Request for Information

INTRODUCTION

The California Department of Health Care Services (DHCS) is releasing this Request for Information (RFI) to provide information and solicit input from Interested Parties.

The RFI includes the following sections:

1. Purpose/Background
2. Key Action Dates
3. Contact Information
4. Scope of Work
5. Opportunity to Provide Input
6. Format Submission
7. Disclaimer

SECTION 1: PURPOSE/BACKGROUND

Purpose

The California Advancing and Innovating Medi-Cal (CalAIM) 1115 demonstration, approved by the Centers for Medicare and Medicaid Services (CMS) on December 29, 2021 with approval of the Reentry Demonstration Initiative on January 26, 2023, leverages Medi-Cal as a tool to help address many of the complex challenges facing California's most vulnerable residents, such as the health needs of the homeless, behavioral health care access, children with complex medical conditions, the growing number of Justice-Involved (JI) populations who have significant clinical needs, and the growing aging population. This demonstration aims to assist California in improving health outcomes and advancing health equity for Medi-Cal beneficiaries and other low-income people in the State.

This independent evaluation RFI covers the evaluation of four components of the CalAIM 1115 waiver: the Providing Access and Transforming Health (PATH) Initiative, the Global Payment Program (GPP), Medi-Cal matching plan policy for dually eligible beneficiaries (duals), and the Reentry Demonstration Initiative. More details about these programs can be found in the Appendix 1. DHCS submitted to CMS a Draft Evaluation Design for the first three of these four waiver components on June 27, 2022, and has received feedback from CMS on this Draft Evaluation Design. DHCS issues this RFI to seek information from experienced vendors on updating the CalAIM Draft Evaluation Design based on CMS' feedback and conducting the program evaluation described in this design.

In addition to the independent evaluation of the CalAIM demonstration, DHCS also issues this RFI to seek information from experienced vendors on the development of a new Evaluation Design to submit to CMS for the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) 1115 waiver,

and the subsequent evaluation of this demonstration. Entities may respond to the CalAIM evaluation portion of this RFI, the BH-CONNECT evaluation portion of this RFI, or both. Pending CMS approval of the BH-CONNECT waiver application and Evaluation Design, DHCS may select the same entity that developed the BH-CONNECT Evaluation Design to conduct the independent evaluation for the BH-CONNECT 1115 demonstration.

Background

The CalAIM 1115 demonstration, along with related authorities, including the 1915(b) waiver also approved by CMS on December 29, 2021, will enable California to fully execute its larger CalAIM initiative, providing expanded benefits to certain high-need, hard-to-reach populations, and shifting Medi-Cal to a population health approach that prioritizes prevention and addresses social drivers of health, with the goal of improving health outcomes for Medi-Cal beneficiaries. As part of this demonstration and the 1915(b) waiver, California launched a statewide Enhanced Care Management (ECM) program and will implement Reentry Demonstration Initiative services for JI populations under CalAIM. California has received approval from CMS to provide targeted pre-release services for qualifying JI adults who meet specific health-related criteria and all individuals who are incarcerated in a youth correctional facility. With this approval, California will cover a limited set of pre-release services to JI adults who have significant clinical and social needs as well as to individuals in youth correctional facilities, in order to improve their transitions (in particular, transitions of health coverage and care) back to the community. Through this Reentry Demonstration Initiative, California is taking significant steps to address poor health outcomes in this JI population. The department has established pre-release Medi-Cal enrollment processes and will be providing targeted Medi-Cal services to eligible individuals while they are incarcerated immediately prior to their release and ensuring continuity of coverage and services after incarceration as part of re-entry planning.

While 12 of the Community Supports under managed care authority known as “in lieu of services” (ILOS) were approved in the renewal of the 1915(b) waiver, two additional Community Supports – recuperative care and short-term post-hospitalization services – are authorized through this CalAIM 1115 demonstration. In alignment with the 1915(b) Special Terms and Conditions (STCs), the State will submit a separate independent evaluation of these 12 ILOS, which will also include an evaluation of the two Community Supports authorized through this 1115 waiver, to CMS in the agreed upon timeline. Thus, this RFI does not include the evaluation of health-related social needs and ILOS. However, the PATH evaluation should consider that the purpose of PATH is to build capacity and infrastructure in the delivery system for ECM and Community Supports. In addition, DHCS intends to submit an amendment to the existing CalAIM Section 1115 demonstration to include a new Community Supports: Transitional Rent. While PATH is intended to scale ECM and Community Supports, this RFI does not include transitional rent as a community support for the purposes of evaluation of PATH.

In 2023, DHCS also intends to submit a new 1115 demonstration that would complement and build upon CalAIM. The BH-CONNECT demonstration aims to increase access to and improve mental health services for Medi-Cal members statewide. The demonstration will take advantage of CMS' 2018 guidance and associated federal funding aimed at improving care for members living with serious mental illness (SMI) and serious emotional disturbance (SED). More information about the proposed demonstration is in the BH-CONNECT Concept Paper.

The 1115 demonstration evaluation activities encompassed in this RFI are intended to fit within the larger CalAIM population health management framework. The CalAIM 1115 demonstration continues to provide expenditure authority to allow federal reimbursement for Medi-Cal services provided to short-term residents of Institutions for Mental Diseases (IMDs) receiving Drug Medi-Cal Organized Delivery System (DMC-ODS) services, and also authorizes contingency management, an evidence-based behavioral health treatment that the State will pilot in conjunction with a comprehensive outpatient treatment program for psycho-stimulant use disorders, in DMC-ODS counties that elect and are approved by DHCS to implement. However, this RFI does not include evaluation of these two components of the waiver, i.e., the Drug Medi-Cal Organized Delivery System and Contingency Management components, as these components will be part of a separate evaluation.

CMS requires States to arrange with an independent party to conduct evaluations of all 1115 demonstrations to ensure that the necessary data is collected at the level of detail needed to research the approved hypotheses. States must require the independent party to sign an agreement that the independent party will conduct the demonstration evaluation in an independent manner in accordance with the CMS-approved Evaluation Design. CMS guidance for evaluation and monitoring all 1115 demonstrations can be found on Medicaid.gov website.

For the CalAIM 1115 evaluation, an independent evaluator must draft the revision of the Draft Evaluation Design based on CMS' comments and add to the Evaluation Design a plan for evaluation of the Reentry Demonstration Initiative. Once CMS approves the final Evaluation Design, when conducting analyses and developing the evaluation reports, every effort should be made to follow the approved methodology. However, at DHCS' request, CMS may allow changes in the methodology in appropriate circumstances.

SECTION 2: KEY ACTION DATES

Below is a tentative schedule of dates related to this RFI:

Item	Date
RFI Released	June 14, 2023
Questions Due	June 21, 2023 by 4:00 p.m. Pacific Time (PT)
Release State response to questions	June 28, 2023
RFI Due	July 12, 2023 by 4:00 p.m. PT

SECTION 3: CONTACT INFORMATION

Direct RFI responses and all correspondence and/or questions related to this RFI to the contact identified below:

Division: Contracts Division
E-mail Address: CDRFI1@dhcs.ca.gov

SECTION 4: PROPOSED SCOPE OF WORK

Overall, an 1115 waiver evaluation must support a thorough and robust assessment of whether the demonstration components are effective in producing the desired outcomes for its beneficiaries and providers, and the State's overall Medicaid program. The evaluation design must also support causal impact evaluation of the demonstration programs on beneficiary coverage, access to and quality of care, and health outcomes. Furthermore, to the best extent feasible, the evaluation must include analyses stratified by key subpopulations of interest (e.g., by sex, age, race/ethnicity, primary language, disability status, sexual orientation and gender identity, and geography). Such stratified data analyses will provide a fuller understanding of existing disparities in access to and quality of care and health outcomes and help inform how the demonstration's various policies might support reducing such disparities.

For the CalAIM 1115 Evaluation Activities, DHCS may execute a contract with an entity tentatively beginning from September 1, 2023 through June 30, 2029, which may encompass the Scope of Work (SOW) Activities outlined below:

Proposed Scope of Work for CalAIM 1115 Evaluation Activities

1. Meet with specified DHCS staff on a biweekly basis to give status updates and troubleshoot any issues on conducting the evaluation.

2. Revise the Evaluation Design in response to CMS' and DHCS' comments, including adding additional evaluation design components required with approval of the Reentry Demonstration Initiative on January 26, 2023, and address any gaps in compliance with the requirements specified in the STCs including Attachment A: Developing the Evaluation Design and Attachment B: Preparing the Interim and Summative Evaluation Reports. Complying with the STCs may include finalizing or further specifying the evaluation's hypotheses, research questions, interviews, methodological designs, sampling methodology, target and comparison populations, evaluation measures, survey questionnaires, selection of data sources, and analytic methods. Draft responses to CMS' and DHCS' comments on the Draft Evaluation Design, make requested revisions, and submit to DHCS for review and approval.
3. After CMS approval of the Evaluation Design, collect and analyze qualitative and quantitative data to conduct the evaluation. Such data collection and analysis will leverage several different data sources, as specified in the Evaluation Design.
    a. Qualitative data will include survey and stakeholder interviews as specified in the final CMS-approved Evaluation Design.
    b. Quantitative data will include several data sources including Medicare and Medi-Cal eligibility and enrollment files, Medi-Cal provider data, other data collected by DHCS, data collected by third-party administrators, and external data (e.g., the Healthy Places Index) as specified by the finalized CMS-approved Evaluation Design.
    c. Analyze the data as specified in the final CMS-approved Evaluation Design.
4. Prepare all required reports for DHCS' and CMS' review and approval
    a. Submit quarterly progress reports to DHCS regarding evaluation activities.
    b. Submit revised draft Evaluation Design, and draft responses to CMS' comments on the Draft Evaluation Design, to DHCS according to a timeline to be determined.
        i. Finalize Evaluation Design based on DHCS review and in compliance with the STCs for submission to CMS according to a timeline to be determined.
        ii. Provide an Americans with Disabilities Act (ADA)-compliant version for posting to the DHCS website no later than 10 working days after DHCS submits Evaluation Design to CMS. Document that the ADA-compliant version has been de-identified in accordance with the HIPAA standard and provide that documentation to DHCS for review and approval. For reference, the DHCS process for de-identification in accordance with the HIPAA standard can be found here.

c. Submit the draft Interim Evaluation Report in compliance with the STCs to DHCS by the tentative due date of September 2, 2025. Report must follow all DHCS guidelines regarding data de-identification[1]
    i. Finalize Interim Evaluation Report based on DHCS review and in compliance with the STCs to have ready for submission to CMS before the tentative due date of December 29, 2025.
    ii. Provide an Americans with Disabilities Act (ADA)-compliant version for posting to the DHCS website no later than 10 working days after DHCS submits report to CMS. Document that the ADA-compliant version has been de-identified in accordance with the HIPAA standard and provide that documentation to DHCS for review and approval. For reference, the DHCS process for de-identification in accordance with the HIPAA standard can be found here.
d. Submit a revised Interim Evaluation Report addressing CMS feedback to DHCS within 21 calendar days of receiving CMS' comments. Report must follow all DHCS guidelines regarding data de-identification.
    i. Revise in response to DHCS review to have ready for submission to CMS within 60 calendar days after DHCS receipt of CMS' comments.
    ii. Provide an ADA-compliant version for posting to the DHCS website no later than 10 working days after DHCS submits report to CMS. Document that the ADA-compliant version has been de-identified in accordance with the HIPAA standard and provide that documentation to DHCS for review and approval. For reference, the DHCS process for de-identification in accordance with the HIPAA standard can be found here.
e. Submit draft Final Summative Evaluation Report in compliance with the STCs to DHCS by the tentative due date of March 1, 2028. Report must follow all DHCS guidelines regarding data de-identification.
    i. Finalize Final Summative Evaluation Report based on DHCS review and in compliance with the STCs to have ready for submission to CMS before the tentative due date of June 27, 2028.
    ii. Provide an ADA-compliant version for posting to the DHCS website no later than 10 working days after DHCS submits report to CMS. . Document that the ADA-compliant version has been de-identified in accordance with the HIPAA standard and provide that documentation to DHCS for review and approval. For reference, the DHCS process for de-identification in accordance with the HIPAA standard can be found here.

[1] Public Reporting Guidelines

f. Submit a revised Final Summative Evaluation Report addressing CMS feedback to DHCS within 21 calendar days of receiving CMS' comments. Report must follow all DHCS guidelines regarding data de-identification.
   i. Revise in response to DHCS review to have ready for submission to CMS within 60 calendar days after DHCS receipt of CMS' comments.
   ii. Provide an ADA-compliant version for posting to the DHCS website no later than 10 working days after DHCS submits the report to CMS. Document that the ADA-compliant version has been de-identified in accordance with the HIPAA standard and provide that documentation to DHCS for review and approval. For reference, the DHCS process for de-identification in accordance with the HIPAA standard can be found here.

Proposed Scope of Work for the BH-CONNECT Evaluation Activities:

1. Meet with specified DHCS staff on a regular basis to give status updates and troubleshoot any issues on conducting the evaluation.
2. Draft the BH-CONNECT Evaluation Design for submission to CMS within 180 days of CMS' approval of the BH-CONNECT application, consistent with CMS guidance on Monitoring and Evaluation found here.
3. Revise and finalize the BH-CONNECT Evaluation Design in response to CMS' comments and address any gaps in compliance with the requirements specified in the STCs. Complying with the STCs may include finalizing or further specifying the evaluation's hypotheses, research questions, methodological designs, sampling methodology, target and comparison populations, evaluation measures, survey questionnaires, selection of data sources, and analytic methods. Draft responses to CMS' comments on the Draft Evaluation Design, make requested revisions, and submit to DHCS for approval.
4. After CMS approval of the BH-CONNECT Evaluation Design, collect and analyze qualitative and quantitative data to conduct the evaluation. Such data collection and analysis will leverage several different data sources, as specified in the Evaluation Design.
5. Prepare all required reports for DHCS' and CMS' review and approval related to the BH-CONNECT Evaluation
   a. Submit quarterly progress reports to DHCS regarding evaluation activities.
   b. Submit the mid-point assessment required for Section 1115 SMI/SED waivers in compliance with CMS guidance.
   c. Submit the draft Interim Evaluation Report in compliance with the STCs to DHCS. Report must follow all DHCS guidelines regarding data de-identification[2].

[2] Public Reporting Guidelines

i. Finalize Interim Evaluation Report based on DHCS review and in compliance with the STCs to have ready for submission to CMS.
ii. Provide an ADA-compliant version for posting to the DHCS website no later than 10 working days after DHCS submits report to CMS. Document that the ADA-compliant version has been de-identified in accordance with the HIPAA standard and provide that documentation to DHCS for review and approval. For reference, the DHCS process for de-identification in accordance with the HIPAA standard can be found here.

d. Submit a revised Interim Evaluation Report addressing CMS feedback to DHCS within 21 calendar days of receiving CMS' comments. Report must follow all DHCS guidelines regarding data de-identification.
    i. Revise in response to DHCS review to have ready for submission to CMS within 60 calendar days after DHCS receipt of CMS' comments.
    ii. Provide an ADA-compliant version for posting to the DHCS website no later than 10 working days after DHCS submits report to CMS. Document that the ADA-compliant version has been de-identified in accordance with the HIPAA standard and provide that documentation to DHCS for review and approval. For reference, the DHCS process for de-identification in accordance with the HIPAA standard can be found here.
e. Submit draft Final Summative Evaluation Report in compliance with the STCs to DHCS. Report must follow all DHCS guidelines regarding data de-identification.
    i. Finalize Final Summative Evaluation Report based on DHCS review and in compliance with the STCs to have ready for submission to CMS.
    ii. Provide an ADA-compliant version for posting to the DHCS website no later than 10 working days after DHCS submits report to CMS. Document that the ADA-compliant version has been de-identified in accordance with the HIPAA standard and provide that documentation to DHCS for review and approval. For reference, the DHCS process for de-identification in accordance with the HIPAA standard can be found here.
f. Submit a revised Final Summative Evaluation Report addressing CMS feedback to DHCS within 21 calendar days of receiving CMS' comments. Report must follow all DHCS guidelines regarding data de-identification.
    i. Revise in response to DHCS review to have ready for submission to CMS within 60 calendar days after DHCS receipt of CMS' comments.

ii. Provide an ADA-compliant version for posting to the DHCS website no later than 10 working days after DHCS submits report to CMS. Document that the ADA-compliant version has been de-identified in accordance with the HIPAA standard and provide that documentation to DHCS for review and approval. For reference, the DHCS process for de-identification in accordance with the HIPAA standard can be found here.

Contractor Selection Process and Expectations

DHCS may select an entity to conduct an evaluation for the PATH, GPP, Medi-Cal matching plan, and Reentry Demonstration Initiative components of the CalAIM 1115 waiver in an independent manner in accordance with the CMS-approved Evaluation Design. If selected, the entity will be required to provide the following services to DHCS:

1. Finalize the Evaluation Design for the PATH, GPP, Medi-Cal matching plan policy, and Reentry Demonstration Initiative components in response to the feedback received from CMS and to address any gaps in compliance with the requirements specified in the (STCs) of the waiver or the Reentry Demonstration Initiative.
2. Collect qualitative and quantitative data to conduct the evaluation.
3. Prepare all required evaluation reports for DHCS review and submission to CMS.

In addition, DHCS may select an entity to develop the Evaluation Design and conduct the independent evaluation of the BH-CONNECT demonstration. This entity may be the same entity, or a different entity, from the CalAIM PATH/GPP/duals/Reentry Demonstration independent evaluator. If selected, the entity will be required to provide the following services to DHCS:

1. Develop a draft Evaluation Design for the BH-CONNECT demonstration that will be submitted to CMS.
2. Revise and finalize the Evaluation Design for the BH CONNECT demonstration in response to feedback received from CMS.

Pending CMS approval of the BH-CONNECT waiver application and Evaluation Design, the department may select the same entity that developed the BH-CONNECT Evaluation Design to conduct the independent evaluation for the BH-CONNECT 1115 demonstration and prepare all required evaluation reports for DHCS review and submission to CMS.

If selected, the entity for either effort may subcontract with additional entities as necessary in accordance with applicable laws, regulations, and policies. Any interested entities must develop and submit a response to this RFI as outlined in Section 5 below.

Tentative Contract Period:

- **September 1, 2023 – June 30, 2029 (PATH, GPP, Medi-Cal matching plan, and Reentry evaluation only)**
- **January 1, 2024 – December 31, 2024 (BH-CONNECT Evaluation Design only)**
- **September 1, 2023 – June 30, 2029 (If a single contract is executed for both efforts)**

SECTION 5: OPPORTUNITY TO PROVIDE INPUT

Interested parties may submit responses to this RFI for the CalAIM 1115 evaluation, the BH-CONNECT evaluation, or both. If responding to both, please submit as separate responses and be sure to indicate if the response is for the CalAIM 1115 evaluation or the BH-CONNECT evaluation. For each evaluation to which you are responding, please:

1. Submit a response, no longer than five (5) pages in single spacing, 12 pt. Arial font, to provide input on the following:
    a. How would your organization deliver on the proposed SOW outlined in Section 4?
    b. What is your experience with conducting large-scale program evaluations with many different data sources, including specifically your knowledge and/or experience conducting Medicaid program evaluations?
    c. Do you have any feedback or suggestions related to the proposed SOW and timeline outlined in Section 4?
    d. Please provide a general timeline of activities and deliverables, including the dates specified in the proposed SOW outlined in Section 4.
2. In addition to the five (5) page response, DHCS would like interested parties to provide:
    a. A list of positions/roles that would be necessary to perform this SOW, including the area of needed expertise (see Section 1, Purpose).
    b. A summary of total costs that specify both direct and indirect costs (if applicable) that would be needed to complete the evaluation, stratified by high-level line item.
3. Please include a Cover Page with the signature of the primary contact.

SECTION 6: INPUT SUBMISSION

For interested parties who are responding to this RFI:

1. Please submit any questions to this RFI via email with the subject line “Questions for 1115 Demonstration Independent Evaluations RFI 22-046” to CDRFI1@dhcs.ca.gov no later than **June 21, 2023 by 4:00 p.m. PT.**

2. Please submit the response to this RFI via email with the subject line "Response to 1115 Demonstration Independent Evaluations RFI 22-046" to CDRFI1@dhcs.ca.gov no later than **July 12, 2023 by 4:00 p.m. PT.**
3. Please include your name, the entity or organization you represent, and your contact information with your submission.

Example: If you are responding to both the CalAIM 1115 evaluation and the BH-CONNECT evaluation, DHCS asks that you prepare two responses to address items 1 – 3 in Section 5; one response for the CalAIM 1115 evaluation and one response for the BH-CONNECT evaluation. If you are responding to one of the evaluations, you only need to respond to items 1 – 3 in Section 5 once. Please refer to the Proposed SOW in Section 4 for activities specific to the CalAIM 1115 evaluation and the BH-CONNECT evaluation.

SECTION 7: DISCLAIMER

A. **This RFI is issued for information gathering and planning purposes only and does not constitute a solicitation.** A response to this RFI is not an offer and cannot be accepted by the department to form a binding contract. Furthermore, any award made related to the subject matter of this RFI is not contingent upon a vendor responding to this RFI.
B. Respondents are solely responsible for all expenses associated with responding to this RFI.
C. Respondents are advised that responses to this RFI are subject to the California Public Records Act (PRA) (Government Code Section 7920.000 et seq.) and responses may be subject to disclosure. As such, do not include any proprietary, trade secret or confidential information in your response to this RFI. Any markings that a response, or a portion of a response, is proprietary, a trade secret and/or confidential will be disregarded. DHCS will **not** exempt any response, or a portion of a response, from a PRA request on the grounds that a response includes proprietary, trade secret and/or confidential information.
D. Responding to this RFI creates no obligation on the part of any Respondent to DHCS. Conversely, issuing this RFI and considering the responses creates no obligation on the part DHCS to any Respondent.
E. DHCS may use the information received as the result of this RFI to initiate future discussions with entities.
F. In accordance with Welfare and Institutions Code section 14184.102(e), DHCS has the authority to make a direct award.
G. Not submitting a response to this RFI will not prohibit a response to any future solicitation, nor disadvantage the evaluation of a response to any future solicitation, if DHCS chooses to procure. By submitting a response to this RFI, a Respondent is implicitly agreeing with these conditions.

H. DHCS asks willing Respondents to share nonbinding budgetary pricing information for each identified solution where requested. Pricing is only for planning purposes. Any pricing provided in a response to this RFI will not be considered an offer on the part of a Respondent.

If you have any questions regarding this RFI, please submit them in writing to the contact information in Section 3 of this RFI.

Sincerely,

Christina Soares, Chief
Contracts Division