Determining Eligibility for Services**. MTM completes eligibility screening procedures for every request or service. The screening procedures ensure that only eligible clients are served and the request for service is valid. MTM will select the lowest-cost and most appropriate mode of transportation.
- **Maintaining Pickup and Delivery Standards**. Providers are monitored to assure timeliness and adherence to various performance standards.
- **Developing Transportation Network**. MTM maintains an established and diverse network of transportation providers and public entities to deliver transportation services. The current contracted network in the metropolitan area contains over 1,000 vehicles, including Paralift Vehicles, Mini Vans, Multi-Passenger Medi-Vans, ADA Buses and Stretcher Vans. MTM contracts with drivers that speak languages other than English.
- **Establishing Performance Monitoring and Quality Improvement**. MTM's Quality Management program includes tracking, trending, and analysis of transportation services. Adherence to MTM's Transportation Provider Guidelines, MCC policies and requirement, State, Federal, and Municipal Laws and regulations is required and carefully monitored.
- **Monitoring and Addressing Fraud, Waste and Abuse of NEMT**. MTM transportation providers are educated and oriented on MTM's fraud and abuse prevention policies. The activities of the transportation providers are monitored on an ongoing basis to prevent fraud and abuse.
- **Maintaining and Operational Policy and Procedure Manual**. MTM has a customized Operations Procedures Manual detailing all procedures to be used in the scheduling and delivery of transportation services. The manual addresses internal policy and procedures and reports on operational results.
- **Establishing Computer Requirements**. MTM uses a multitude of electronic telecommunication protocols to perform Electronic Data Interchange including internet submission via secured connection. MTM has an established communications interface with Minnesota's Medicaid Management Information System (MMIS) computer system in order to submit billing information electronically.
- **Adhering to Various Reporting Requirements**. MTM create and provides a variety of reports including transportation summary data, complaint logs, and financial and operating expenses.
- **Maintaining Vehicle Requirements for NEMT**. MTM requires that the transportation providers comply with all applicable Federal, State, County, and Municipal requirements regarding insurance, licensing and certification of vehicles.
- **Monitoring Driver Requirements**. Each transportation provider and its drivers are credentialed by MTM prior to transporting clients. During the credentialing phase, each driver is evaluated for appropriate licensing and certification.

- **Handling Complaints and Appeals Related to Provision of NEMT and Assessments**. All complaints received are forwarded to the designated Quality Service Coordinator for tracking, investigation, and resolution.

Transportation Providers		
All City Cab Company	James Hanson 3316 36th Avenue S Minneapolis, MN 55406 [redacted]	Provide taxi cab services for individual(s) from door-to-door.
Medical Transportation Management, Inc.	Barbara Platten 1380 Energy Lane St. Paul, MN 55108 Tel: [redacted]	Non-emergency medical transportation service.
Medical Transportation Inc.		Transportation for persons eligible for Medical Assistance and General Assistance Medical Care. Cooperative agreement between eleven counties. Hennepin County holds the original contract.
St. Paul Yellow Taxi, Inc.	*Michael Breckman* *1463 Marshall Avenue* *St. Paul, MN 55104* [redacted]	Provide taxi cab services for individual(s) from door-to-door.

Special Programs

The Ramsey County Board of Commissioners established several advisory committees in 1975. Initially, each advisory group was a separate entity and performed in isolation from the other advisory groups. In 1979 the Board merged these committees into one combined Ramsey County Community Human Services Citizens Advisory Council. Currently, seven advisory committees form the Community Human Services Citizens Advisory Council (CAC), each representing a specific service population.

- The **Adults Services Committee** represents three distinct groups: Adults age 60 and older who have difficulty living independently and who are unable to provide for their own needs; adults who are at risk of abuse, neglect or material exploitation; and persons between age 18 and 60 who have a major physical or neurological disability but who do not have a primary diagnosis of developmental disability or mental illness.
- The **Chemical Health Committee** represents low income adolescents and adults who have serious alcohol or drug abuse problems and who seek treatment, or for whom treatment is being sought, people of color who need culturally specific services to ensure access to drug or alcohol treatment resources, and families or significant others who have been affected by the problems of chemical dependency.
- The **Children's Mental Health Advisory Council** represents families with a child or children who fit the legal description of Emotionally Disturbed or Severely Emotionally Disturbed, an organic disorder of the brain or a clinically significant disorder of thought, mood, perception, orientation, memory, or behavior that is listed in the Diagnostic and Statistical Manual and which seriously limits a child's capacity to function in primary aspects of daily living, such as personal relations, living arrangements, work school, and recreation.
- The **Children's Services Review Panel** represents families with one of more children under the age of 18 where the caretakers, for whatever reason, are unable or unwilling to provide for the child's physical, emotional, or developmental needs and where safety is a concern and the child(ren) is(are) in need of protection.
- The **Developmental Disabilities Committee** represents individuals with developmental disabilities or related conditions who are limited in their ability to function in at least three major life activities including people with an IQ of less than 70 and/or cerebral palsy, epilepsy, or autism, and substantial difficulties in at least three major life areas such as self care, toileting, household and money management, community living, and leisure.
- The **Low Income Committee** represents individuals and families who need help meeting their basic needs for food, shelter, and clothing, including persons who qualify for public assistance because their income or assets fall below Federal or State poverty guidelines.
- The **Mental Health Advisory Council** represents adults with mental illness, an organic disorder of the brain or a clinically significant disorder of thought, mood, perception, orientation, memory, or behavior that seriously limits

their capacity to function in primary aspects of daily living such as personal relations, living arrangements, work, and recreation.

The CAC has the role of identifying unmet needs and exposing service gaps and inequities. Committees have authority to initiate reports and recommendations that relate to the service delivery system, and are expected t respond to special assignments or requests for input from the Board, staff or the CAC. All members are volunteers who represent citizens and the broader community.

Advisory committee members are appointed by the Board of Commissioners for two-year terms and represent diverse background and communities. Each Committee strives for a balanced representation and varied perspectives, including consumers of service, family members of the target population, professionals in the field, interested citizens, service providers, and representatives from community organizations.

A staff person is assigned to each advisory committee to act as a technical resource and staff liaison. This person will make available to the appropriate Committee all staff recommendations on any issue that is being or has been addressed by the Committee, as well as necessary and essential information and recommendations given to the County Manager from the Department. They will provide relevant budgetary and program planning materials, and will analyze present program activities and other community services available to help Committee members relate activities to other parts of the system. In addition, Ramsey County dedicates a full-time staff person to coordinate the CAC and to provide administrative services.

Public Health

Ramsey County Public Health provides a wide array of essential public health services which include preventing the spread of disease, protecting against environmental hazards, preventing injuries, promoting and encouraging healthy behaviors, responding to disaster, and assuring the quality and accessibility of health services. Our mission is to improve, protect, and promote the health, environment and the well-being of people in our community.

Ramsey County is fortunate to have a network of community clinics which are available to serve the medical and dental needs of clients in our community. However, medical services are more readily available than dental services. Dental services are more challenging to obtain both in terms of accessing timely appointments, and availability of accessible locations. Low reimbursement rates affect availability of services.

Requests for public health nurses to make home visits have increased, and staff identify that it is difficult for clients to obtain affordable chore and homemaking services.

Home Health Agencies			
Advantage Home Care, Inc.	Ernest Anyanwu 780 University Avenue St. Paul, MN 55104 Tel.#		* Staff fluent in Spanish, Cambodian, Hmong, Vietnamese, Somali, Swahili, Ethiopian and Ibo * Specialize in working with people w/ HIV, Hepatitis C, diabetes, heart conditions and mental illness * Serve 7 metro counties
Around the Clock Homecare Group	Sharon Panasuk 2257 Louisiana Ave. S. St. Louis Park, MN 55426 Tel:#		* Specialize with persons w/ severe MI, complex med. need * Staff fluent in Spanish, Hmong, Russian, French & Somali * Has a 3 hour minimum (can combine clients who live in one area or different services for the same client)
CareMate Home Health Care, Inc.	_Kay Benschop or Mary Aderinkomi_ 2236 Marshall Ave. St. Paul, MN 55104 Tel.#		* Has a multi-lingual staff who speak over 23 languages * In-house interpreters who speak Hmong, Russian, Lao, Yuruba, Tigirni and Amharic * Serves the 7 metro counties
Care Plus Home Health Agency	Jean Jorlett 4050 Olson Mem. Hwy Suite 165 Golden Valley, MN		* There is a 2-hour minimum for services * Focus on North and Central Ramsey County

	55422 Tel:#		
Crystal Care Home Health Services, Inc.	Donna Peterson 6461 Lyndale Ave. So. Richfield, MN 55423 Tel.#		* Staff speaks Russian, Cambodian, Thai, Vietnamese and Spanish. Will hire interpreters as necessary. * Works with difficult cases * Serves 7 metro counties
Divine Healthcare Network	Christina Stevenson or Heidi Sommer 856 W. University Ave. St. Paul, MN 55104 Tel.#		*Staff speaks Hmong, Somali, Vietnamese, Ethiopian, Swahili and other African languages * Serves 7 metro counties
Equity Services of St. Paul, Inc.	Alicia Jasinski 1169 Rice St. St. Paul, MN 55117 Tel.#		* Has Hmong interpreter on staff * Interpreters who speak Cambodian, Russian, Vietnamese and Hmong are also available * Serve all of Ramsey County
First Choice Home Health Care, Inc.	Pang Thao 933 White Bear Ave. St. Paul, MN 55106 Tel.#		* Has Hmong culturally specific staff * Serves the 7 metro counties * Serve all age groups
Home Health Care Inc.	David Olshansky 4949 Olson Memorial Highway Golden Valley, MN 55422 Tel.#		* Staff speaks Russian, Somali, Hmong and Spanish * Specialize in memory loss, cardio diseases and diabetes * Serve 7 metro counties

Attachment A – List of Providers

Ramsey County RFP Appendix H ...

5. Scott County

County Administration

Agency Name: Scott County Health and Human Services
Director's Name: Timothy Walsh
Address: 300 Government Center
200 Fourth Avenue West
Shakopee, Minnesota 55379
Telephone Number: [redacted]
FAX Number: 952.496.8551

County Agency Contacts

Area of Responsibility	Name	Title	Telephone Number
Social Services	Pam Selvig	Social Services Director	[redacted]
Financial Assistance	Jan Busch-Koehnen	Economic Assistance Director	[redacted]
Public Health	Jennifer Deschaine	Health and Public Services Director	[redacted]
Mental Health - Adults	Pam Selvig	Social Services Director	[redacted]
Mental Health - Children	Pam Selvig	Social Services Director	[redacted]
Chemical Dependency	Pam Selvig	Social Services Director	[redacted]
Transportation	Troy Beam	Transit Manager	[redacted]
Fiscal	John Glisczinski	Accounting Supervisor	[redacted]

County Demographics

Scott County has an estimated population of 130,953 residents. This is a projected increase of 44% from the 2000 census figure of 89,498 residents. In 2008, the U.S. Census Bureau rated Scott County as the 33rd fastest growing county in the Nation. Additionally, the Metropolitan Council's 2007 estimated population figures placed Scott County as the fastest growing county in the state.

Recent trends show a growing base of residents in Scott County between the ages of 35 to 54 years as well as under the age of 35. The median household age in Scott County is 44 years. Median household income is $80,835. Unemployment rate for Scott County residents during the third quarter of 2010 was 6.3%, slightly below the State of Minnesota's total unemployment percentage of 6.9%.

In Scott County, minority racial and ethnic groups comprise of approximately 13.5% of the population. The largest minority racial group in Scott County is Asian, the 3rd highest in the metropolitan area among percent of population identified as Asian. The ethnic make-up of Scott County according to 2009 U.S. Census Bureau estimates are as follows:

- Caucasian 85.9%
- African American 2.5%
- American Indian and Alaska Native 0.8%
- Asian 5.6%
- Hispanic or Latino origin 4.1%

General County Service Delivery and Access

Scott County has one MCO with few providers or clinical systems in the county. Therefore, residents with that MCO are required to travel longer distances for medical care.

There is also a lack of specialty care, primarily nephrology, cardiology, and infectious disease care, in Scott County. Many residents are required to travel to Minneapolis for these types of services. Lack of specialty care increases transportation barriers and staff time spent on transporting recipients to receive necessary care.

Dental

Services for dental care are limited. Although Scott County has several dental providers, primarily located in the large communities (Prior Lake, Shakopee, Savage), many providers only take a limited percentage of Minnesota Health Care Program (MHCP) recipients and/or have long waiting lists for recipients to receive dental care. Furthermore, there are a limited number of dental providers in the outlying communities of Scott County.

Education barriers regarding dental care exist. Many recipients are unaware that dental benefits are wrapped in with their health care benefits and therefore, do not know they have coverage. Language barriers also exist for recipients understanding how their benefits work.

The providers available for Scott County recipients include:

- Smile Center
- Children's Dental Care
- Woodridge Dental
- Belle Plaine Family Dental
- Strait Smiles
- Joseph W. Perkarna Dental
- Gentle Dental Care
- Main Street Dental
- Gateway Dental
- Babcock and Morgan Family Dental
- Metro Dental Prior Lake
- Ronald Bliss, DDS
- Susan Block, DDS
- Shakopee Dakotah Community Clinic
- Scott Carlson, DDS
- Steve Aaker, DDS
- Orthodontic Care Specialists
- Eckart Dental Center
- O'Brien Dental Care
- Park Dental Shakopee

Chemical Dependency

MCO enrollees are referred to appropriate providers for an assessment and chemical dependency services. If MinnesotaCare enrollees have reached their $10,000 limit, Scott County Health and Human Services will assess the need for additional services. Uninsured or underinsured recipients must contact Scott County Human Services Central Intake to make a request for an assessment. Individuals are provided an application to assist in determining CCDTF eligibility. Scott County completes all Rule 25 Assessments and assists enrollees in getting into an appropriate treatment provider.

Current challenges include: 1) Assessing individuals who are referred by the legal system. These recipients often times have little or no concern about their chemical use and are not considered treatment ready from a Stages of Change perspective however, they are often court ordered to enter a program. 2) Difficulty finding effective interventions/program for chronic clients. These individuals have little stability in their lives and are frequently homeless, without health insurance, and experience frequent detoxification, jail and hospital ERs. A holistic approach that includes long-term case management is

needed to address basic life needs to be effective in managing chemical use. Flexible funding is limited resulting in additional barriers.

Transportation is a problem for recipients attending out-patient treatment, especially in the rural areas of the county. This is often a barrier to getting into or completing treatment.

Scott County contracts with two outpatient providers that are located in the county:

- The Haven
- Life Style Counseling

Mental Health – Adult

The Scott County Mental Health Center (MHC) is the primary provider of mental health services within Scott County. The MHC takes most insurance providers and offers a sliding fee schedule for those individuals who do not have insurance. There are also several other individual providers within the county or in neighboring counties that provide mental health services to Scott County residents.

Individuals requesting Rule 79 case management are referred through Central Intake to the Adult Mental Health Unit. Clients are assigned an assessment worker, who will assist them in setting up and completing a diagnostic assessment. The assessment worker will help obtain presenting issues, history, and background. Once it is established that the resident qualifies for Rule 79 Case Management, an ongoing case manager is assigned. Case Managers complete the Functional Assessment and LOCUS and develop an individual community support plan and safety plans. They maintain ongoing face to face visits and communication with the client, their family, and supports as well as community providers involved with the case.

Scott County has added several Adult Rehabilitative Mental Health Services (ARMHS) providers in the past two years. If residents are not eligible for a transportation service with their MCO, transporting clients to appointments is challenging. Transportation in rural areas of the county is frequently a barrier to receiving mental health services. Scott County does not have an ACT team and psychiatry services are extremely limited in the area. There is also a lack of housing programs with supports in the county.

There is a memorandum of understanding between Scott County Social Services and the Scott County MHC around the provision of mental health services for adults with limited or no insurance. Individuals seeking mental health services with limited or no insurance may also be assessed a sliding fee based on income through Scott County Mental Health Center. Scott County has no contracts with other mental health providers. Scott County does not contract for Rule 79 case management services.

Mental Health – Children

The Scott County Mental Health Center (MHC) is a primary provider of mental health services within Scott County. The MHC takes most insurance providers and offers a sliding fee schedule. The Scott County MHC is also a recipient of the Department of Human Services School Linked Mental Health grants and is providing outpatient mental health services and consultation in most of the school districts in the county. There are also several other individual providers within the county or in neighboring counties that provide mental health services to Scott County residents.

Parents can request case management services or providers can make referrals for services on the parent's behalf. Individuals requesting Rule 79 case management are referred through Central Intake to the Children's Mental Health Unit. Clients are assigned an assessment worker, who will assist them in setting up and completing a diagnostic assessment. The assessment worker will help obtain presenting issues, history, and background. Once it is established that the client qualifies for Rule 79 Case Management, an ongoing case manager is assigned. Case managers complete a holistic assessment to determine needs, develop an individual community support plan, and safety plans to assure client needs/goals are met. They maintain ongoing face to face visits and communication with the client, their family, client supports, and community providers involved with the case. Children's Mental Health coordinates with the MCO to complete placement screenings to determine the appropriateness of residential treatment. If residential placement is approved, Children's Mental Health monitors the effectiveness of treatment along with the MCO so the length-of-stay is as short as necessary. The Case Manager is responsible to facilitate planning to successfully transition the child back into the community.

There is a shortage of child psychiatry services available to Scott County residents. Children and families in crisis also have few services to call. Children are often transferred to shelter (Scott County Juvenile Alternative Facility) due to lack of after-hours crisis walk-in, emergency response, and in-home services to triage crisis and divert unnecessary out-of-home placements. The reduction in PCA hours has caused difficulties for families needing increased home supports. There is a lack of mentoring programs and after-school programs for latch-key children needing more structure/support.

There is a memorandum of understanding between Scott County Social Services and the Scott County MHC around the provision of mental health services for child and families with limited or no insurance. Scott County has no contracts with other mental health providers. Scott County does not contract for Rule 79 case management services. The combined local Children's Mental Health/Family Service Collaborative does contract with the Scott County MHC for additional mental health services in the two educational cooperatives in the County.

Transportation

Public transportation, a coordinated effort between Scott County Health and Human Services, Scott and Carver Counties Health Care Access Plans, and Scott County Transit (SmartLink), is available to residents who are disabled, elderly, military veterans, and public assistance clients who are unable to drive. SmartLink is the Dial-A-Ride, Americans with Disabilities Act (ADA) and Medical Assistance service provider for both Scott and Carver counties. One dispatch center coordinates all ride requests, as well as the regional connections to surrounding communities.

Transportation barriers exist for very ill recipients and for recipients in more rural areas of Scott County.

The transportation providers (including those with county contracts):

- SmartLink

Special Programs

Scott County offers immunization clinics weekly for residents.

The mobile health clinic is a partnership between Scott County and the Shakopee Mdwakaton Sioux Community to provide basic medical screenings and care for acute illness by a physician to local communities for uninsured and underinsured residents. The mobile health clinic rotates between communities in Scott County.

Scott County partners with the River Valley Nursing Center to provide education, resource, and referral into health care system to residents who are uninsured or underinsured.

Public Health

Barriers exist for dental care. Although providers exist, many only take a certain percentage of their clients as MA recipients leaving limited options and/or long waiting lists. Also, Scott County is limited to specialty care that is available within the county. Clients needing specialty care often need to travel longer distances to receive the care they need.

Although Scott County has a transit system, travel barriers exist for clients who are very ill. These clients are often transported by staff resulting in several hours being spent driving instead of providing direct care services. Additional travel barriers exist for children when their need to be seen by a physician falls outside of already predefined schedules.

The providers that county recipients use are:

- Southern Metro Medical Clinic
- Quello Clinic
- Parkview Medical Clinic
- Crossroads Medical Clinic
- Park Nicollet Medical Center
- Fairview Ridge Valley Clinic
- Allina Medical Clinic

- Metropolitan Pediatrics

The home health care provider(s) with which county currently contracts (including PCA) are:

- AbbeyCare PCA
- Community Assisted Living
- Crystal Care
- International Quality Homecare
- International Quality PCA
- CustomCare
- My Home Health Care
- My Brother's Keeper
- Presbyterian Home and Services

List of Providers

Scott County Providers.xlsx

6. Washington County

County Administration

Agency Name: Washington County Community Services Department
Director's Name: Daniel Papin
Address: 14949 62nd Street North, PO Box 30, Stillwater, MN 55082
Telephone Number: [redacted]
FAX Number: 651-430-6605

County Agency Contacts

Area of Responsibility	Name	Title	Telephone Number
Social Services	Richard Backman	Division Manager, Community Services	[redacted]
Financial Assistance	Mary Farmer Kubler	Economic Support Supervisor	[redacted]
Public Health	Sue Hedlund	Deputy Director, Public Health & Environment	[redacted]
Mental Health - Adults	Cindy Rupp	Division Manager, Community Services	[redacted]
Mental Health - Children	Richard Backman	Division Manager, Community Services	[redacted]
Chemical Dependency	Cindy Rupp	Division Manager, Community Services	[redacted]
Transportation	Julia Wallis	Senior Planner	[redacted]
Fiscal/Accounting	Michelle Kemper	Division Manager, Community Services	[redacted]

County Demographics

Washington County is a suburban county with a 2010 population of 234,348. It is a growing county, with the population expected to reach 360,000 over the next twenty years. The average annual household income is $79,339, with only 4.3% of residents living below the poverty line. Currently, 19 % of the population is under the age of 18 and 9% are 65 years or over. Although the unemployment rate has increased in recent years, it remains below the state's average at 6.2%.

The county is 89.5% white. Minority populations include: Asians at 4.5 % of the population; African American at 3%; and mixed race individuals at 2%. The Hispanic or Latino population (of any race) is approaching 3%. Just over 6% of the population reports being foreign born, with over half of those being born in Asia, and approximately 8.5% of the population reports utilizing a language other than English at home. Interpreters are utilized most for Spanish, Hmong, Vietnamese, and Somali/Oromo.

The Minnesota Department of Human Services (DHS) has indicated to county staff that they have observed an increase in families from East Africa needing their services and enrolling elementary age children in schools in the southern part of Washington County.

General County Service Delivery and Access

The limited availability of public transportation poses an access challenge for some individuals. There is limited fixed route service and the Transit Link (formerly Dial A Ride) service is only available during limited daytime hours. Rides can also cost up to $6.75 one way.

Many of the MA and MinnesotaCare recipients access various health care services throughout the Twin Cities metro – not just in Washington County. The northern and southern areas of the county have an inadequate number of low cost primary care clinics. More specifically, there are limited services available to those seeking family planning and sexually transmitted disease screenings and/or treatment.

Dental

Services for dental care continues to be a concern for low income and special needs populations.

Because dental providers often limit the number of MA or MinnesotaCare patients they are willing to serve, they stop accepting new patients, causing some individuals to be unable to easily access needed dental services. This is true for both adults and children. The inadequate capacity for dental care providers in Washington County also leads to individuals having to travel out of the area to get dental services. This creates difficulties in maintaining routine and preventative care and difficulties attending to acute problems in on-going orthodontia.

Another problem that has been reported involves the disruption of care. Clients begin to receive dental care at a clinic that is contracted with MA and/or MinnesotaCare. However, when the client becomes enrolled with a managed care organization, he/she often has to change dental providers in the middle of treatment. Other instances have been reported where a complex procedure is left incomplete due to loss of coverage (e.g. a half finished crown).

For a listing of providers that County recipients utilize, please see the attached Provider List at the end of this section.

Chemical Dependency

Individuals needing a Rule 25 Chemical Dependency Assessment currently contact Washington County to learn about the process, providers in our community, and services available to those with or without medical insurance. The County contracts with approximately a dozen private providers who are licensed by DHS for various types of chemical dependency treatment under Rule 31. The County's contract with these providers is for both treatment and for Rule 25 Assessments. If an individual is accessing a Rule 25 through the Consolidated Chemical Dependency Treatment Fund (CCDTF), he/she is able to select a private provider, whose Licensed Alcohol Chemical Dependency Counselors (LADC) will schedule and complete the Assessment, or he/she may utilize county staff who have completed the DHS required Rule 25 training to schedule and complete the Assessment.

After reviewing the Rule 25 Assessment, the County will authorize treatment at one of its contracted licensed Rule 31 providers or with a provider holding a CCDTF contract with another county. Funding is provided through the CCDTF to pay for treatment for individuals who meet treatment criteria and financial eligibility. The County contracts with a variety of providers throughout the County in order to provide options to clients to best meet their needs. This includes: inpatient treatment, gender specific treatment programs, half-way houses or extended care, adolescent programs, integrated mental and chemical health programs, and medication management.

MCO enrollees with private insurance generally utilize the same network of providers for assessments and treatment.

Washington County has observed the following challenges related to the current system of chemical health services:

- New businesses are able to obtain a Rule 31 license from DHS, but have little to no experience in the field to request a County CCDTF contract. These providers are unable to demonstrate the effective provision of quality services and may be unable to obtain a County contract. This will change when DHS begins administering and managing CCDTF contracts later this year.
- Providers need a County CCDTF contract because MCOs and/or commercial insurance companies will not enter into their own contracts with providers, as they have chosen to operate solely off of County CCDTF contracts. The county cannot utilize staff time, and County tax dollars, in order to assist MCOs.
- There is often a lack of coordination or continuity between MCOs and the CCDTF. This includes the inability to access any treatment data or history in MMIS for clients who have been provided service through the MCO and the lack of communication between MCOs and the County when clients are changing funding streams, etc.
- A funding source is needed to cover day care for parents with small children who need treatment. This is a barrier to treatment that should be addressed.
- Transportation is a barrier to treatment. There is limited transportation for Washington County residents to outpatient treatment and/or aftercare programs. There are few fixed route buses and the Transit Link service does not operate in the evening hours, when most outpatient groups meet.
- A funding source is needed for community follow-up and care coordination to help individuals transition and can improve long-term outcomes.
- There is a need for an improved focus on and funding for individualized discharge planning from treatment for severely impaired individuals.
- Overall, there are an adequate number of providers in Washington County. The one exception is the number of culturally specific providers. Unfortunately, the county does not have enough of a minority population to make a specific treatment program viable.

For a list of currently contracted Washington County chemical dependency treatment providers, please see the attached list at the end of this section.

Mental Health (MH) - Adult

Mental health services for adults are provided from a variety of sources, primary care, mental health centers, and the County. The services provided include:

- Outpatient Therapy and/or Psychiatry are provided through mental health centers such as Human Services, Inc. (HSI), Mental Health Systems (MHS), Family Means, Lake Area Human Services, Inc., Allina, Health Partners, Eagan Counseling Center, Prairie St. Johns, Nystrom and Associates, and other private providers.
- Day Treatment is provided by HSI and MHS.
- Crisis Services are provided at a variety of levels. These include: HSI's Mobile Crisis (meet client in the community), HSI's Crisis Outpatient Clinic, HSI's Crisis Phone Line, Willow Haven (an Intensive Residential Treatment Service (IRTS)), East Metro Adult Crisis Services (EMACS), Crisis Connection, Emergency Social Services and Crisis Response (provided through a County contract with the American Red Cross).
- Inpatient Psychiatric Services are provided at acute hospitals in the East metro, but outside of Washington County, and at Anoka Regional Treatment Center (AMRTC).
- Many private and non-profit agencies are authorized by DHS to provide Adult Rehabilitative Mental Health Services (ARMHS) in Washington County. However, many do not have the population density needed to sustain a program.
- Targeted Case Management (TCM-Rule 79) is provided directly by the County through the Washington County Community Services Department and by HSI. These services include designated youth transition case managers to work with the SPMI youth transition population. The County also funds additional nursing for the SPMI Population through a contracted worker from DHS State Operated Services.
- Community support services are offered through the Clubhouse Recovery Program through HSI. This is a drop-in center with targeted service hours or days specifically for the adult MI population and the MI youth in transition population.
- Vocational supports are offered via the Partnering for Jobs program, which is a County collaboration through Life Tracks, Rehabilitative Services, and HSI.

The primary issues with providing mental health care include the following:

- Insufficient number of outpatient psychiatric providers.
- Lack of MCO assessors available for Rule 25 Chemical Health Assessments while individuals are psychiatrically hospitalized and his/her discharge is dependent on the outcome of the Rule 25 Assessment.
- Lack of housing options for SMI/SPMI population.
- Lack of integrated care dual disorder (MI/CD) providers.
- Lack of culturally specific providers.

For a list of currently contracted Washington County chemical dependency treatment providers, please see the attached list at the end of this section.

Mental Health (MH) - Children

Because Washington County has a relatively high percentage of families enrolled in commercial MCOs via parents' employment, many families access services thru the networks established by those MCOs. For families and children accessing Mental Health services via MCO networks, many of those same MH providers are utilized. The county is most familiar with the services and providers that are utilized by families and children who are receiving county case management services.

Washington County does not have MH hospital beds, residential treatment programs, or children's MH group homes located within its borders. This leads to children being placed far away from their community when it is needed; creating difficulties for community supports and travel at times. The county does have licensed child and adult foster homes and private agency homes, which are utilized as needed.

For Children's MH, Washington County purchases many services via a contract with Human Services, Inc. (HSI). HSI is the sole provider of mental health case management (Rule 79) for children and it is the primary provider of other MH services for uninsured and underinsured families. HSI is currently open with around 182 kids for case management services, with approximately 75enrolled into MA and 50of those having a managed care organization.

Notable items relating to children's MH services provided through a MCO that have been identified by the County and/or its contracted provider include:

- MCOs require minimal staff involvement with pre-authorizations and/or on-going authorizations. Keeping this administrative burden low is very important.
- In 2010, approximately 6 children were placed in Rule 5 residential treatment. The current DHS policy of having counties fund Room and Board and the MCO fund Treatment is cumbersome and can cause confusion.
- Children in placements are placed on MA, and therefore likely a managed care organization. At least one MCO is requiring the case manager to get a denial from the parents' private insurance before authorizing Targeted Case Management, despite this not being a benefit offered by private insurance. This is an unnecessary administrative burden.
- When working with MCOs, there has been some confusion over who is responsible for Child and Adolescent Service Intensity Instrument (CASII) mental health screenings. If a CASII is needed for placement and it is not a Children's MH case, there may not be a party involved who can complete the CASII (County's Child Welfare staff do not complete CASIIs). In this case, there was confusion over who was responsible for the CASII assessment.

Transportation

Transportation for low income individuals in Washington County can be challenging. Washington County does not operate its own transportation agency. It has limited fixed route services from Metro Transit; Transit Link (formerly Dial A Ride) is available to all residents during limited times; and Metro Mobility operates in the County for those eligible for that level of service.

Washington County contracts with several providers to serve individuals on MA Home and Community Based Service (HCBS) Waivers. These include all levels of service from MNDOT Special Transportation licensed vehicles to common carriers. It also contracts with an agency, Community Thread, which organizes a volunteer driver program. The County's use of this program has been reduced due to budget constraints, but it remains an option.

Medical transportation coordination services specifically related to MA or some MNCare clients is a mandated County service for Access Transportation Services (ATS). DHS is responsible for determining an individual's Access Transportation Service (ATS) or Special Transportation Services (STS) status (and it currently contracts with MTM for this). When the Minnesota Legislature abruptly ended the DHS contract with MTM for ride coordination or brokerage, the metro counties quickly formed a Metro Counties Consortium (MCC) to jointly procure services. Following an extensive planning and RFP process, the MCC entered into a contract with MTM, who is currently providing this service. Because of this, Washington County does not contract directly with transportation vendors to provide medical ATS rides to MA/MNCare clients. The County believes that MTM maintains an adequate number or qualified providers.

Please see the attached list of contracted transportation providers at the end of this section.

Special Programs

Washington County is a member of or leads various planning initiatives, advisory councils, and special projects involving health care for County MA and/or MNCare recipients. These include:

- Washington County Statewide Health Improvement Program Community Leadership Team
- Transportation Networking Group
- Lakeview Foundation Board
- Chemical Health Action Collaborative
- East Metro Adult Crisis Stabilization (EMACS)
- Mental Health Advisory Council
- Children's Mental Health Action Collaborative
- Washington County Medical Reserve Corps
- Children's Mental Health Metro Crisis Cooperative Agreement (MetrCCS)
- MN DHS Alcohol and Drug Abuse Division's CCDTF Pilot "Navigator" Project
- Metro Counties Consortium for MNET Services

Public Health

Washington County's Department of Public Health & Environment has identified no major issues with MCO related services to clients, providers, or system delivery models. For a list of currently contracted home health care providers, including PCA agencies, please see the provider list at the end of this section.

Washington County
Provider Lis...

APPENDIX I: STATE/COUNTY ASSURANCES –
To be completed by all MCOs responding to this RFP

The MCO assures the following by initialing in the space to the left of each statement.

______1. The MCO assures that it will provide the health care services listed in the model contracts and the services further negotiated during contract negotiations. Contract language and services may change based on any new legislative requirements.

______2. The MCO assures that it is in current compliance with all applicable statutory and regulatory requirements for a licensed HMO under Minnesota Statutes, Chapter 62D, and Minnesota Rules, Parts 4685.0100 to 4685.3400.

______3. The MCO assures that it has safeguards in place regarding conflicts of interest in purchases involving Medicaid funds, as required by Minnesota Statutes, section 256B.0914.

______4. The MCO assures that the MCO and its providers will not discriminate against any enrollee on the basis of: race, sex, color, religion, health status, age, handicap, national origin, public assistance status, or sexual orientation.

______5. The MCO assures that it will not set any enrollment limits on the number of enrollees it will serve and will expand its provider network should full capacity be reached.

______6. The MCO assures that it will monitor and ensure appropriate access to services where the provider is limited, or where a service is only available through a sole source vendor (e.g. dental or mental health services).

______7. The MCO assures that it will provide provider network updates as required by the STATE, whether there are deletions from or additions to its network.

______8. The MCO assures that it will work collaboratively with the counties' Public Health Agencies.

_____ 9. The MCO assures that it will work with the counties to address the following concerns:

- Meeting the needs of Limited English Proficiency (LEP) populations;
- Maintaining and improving client choice of providers;
- Improving timely, non-emergency access to providers;
- Improving prevention and early intervention services;
- Coordinating American Indian Services with Indian Health Services (IHS) and Tribal Health Services;
- Improving the availability of psychiatrists and /or psychologists.

_____ 10. The MCO assures that it will participate as cooperative and collaborative members in the health care efforts with the counties.

______11. The MCO assures that it will cooperate with the entity as arranged for by the State in an annual independent, external review of the quality of services furnished under the contract.

______12. The MCO assures that it will share cost and quality data with certified health care homes on a schedule no less than quarterly, with specifications determined by the State.

______13. The MCO assures that it will share cost and quality data with providers, other than certified health care homes, in the MCO's network that allows providers to compare their performance with other network providers. The specifications and scheduled submission will be determined by the State.

______14. The MCO assures that it will meet the requirements for delegation for any delegated activities related to quality improvement.

______15. The MCO assures that payments to Health Care Delivery System Demonstration will be consistent with the payment methodology established by the State.

______16. The MCO assures that it will maintain documentation sufficient to support its care management responsibilities.

______17. The MCO assures that it will provide that the State may evaluate through inspection or other means, the quality, appropriateness, and timeliness of services or administrative procedures performed under the contracts.

______18. The MCO assures that all incentives must comply with the federal managed care incentive arrangement requirements.

______19. The MCO assures that it will take reasonable measures to determine third party reimbursement.

______20. The MCO assures that it will have administrative and management arrangements or procedures, including a mandatory compliance plan, that are designed to guard against fraud and abuse.

By signing this statement, you certify that the information provided is accurate and that you are authorized to sign on behalf of, and legally bind, the Responder.

Authorized Signature: ____

Printed Name: ____

Title: ____

Date: ______________________ Telephone Number: ______________________

APPENDIX J: EXHIBITS

The MCO must respond to all issues below if proposing for the 7 Counties.

Service and Delivery

1. Describe how the MCO will provide appropriate, qualified, and accessible interpreters. Describe how the MCO will encourage providers to use MCO's interpreters. Describe the MCO process to coordinate with county services for interpreters.

2. Describe how the MCO will work with the counties to identify gaps in services. What role will the MCO play in closing those gaps, especially if the need is not medical, but instead a very necessary Social Service?

3. Describe how the MCO will work with the counties and providers to improve communication for access, advocacy, and dispute resolution.

4. Describe how the MCO will provide additional outreach services to the special needs populations to ensure persons have information about services available. These methods should include procedures to reach persons without phones, persons with a need for interpreter services, and persons without transportation services as well as strategies to provide support in making/keeping appointments.

5. Describe how the MCO will assist the county advocates in the resolution of billing and coverage issues? (Issue-advocate calls in through the customer services line and gets someone different each time, so additional time is taken for the representative to review the information and then try to move on with the issue. One contact was available for a short time by an MCO and that worked very well.)

6. Describe how the MCO will work with providers selected as Health Care Delivery System demonstrations.

7. Describe how the MCO will enhance current provider enrollee choice by incorporating local (in-county) providers who provide evening care after 5:00 p.m. and ample appointment times for recipients to ensure timely, sufficient care.

8. Describe how the MCO will contract with providers to align their incentives to provide high value care to enrollees. If there are multiple types of contracts with providers specify each contract type and the percentage of primary care, specialist and facilities in the MCO network and which are contracted under each contract type.

9. Describe how the MCO's compensation of primary care providers ensures the adequacy of access to primary care and allows for care coordination and delivery of services needed by the population.

10. Describe how the MCO will address network coverage for recipients in need of a large provider network area. For example, when children are placed out of the home at a significant distance away from their home location, how will the MCO provide adequate network coverage for both locations and/or future locations based upon the needs of the child?

11. Describe how the MCO will assist recipients when they are not enrolled timely in the MCO resulting in a break in services. Examples include; when county healthcare cases are not processed by the time capitation occurs, or, the 'system' erroneously enrolls the client in the MCO not of their choosing, or, a break in service occurs when a client moves from one county to another prior to selecting a new MCO.

12. Describe how the MCO will assist recipients who are receiving non-formulary prescription drugs when they enroll in the MCO. Some recipients report problems when there is no generic equivalent to their prescribed medication.

13. Describe how the Responder identifies members needing assistance navigating the health care delivery system. Describe what assistance is provided, and how the effectiveness of the assistance is evaluated.

14. Describe the policies and procedures that will be used to prohibit the payment of hospital acquired conditions and never events.

15. Explain the extent to which the Responder intends to use subcontractor(s) or delegates and how the subcontractor or delegate will be selected and monitored to assure compliance with all requirements. Describe the policies and procedures used for auditing and monitoring subcontractors' performance. Describe the enforcement policies used for non-performance, including examples.

16. Provide a general systems description and a systems diagram that describes how each component of your information system will support and interface with the major operations functions involved in managing programs, such as:
    - Member services and eligibility
    - Provider services and eligibility
    - Prior authorization and medical necessity review
    - Quality and utilization management
    - Claims processing

17. **Describe how the MCO will work with Counties to achieve cost savings through administrative efficiencies.**

18. **Describe how the MCO will ensure continuity of care for recipients who are transitioning coverage from one MCO to another.**

Dental

19. Describe how the MCO will work to increase comprehensive oral health services in remote county locations. Describe how the MCO will work to increase comprehensive services for children in these areas to include the placement of dental sealants on permanent molars at or near their eruption times (at or near ages 6 and 12).

20. Describe how the MCO can encourage and promote the expansion of services by dental providers to include the use of collaborative practice dental hygienists in settings outside of the traditional dental clinic. This includes expansion of services to children in Head Start settings.

21. Describe how the MCO will work to enroll more dental specialists, endodontists and periodontists to enhance their referral network.

22. Describe how the MCO will work to combine appointments for medical and dental services to maximize client time, promote oral disease prevention, provide comprehensive oral health services and improve MCO efficiencies in services. This should include but not be limited to Fluoride Varnish Applications by primary care providers.

23. Describe how the MCO will assure local access to dental services. Local services are defined as "within a 60 mile radius of the client's home".

24. Describe how the MCO will address the continuing dental access problems, inadequate dental education and preventive care, and the need for incentives or other responses to increase the number of enrollees receiving adequate preventive and restorative care.

Chemical Dependency

25. Describe how the MCO will assure timely access to assessment and chemical dependency treatment services.

26. Describe how the MCO will assure chemical dependency treatment is individualized to meet enrollee's needs.

27. Describe how the MCO will address the needs of enrollees with chronic, relapsing symptoms of chemical dependency.

28. Describe how the MCO will serve new enrollees who are already in a chemical dependency treatment program that was authorized by another placing authority.

29. Describe how the MCO will encourage the screening of enrollee by their primary care clinics. Primary care clinics could make a real difference in their patients' chemical health if they implemented routine screening for risk of alcohol or other drug use problems. There is a growing body of research supporting screening and brief intervention as effective public

health measures and the Substance Abuse and Mental Health Services Administration (SAMHSA). A description of the Screening, Brief Intervention, and Referral to Treatment (SBIRT) model is available on the SAMHSA website at http://sbirt.samhsa.gov/.

30. Describe how the MCO will serve chemically dependent recipients with histories of previous treatments. Note how services to those with long and severe addiction histories (sometimes called "chronic alcoholics" or long-term addicts") might differ from other, less experienced treatment repeaters.

31. Describe how the MCO will work with providers of enrollees' treatment services to resolve MCO billing issues.

32. Since most often the "chronic population" does not have primary care providers, describe how the MCO plans to address this population and obtain accurate information from the user in order to determine the most effective treatment of care.

33. Providing a mentor has sometimes proven helpful to those recipients who are moving between treatment phases or completing treatment. Describe how the MCO support this mentoring concept to support each client's sobriety.

34. Describe the MCO's plan for serving recipients with co-occurring mental illness and chemical dependency. How will the MCO ensure that recipients with these co-occurring disorders have their treatment needs met, including those needing services that are residential and supervised?

35. Describe the MCO's plan regarding detoxification services. How will the MCO ensure that recipients receive all medically necessary detox services?

36. Describe the MCO's proposed method of assessment and how the will assure the level of service authorized will be based on the result of the assessment tool.

37. Describe how the MCO will assure access to services if the recipient is unable to pay co-pays or deductibles.

38. Describe how the MCO will assure that the recipient has been informed of the appeal process regarding their access to services.

Mental Health – Adult

39. Describe the steps and approaches the MCO is taking to assure timely access to psychiatric and psychopharmacologic treatment of the recipient with a mental illness (given the shortage of psychiatrists and other mental health professional prescribers).

40. Describe the MCO's operational definition of medical necessity for behavioral health (MN statutes 62Q.53) and give a specific example of how this definition is used to provide behavioral health services to enrollees.

41. Describe what role the MCO plays in the event of a court commitment for a mental illness.

42. Describe the steps and approaches the MCO is taking to collaborate with the Adult Mental Health initiatives in service planning, or in developing contractual agreements with community based health providers for recipients with mental illness.

43. Describe what specific steps the MCO is taking to better integrate services for enrollees with dual disorders since national research data indicates that approximately 50 percent of persons who have a serious mental illness have a co-occurring substance use/abuse disorder.

44. Describe how the MCO will coordinate the health care (including mental health services) with social services for better recipient outcomes, since some of the MCO enrollees may need non-health care services which are provided by the county.

45. Describe how the MCO will encourage and support mental health screening by primary care providers and physical health screening by case managers/care coordinators.

46. Describe how the MCO will contract and compensate primary care providers for care management services for adults with depression.

47. Describe how the MCO will address the monitoring of psychotropic medication and medications prescribed by the recipient's primary care physician and the effects of each on the recipient's overall health.

Mental Health – Children

48. Describe how the MCO will assure timely access to the services of a child and adolescent psychiatrist.

49. Describe how physical health care and mental health care of children are coordinated.

50. Describe how the MCO will assure an adequate children's mental health infrastructure to cover service needs of widely varying intensity. In particular, describe the MCO's capability to provide CTSS, day treatment, partial hospitalization and acute inpatient psychiatric hospitalization.

51. Describe how the MCO will coordinate with the counties to assure access to respite care, mentors/after school and summer programs, and other children's mental health ancillary services.

52. Describe how the MCO will assure coordination of children's mental health services and educational services, especially those contained in Individual Educational Plans (IEPs).

53. Describe how the MCO will assure that the parent/guardian has access to appropriate services if the parent or guardian of a child with a mental health problem also has mental health challenges.

54. Describe how the MCO will assure that developmental and mental health screening is provided to all children. Describe the MCO's role in introducing validated screening instruments and increasing the provider use of these.

55. Describe the range of chemical health services the MCO will provide for adolescents. Describe how treatment for chemical health problems will be integrated with mental health treatment when needed.

56. Describe the MCO's readiness to provide mobile crisis response services for children and adolescents.

57. Describe how the MCO will gather information about the parent/family perspectives on service needs. Describe how the MCO will gather information about the parent/family satisfaction with services. Describe how the information will be used in planning future mental health service developments.

58. Describe how the MCO will work with the State and other stakeholders to implement evidence-based or research-informed interventions for children's mental health disorders.

59. Describe what measurements of child and adolescent symptomatology and functioning, the MCO will encourage or require to assure that children receiving services are recovering and becoming more resilient.

60. Describe how the MCO will hold providers accountable for performance standards in the delivery of children's mental health services. What standards will these be?

61. Describe how children under five years of age with a DC 0-3 diagnostic code will be served.

62. Describe how children under five years of age with pervasive abnormal behaviors be supported in the community.

Transportation

63. Describe how the MCO can reduce the wait times on the telephone while trying to set up transportation.

64. Describe how the MCO will address the lack of transportation where public transportation is limited.

65. Describe the MCO process for arranging for transportation. There is often times when it is not possible to give much notice such as when an enrollee is discharging from the hospital. There are times when an enrollee is discharged on the weekend. There are also enrollees that have weekly appointments, but are unable to schedule rides for the entire month or more.

66. Describe how the MCO will assure that there is a network of specialized transportation to meet the needs of the enrollees within the county. The network needs to include non-emergency medical transportation with wheelchair lift equipped vehicles and emergency transportation.

67. Describe how the MCO defines the Special Transportation Services (STS).

68. Describe the process/criteria the MCO will use to determine an enrollee's eligibility for Special Transportation Services (STS).

69. Describe how the MCO deals with "no load" miles for transportation services.

70. Describe how the MCO deals with enrollees that are "no shows" for transportation services.

71. Describe how the MCO contracts with transportation providers.

72. Describe the steps of the MCO to review provider services/performance.

73. Describe the MCO's plan for filling the gap of volunteer driver transportation that is seeing a rapid decline in recent years due to this population maintaining employment to support themselves rather than working in a volunteer capacity.

Public Health

74. Describe how the MCO will assure that complete Child and Teen Checkups (C&TCs) being performed by contracted providers, including lead testing, follow-up on problems identified, whether specific components are being provided, and quality of care delivered.

75. Describe how the MCO will work with public health C&TC outreach staff to assist with targeted outreach to recipients to better address issues such as "no shows," treatment compliance, follow-up, referral and transportation issues.

76. Describe how the MCO will work to increase the rates of childhood immunizations, including HPV, how they will encourage contracted providers to participate in the immunization registry.

77. Describe how the MCO will determine prior authorization for home health and maternal child health home visits and under what circumstances they are covered.

78. Describe how the MCO will develop a contractual relationship with Pubic Health. The contract must clearly delineate the criteria for referral to the public health agency and the specific services the public health agency is authorized to provide.

79. Describe how the MCO will avoid duplication of services.

80. Describe how the MCO will work with providers to encourage initial breast feeding and sustaining breast feeding until the infant is 12 months old.

81. Describe how the MCO will ensure more timely access to specialty providers such as neurologists, pediatric urologists, etc.

82. Describe how the MCO will encourage medical providers to schedule pregnant women/pregnant teens for prenatal care before the 12th week of pregnancy (currently pregnant recipients are being told they don't need to be seen until later in the pregnancy).

83. Describe how the MCO will assure appropriate identification, prevention and intervention to address the problem of obesity among enrollees.

Care Management/Quality

84. Describe the Responder's plans to interface with community agencies and advocate groups.

85. Describe how data resulting from the grievance system is used to improve the operational performance of the Responder.

86. Describe how feedback (disenrollment, advisory groups, survey results etc.) from members is used to drive changes and/or improvements to the Responder's operations.

87. Describe how the MCO engages and supports care management activities performed by providers.

88. Describe how the Responder will monitor grievances and appeals for evidence of trends; how the Responder will implement targeted improvement activities to address negative trends; and describe the process the Responder will use to report evidence of trends to DHS.

APPENDIX K: Quality Assessment and Performance Improvement Program

All Responders that do not currently have a contract with DHS to provide managed care healthcare services for MHCP, please include in your Appendix K response, a brief overview/description of the Responder's Quality Assessment and Performance Improvement Program consistent with 42 CFR 438 Subpart D. This information will not be scored but failure to provide this information will be considered NON-RESPONIVE and may result in loss of points assigned to Appendix K.

Total Number of Points for Appendix K = 15

Quality Assessment and Performance Improvement Program

I. **MHCP Performance Measures**. Responders are to complete and submit the follow Table with information on HEDIS 2010 measurement results for Minnesota Health Care Program Families and Children (F&C) Contract.

Table 1: MHCP HEDIS 2010 Measurement Rates and NCQA National Medicaid Percentile Ranking

HEDIS 2010 Performance Measures	Data Collection Method Administrative or Hybrid	Responder MHCP Rate	NCQA National Medicaid HMO Percentile Ranking
Childhood Immunization Status- Combo #3			
Well-Child in the First 15 months – 6 or more visits			
Well-Child Visits 3-6 Years of Life			
Adolescent Well-Care Visits			
Adults' Access to Preventive/Ambulatory Health Services – ages 20-44 yrs.			
Adults' Access to Preventive/Ambulatory Health Services – ages 45-64 yrs.			
Chlamydia Screening in Women – 16-25 yrs – Total			
Cervical Cancer Screening			
Use of Appropriate Medication for People with Asthma – 5-50 yrs - Total			

Instructions for Completing Table 1: For each of the nine HEDIS 2010 Performance Measures.

A. Data Collection Method: Administrative or Hybrid Method. Indicate the data collection method used to calculate the performance measure by indicating an "A" or "H" in each row.

B. Responder MHCP Rate. Insert the percentage for each measure based on MHCP Families and Children Contract eligible population. The percentage must be calculated for the total F&C MA and MinnesotaCare program eligible enrollees.

C. NCQA National Medicaid HMO Percentile Ranking. Based on National Medicaid HMO Ranking calculated by NCQA, indicate in which percentile the Responders MHCP Rate falls: 10th, 25th, 50th, 75th, or 90th percentile.

Scoring of Information Provided in Table 1.

A. The assigned number of points for Appendix K will be divided equally between each of the nine HEDIS 2010 performance measures.

B. The number of assigned points for a measure will be awarded if the Responder's MHCP Rate falls within the 75th or 90th NCQA National Medicaid percentile.

C. Bonus points up to 10 percent of the points assigned to Appendix K may be awarded if one or more of the Responder's MHCP rate falls in the 90th NCQA National Medicaid percentile.

II. **Responders with MHCP and Commercial HMO Products.** Responders that provide both MHCP and Commercial HMO products may submit Table 2 to be eligible for an additional bonus of 5 percent of the points assigned to Appendix K, if difference between the Responder's MHCP and Commercial rates are less than 10 percentage points. It is essential that future vendor(s) work to reduce disparity between commercial and public program enrollee quality measures.

Table 2: MHCP/Commercial Rates

HEDIS 2010 Performance Measures	Administrative or Hybrid	Responder MHCP Rate	Administrative or Hybrid	Responder Commercial Rate	Difference
Childhood Immunization Status-Combo #3					
Well-Child in the First 15 months – 6 or more visits					
Well-Child Visits 3-6 Years of Life					
Adolescent Well-Care Visits					
Adults' Access to Preventive/Ambulatory Health Services – ages 20-44 yrs.					
Adults' Access to Preventive/Ambulatory Health Services – ages 45-64 yrs.					
Chlamydia Screening in Women – 16-25 yrs - Total					
Cervical Cancer Screening					
Use of Appropriate Medication for People with Asthma – 5-50 yrs - Total					

Instructions for Completing Table 2: For each of the nine HEDIS 2010 Performance Measures.

A. Data Collection Method: Administrative or Hybrid Method. Indicate the data collection method used to calculate the performance measure by indicating an "A" or "H" in each row.
B. Responder MHCP Rate. Insert the percentage for each measure based on MHCP Families and Children Contract eligible population. The percentage must be calculated for the total F&C MA and MinnesotaCare program eligible enrollees.
C. Responder Commercial Rate. Insert the percentage for each measure based on the Responders HMO eligible population.
D. Difference. The number of percentage point difference between Commercial and MHCP percentages.

Scoring of Information Provided in Table 2. Bonus points, up to 5 percent of the points assigned to Appendix K, may be awarded if one or more of the Responder's performance measurement difference between Commercial and MHCP is 10 percentage points or less.

III. **Responders with only Commercial HMO Product Experience.** Responders that have no experience providing services to MHCP enrollees and only provide Commercial HMO services may submit Table 3 to be eligible for 90 percent of the points assigned to Appendix K.

Table 3: Commercial HEDIS 2010 Measurement Rates and NCQA National HMO Percentile Ranking

HEDIS 2010 Performance Measures	Data Collection Method Administrative or Hybrid	Responder Commercial Rate	NCQA National Commercial HMO Percentile Ranking
Childhood Immunization Status- Combo #3			
Well-Child in the First 15 months – 6 or more visits			
Well-Child Visits 3-6 Years of Life			
Adolescent Well-Care Visits			
Adults' Access to Preventive/Ambulatory Health Services – ages 20-44 yrs.			
Adults' Access to Preventive/Ambulatory Health Services – ages 45-64 yrs.			
Chlamydia Screening in Women – 16-25 yrs – Total			
Cervical Cancer Screening			
Use of Appropriate Medication for People with Asthma – 5-50 yrs - Total			

Instructions for Completing Table 3: For each of the nine HEDIS 2010 Performance Measures.

A. Data Collection Method- Administrative or Hybrid Method. Indicate the data collection method used to calculate the performance measure by indicating an "A" or "H" in each row.

B. Responder Commercial Rate. Insert the percentage for each measure based on the Responder's HMO commercial eligible population.

C. NCQA National Commercial HMO Percentile Ranking. Based on National Commercial HMO Ranking calculated by NCQA, indicate in which percentile the Responders Commercial Rate falls: 10th, 25th, 50th, 75th, or 90th percentile.

Scoring of Information Provided in Table 3.

A. Ninety percent of the assigned number of points for Appendix K will be divided equally between each of the nine HEDIS 2010 performance measures.

B. The number of assigned points for a measure will be awarded if the Responder's Commercial Rate falls within the 75th or 90th NCQA National Commercial HMO percentile.

IV. HEDIS 2010 Validation Documentation. All Responders must submit a copy of their certified HEDIS 2010 Auditor Report indicating the requested measures are reportable and auditor noted limitation/bias. If the Responder fails to submit a copy of the certified HEDIS 2010 Auditor Report the Responder's RFP will be considered NON-RESPONIVE and no Appendix K points will be awarded.

APPENDIX L: PLAN DESIGN

1. Describe how enrollees will access services.
2. Describe how the MCO will promote and assure service accessibility.
3. Describe how the MCO will give attention to enrollee's medical needs.
4. Describe how the MCO will provide for continuity of care.
5. Describe how the MCO will provide for comprehensive and coordinated service delivery.
6. Describe how the MCO will provide culturally appropriate care including access to culturally appropriate providers.
7. Describe the MCO's procedures for providing needs assessment; diagnostic assessment; the development of an individual treatment plan; establishment of treatment objectives; treatment follow-up; monitoring of outcomes; and revision of treatment plans as necessary.
8. Describe how the MCO will ensure that enrollees and/or authorized representatives are involved in the treatment planning and consent to medical treatment.
9. Describe how the method of coordinating the medical needs of an enrollee with his/her social service needs and how the MCO will work with the local social service agency and other community resources in the community.
10. Describe the procedures and criteria for making referrals to specialists and sub specialists.
11. Describe how the MCO meets the language needs of Limited English Proficient (LEP) enrollees.
12. Describe the MCO's capacity to implement care management functions, such as screening for special needs (e.g. mental health and /or chemical dependency problems, developmental disability, high risk health problems, difficulty living independently, functional problems, language or comprehension barriers); individual treatment follow-up; monitoring of outcomes; or revision of treatment plan.
13. Describe the procedures for coordinating care for American Indian enrollees.
14. Describe the procedures for coordinating with IEP/IFSP services and supports.
15. Describe the procedures for coordinating the services provided by children's mental health collaboratives and adult mental health initiatives.
16. Describe the MCO's service authorization and medical necessity requirements including:
    a. all services that require service authorization;
    b. how service authorization requests will be submitted;
    c. a timeline the MCO will follow;
    d. how the MCO will record all requests and disposition of each; and
    e. the MCO's definition of medical necessity.
17. Describe the MCO's Grievance and Appeals process.
18. Describe how the MCO will provide and arrange to provide the benefits described in the model COC(s), Addenda and the Model Contract.
19. Describe the transitional plan the MCO will follow for providing services that were prior authorized for an MA enrollee under fee-for-service by the State prior to the recipient's enrollment in the MCO and when an enrollee moves out of the MCO service area.
20. Describe how the MCO works to share risk, coordinate care management and share data with participating providers in its network.
21. Describe any unique or innovative initiatives between MCO and participating providers that are intended to improve value for enrollees.

APPENDIX M: SPECIFICATIONS FOR PROVIDER NETWORK LISTING

Before the State can sign a contract with any entity to serve this population, the entity must have MDH approval for its service area.

Responders should consider its' network for adequacy and capacity to provide access for the populations covered under this procurement. It is not necessary to bid the Responder's entire network. When developing the network, Responders should consider high-quality, cost-effectiveness, and capacity for patient engagement, organizational efficiencies, and the ability to meet access standards.

All Responders must provide the following:

- Submit a network listing electronically on a CD. Submit a separate listing for each county included in this RFP. MCOs should also submit a separate provider network listing for each bordering county. Submit all out-state providers in a separate listing. Each county list should follow the format below. Any listing that does not follow the format will be considered incomplete. If the MCO does not follow the specifications, the network listing will be returned to the MCO and asked to resubmit according to the specifications. It is imperative that the MCO follow the specifications for submission of the network listing for each county. An example of the format is included below. The list requires up-to-date comprehensive provider network information. The State may request to see proof of contract status (e.g. contracts, signature pages) for any or all provider types.

- The network listing must also include Health Care Homes, Essential and Community Health Providers and Federally Qualified Health Centers (FQHCs).

If you have separate provider networks for specific enrollee populations (PMAP and MinnesotaCare) send a separate provider network report for each population.

Report Specifications:

Title of reports should be formatted as follows:

<MCO Name>, <Program Name (Enrollee Population(s))>, <County Name> and <Date>

State	County	Specialty	Practice Name	Provider Last Name	Provider First Name	Street Address	City	State	Zip Code
Minnesota	Anoka	Primary Care	ABC Clinic	Doe	Jane	203 3rd St N	Anoka	MN	55303
	Anoka	Hospital	123 Hospital			444 Pine Rd	Anoka	MN	55303
	Dakota	Pediatric	Kids Care	Doe	John	5 Lafayette Hwy	Eagan	MN	55123
	Dakota	Pharmacy	XY Pharmacy			123 E Park Ave	Eagan	MN	55123

- Each county should be a separate tab within the report.
- Use your most current version of Excel.
- Use field names identified in the sample above, you may designate appropriate field length, field order, and sort report that best accommodates your raw data.

- Identify the County where the provider is located.
- Identify the name of the practice, clinic, entity, or use the provider name if a practice name does not exist (for an independent provider).
- Identify the individual provider's last name.
- Identify the individual provider's first name.
- An alpha/numerical street address (physical location) must be used. Use standard abbreviations; Street (St), Avenue (Ave), North East (NE), etc. Do not use PO Box numbers, Room numbers, or Suite numbers.
- Identify the city where the practice is located. Use standard abbreviations.
- Zip codes can be 5 or 9 digits.
- Identify the individual provider or practice specialty (be as specific as possible). Your report can also include pharmacies, transportation, and interpreter providers even though these providers are excluded in contract language.

Allergy/immunology	Infectious Disease	Pharmacies
Anesthesiology	Internal medicine	Physical therapy
Audiology	Interpreter	Physician assistant (specialty)
Cardiology	Mental health	Primary care
Chemical dependency	Nephrology	Proctology
Chiropractic	Neurology	Prosthetic/Orthotic
Dermatology	Nurse practitioner (specialty)	Psychiatry (MD)
Dental	Nutrition	Psychology
Durable medical equipment	Ob-gyn	Physical therapy
Emergency medicine	Occupational therapy	Radiology
Endocrinology	Oncology	Rheumatology
Family practice	Ophthalmology	Social Worker
Gastroenterology	Optometry	Speech therapy
Home health(including PCA and PCPO)	Orthopedic	Surgery
Hospital	Pediatric	Transportation

- To minimize report size, create a zip file.
- Responders must provide evidence of network analysis by county that ensures access to health care services for the counties included in the proposal for the provider types indicated. This includes:
  1. Managed Care Accessibility Report
  2. Geo mapping Maps for the following types of providers:
     - Primary Care
     - Hospital
     - Mental Health
     - Chemical Dependency
     - Chiropractic
     - Dental

- Submit a draft of the Primary Care Network List (PCNL) that identifies all of the Primary Care Providers (PCPs) and hospitals associated with the PCP that will be available to the populations covered by this procurement. If separate PCNLs are issued for Medical Assistance and MinnesotaCare, then submit both PCNLs. Here is the link to the PCNL Guidelines which describes the requirements for the PCNL.

  http://www.dhs.state.mn.us/main/groups/business_partners/documents/pub/dhs16_149001.pdf

If the above information is not submitted, your proposal will not be accepted or scored.