

B. SPECIAL PROVISIONS

Definitions

- B.1.1.** Care Coordination is the implementation of the comprehensive care plan and involves active involvement of the individual, and the family when appropriate. Care Coordination is designed to be delivered in a flexible manner, and individualized to the individual and family's preferences. It supports goals that have been identified by developing linkages and skills in order to allow adults, children and families to reach their full potential and increase their independence.
- B.1.2.** Comprehensive Care Management: Involves the development of the comprehensive care plan with the active participation of the adult and youth consumer, families and caregivers.
- B.1.3.** Health Homes (As used in this Request for Proposal): A Health Home for adults with Serious Mental Illness (SMI) and children with serious emotional disturbance (SED), will integrate behavioral health care and primary care services by: 1) directly providing primary care in-house performed by a qualified employee, or purchasing through a contract; or 2) establishing written agreements with external primary care providers and ensuring the coordination of care and treatment for identified physical care issues.
- B.1.4.** Serious Emotional Disturbance (As used in this Request for Proposal): The disability must show evidence of points of a. b. and c: a) The disability must have persisted for six months and be expected to persist for a year or longer; b. A condition of serious emotional disturbance as defined the DSM IV TR, DSM V, or their *International Classification of Disease (ICD)-9-CM* equivalent (and subsequent revisions) with the exception of 'V' codes, substance abuse, and developmental disorders, which are excluded, unless they co-occur with another diagnosable serious emotional disturbance. c) Functional Symptoms and Impairments – the youth must exhibit either:
1. Psychotic Symptoms – (eg., Schizophrenia)
Characterized by defective or lost contact with reality, often with hallucinations or delusions); or
 2. Functional Impairment - Difficulties that substantially interfere with or limit a child or adolescent from achieving or maintaining one or more developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills. There is functional impairment in two of the following capacities (compared with expected developmental level), based on a CAR score of above 30 in two or more areas or another Oklahoma Health Care Authority (OHCA)/Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) approved assessment which scores in a serious clinical range: a) Functioning in Self Care - Impairment in self-care is manifested by a person's consistent inability to take care of personal grooming, hygiene, clothes and meeting of nutritional needs. b) Functioning in the Community - Impairment in community function is manifested by a consistent lack of age appropriate behavioral controls, decision-making, judgment and value systems which results in potential involvement or involvement with the juvenile justice system. c) Functioning in Social Relationships - Impairment of social relationships is manifested by the consistent inability to develop and maintain satisfactory relationships with peers and adults. d) Functioning in the Family - Impairment in family function is manifested by a pattern of disruptive behavior exemplified by repeated and/or unprovoked violence to siblings and/or parents, disregard for safety and welfare of self or others (e.g., fire setting, serious and chronic destructiveness, inability to conform to reasonable limitations and expectations which may result in removal from the family or its equivalent). and f) Functioning at School/Work - Impairment in functioning at school is manifested by the inability to pursue educational goals in a normal time frame (e.g., consistently failing grades, repeated truancy, expulsion, property damage or violence toward others).
- B.1.5.** Serious Mental Illness (SMI) (As used in this Request for Proposal): Adults who have a serious mental illness are persons eighteen (18) years of age or older who meet the following criteria:
1. Currently or at any time during the past year have had a diagnosable mental, behavioral or emotional disorder of sufficient duration to meet criteria specified within DSM-IV TR, or DSM V, with the exception of "V" codes, substance abuse disorders, and developmental disorders, unless they co-occur with another diagnosable serious mental illness; and
 2. Based on a client assessment scale, has moderate impairment in at least four, severe impairment in two or extreme impairment in one of the following areas:
 1. Feeling, mood and affect;

2. Thinking;
 3. Family relationships;
 4. Interpersonal skills;
 5. Role performance;
 6. Socio-legal; or
 7. Self-care and basic needs;
3. Has duration of illness of at least one year and at least moderate impairment in two, or severe impairment in one of the following areas:
 1. Feeling, mood and affect;
 2. Thinking;
 3. Family relationships;
 4. Interpersonal skills;
 5. Role performance;
 6. Socio-legal; or
 7. Self-care and basic needs.

Contract Period

The contract shall begin on date of award and terminate on June 30, 2015, with an option to renew for four additional one year periods (July 1 through June 30). A renewal letter will be issued to the Contractor to constitute each renewal option period. The option to renew shall be contingent upon the needs of the OHCA and ODMHSAS, funding availability, and is at the sole discretion of the OHCA and ODMHSAS

It is understood and agreed by the parties hereto that all obligations of OHCA, including the continuance of payments, are contingent upon the availability and continued appropriation of State and Federal funds, and in no event shall OHCA be liable for any payments in excess of such available appropriated funds. Rates planned for Health Homes can be viewed on the OHCA website at: www.okhca.org/behavioral-health.

Electronic Payments

- B.3.1.** Payment cannot be made by OHCA to vendors providing services under federally assisted programs unless services are provided without discrimination on the grounds of race, color, religion, sex, national origin or handicap.
- B.3.2.** Bidder shall accept payment from OHCA by direct deposit to Bidder's financial institution. OHCA shall make payment in accordance with the information supplied by Bidder on the attached electronic funds transfer (hereafter EFT) form. Bidder shall update direct deposit information as needed by sending a signed EFT form to OHCA.
- B.3.3.** Bidder shall release any lien securing payment for any SoonerCare compensable service. This provision shall not affect Bidder's ability to file a lien for non-covered service or OHCA-permitted co-payment.
- B.3.4.** Satisfaction of all claims will be from federal and state funds. Any false claims, statements, or documents, or any concealment of a material fact may be prosecuted.
- B.3.5.** Payments will be made to Bidder within forty-five (45) days of submission of a "clean claim" as such term is defined at 42 CFR § 447.45 (b). Bidder is entitled to interest in accordance with 62 Okla. Stat. § 41.4B (1991) for all payments not made within forty-five days after the clean claim has been submitted to OHCA or its claims payment agent.
- B.3.6.** Bidder agrees all claims shall be submitted to OHCA in a format acceptable to OHCA and in accordance with OHCA regulations.
- B.3.7.** If Bidder enters into a billing service agreement, Bidder shall be responsible for the accuracy and integrity of all claims submitted on Bidder's behalf by the billing service.
- B.3.8.** Bidder shall not use the billing service or any other entity as a factor, as defined by 42 CFR §447.10.

SPECIFICATIONS

History of Programs

- C.1.1.** OHCA is the state agency that administers the Oklahoma Medicaid Program, known as SoonerCare. Medicaid is a federal and state entitlement program that provides funding for medical benefits to low-income individuals who have inadequate or no health insurance coverage. Medicaid guarantees coverage for basic health and long-term care services based upon income and/or

resources. Created as Title XIX of the Social Security Act in 1965, Medicaid is administered at the federal level by the Centers of Medicare and Medicaid Services (CMS) within the Department of Health and Human Services (HHS). CMS establishes and monitors certain requirements concerning funding, eligibility standards and quality and scope of medical services. States have the flexibility to determine some aspects of their own programs, such as setting provider reimbursement rates and the broadening of the eligibility requirements and benefits offered within certain federal parameters.

- C.1.2.** ODMHSAS is the single state authority for mental health and substance abuse services in Oklahoma, and is charged by 43A Okla. Stat. §1-101 et seq. with providing care and treatment of persons with mental illness or who require treatment for drug or alcohol abuse or gambling services.

Purpose

- C.2.1** The purpose of this Request for Proposal (RFP) is to identify and select behavioral health providers to deliver Health Home (HH) services statewide for adults with serious mental illness (SMI) and children with serious emotional disturbance (SED). HHs will deliver services through a multidisciplinary team of physical and behavioral health care professionals.

The HH for adults will be led by a Director, with a team including, but not limited to; nurse care managers, behavioral health case managers, wellness coaches, administrative support staff, PCP consultants, and psychiatric consultants.

The HH for children will be led by a Director, with a team including, but not limited to; care coordinators, family support providers, psychiatric consultants, PCP consultants, youth peer support specialists, health home specialists, and administrative support staff.

A successful Bidder will indicate ability and plans to maintain sufficient staff to meet the needs of every person served and reach desired outcomes. **A Minimum level staffing chart is on Attachment 1.**

This RFP is contingent upon approval of Oklahoma's State Plan Amendment (SPA) by the Centers for Medicare and Medicaid Services (CMS). All information in this RFP is subject to change pending final approval from the Centers for Medicare and Medicaid (CMS). The anticipated start date for Health Homes is January 15, 2015.

Bidder Duties / Scope of Work

- C.3.1.** In order to be a HH, an Applicant must be either:
1. Certified by the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) as a Community Mental Health Center under OAC 450:17; or
 2. Accredited as a provider of outpatient behavioral health services from one of the national accrediting bodies; or
 3. Certified by ODMHSAS as a Mental Illness Service Program pursuant to OAC 450:27; or
 4. Certified by ODMHSAS as a Program of Assertive Community Treatment (FACT) pursuant to OAC 450:55; and
 5. In addition to the accreditation/certification requirements in (1) – (4), providers must also have provider specific credentials from ODMHSAS for Health Home Services (OAC 450:17; OAC 450:27; OAC 450:55).
- C.3.2.** A Bidder may apply for each individual county, a service area, or more than one county or service area. A Bidder may also apply for more than one population (children or adults). Service areas are shown on the map on **Attachment 2** of this RFP. Bidders will receive bonus points for bidding on a whole service area rather than individual counties. Within the given location, all eligible Sooner Care members must be given the opportunity to enroll for the service. Bidders must present a plan for beginning operation and rolling out HH services for a specified area as quickly as possible, layering in additional services until a full menu of HH core services is available throughout specified area. Bidders must include a timeline of activities, with milestones indicated.
- C.3.3.** Health Home core services ensure that behavioral health and physical health services are delivered in a coordinated and comprehensive manner. The core services are:
1. Comprehensive Care Management;
 2. Care Coordination;
 3. Health Promotion;
 4. Comprehensive Transitional Care Services;

5. Individual and Family Support Services; and
 6. Referral to Community and Social Support Services.
- C.3.4.** HH services will include comprehensive care coordination, care management, health promotion, assistance with transitions, referrals, and individual and family support. HHs will provide the mechanism through which the primary care and behavioral health care of adults with SMI and children with SED can be integrated successfully for improved quality and length of life. This will be done by interdisciplinary teams. Shared health information technology will play a critical role.
- C.3.5.** HHs will be data-driven. Data will be utilized to identify persons who need additional support in managing their care, and to provide timely feedback to providers on utilization, key quality indicators, service gaps and benchmarks.
- C.3.6.** Bidder's plan should outline how all adults and children enrolled in HH will receive comprehensive care management, to include: a) comprehensive assessment that identifies the medical, behavioral, social, residential, educational, vocational, and other related strengths and needs of the adult, or child, and family/caretaker if applicable; b) development and periodic review of a comprehensive care plan with the person served and family if appropriate, to build on strengths and address identified physical and behavioral health and recovery needs; c) management and oversight of the implementation of the comprehensive care plan, including periodic reviews and adjustments; d) intensive and individualized outreach, education and support regarding HH services and benefits, including information on sharing protected health information and coordination with primary care services; e) written consent for the service and authorization for release and sharing of information; and f) connection with the individual's existing PCP, or linking with the PCP available through the HH, within the first three months of enrollment in HH; and g) staffing plan sufficient to meet the needs of all persons served and achieve desired outcomes. Care Management duties include:
1. Identifying HH members for care planning and determining level of participation;
 2. Assessing preliminary service needs utilizing a standardized tool;
 3. Developing a comprehensive, person-centered care plan;
 4. Developing treatment guidelines with clinical pathways for following across risk levels or health conditions;
 5. Monitoring individual and population health status and service use, and monitoring variance from best practice guidelines;
 6. Developing and disseminating reports indicating progress toward outcome goals;
 7. Screening for general health with priority for high-risk conditions;
 8. Screening, monitoring and intervening for metabolic syndrome and related care gaps;
 9. Ensuring treatment per practice guidelines, e.g., heart disease, diabetes, smoking cessation, identification and treatment of suicidality;
 10. Offering prevention and intervention for modifiable risk factors and care gaps; and
 11. Tracking and improving performance through a behavioral health HH management software system.
- C.3.7.** Evaluation of Comprehensive Care Management activities will include, but will not necessarily be limited to:
1. Reviews of assessments;
 2. Reviews of care plans, specifically looking for integration of all needs and goals into one plan, in a holistic and person-centered manner; and
 3. Reviews of care plan updates.
- C.3.8.** Bidder's should also outline how all adults and children enrolled in HH will receive care coordination to support the individual and the family as appropriate, with the implementation of the comprehensive care plan, to include:
1. Outreach and engagement;
 2. Identification of specific resources cited in the comprehensive care plan;
 3. Facilitation of referrals;
 4. Advocacy in accessing necessary services and supports;
 5. Exploration of least restrictive, most inclusive alternatives and supports; and
 6. Follow up after hospitalization, use of crisis services or out of home placement information, consultation, and problem-solving supports.
- C.3.9.** Evaluation of Care Coordination will include but will not be limited to:
1. Transition of records to and from the HH and inpatient facilities;
 2. Follow-up after inpatient hospitalization; and
 3. Initiation and engagement of alcohol and other drug dependence treatment.
- C.3.10.** Behavioral health goals, physical health goals, and overall wellness goals, are all included in the Comprehensive Care plan, and are tracked to successful completion. Care coordination duties include:

1. Coordinating with all team members to ensure all objectives of the Comprehensive Care plan are progressing;
 2. Engaging and formalizing a child and family team, and convening it regularly to plan and assess ongoing care based on strengths and needs;
 3. Scheduling and communicating appointment times, including arranging transportation and support if necessary;
 4. Referring, facilitating linkages, and follow up;
 5. Monitoring; and
 6. Participating in hospital discharge processes and communicating with other providers, individuals and families.
- C.3.11.** Bidders should demonstrate how they will provide health promotion services, focusing on the whole person, and providing health-promoting lifestyle interventions, with a strong emphasis on person-centered empowerment; and assist individuals with preventing, understanding, and self-managing chronic conditions.
- C.3.12.** Bidders should demonstrate how they will provide comprehensive transitional care, performing required continuity of care between inpatient and outpatient settings, with a goal of avoiding readmission. Activities must include at a minimum:
1. Developing Memoranda of Agreement or contracts with hospitals, Residential Treatment Centers (RTCs), and Psychiatric Residential Treatment Facilities (PRTFs) to ensure a formalized structure for transitional care planning, ensuring a smooth transition from medical/psychiatric inpatient settings into a community setting;
 2. Ensuring transition between different service delivery models;
 3. Ensuring smooth transition between children's and adult's systems; and
 4. Streamlining transitions of all types.
- C.3.13.** Bidders should demonstrate a plan for referral to community and social support services, assuring the whole-person approach to treatment, including:
1. Obtaining and maintaining eligibility for health benefits;
 2. Obtaining and maintaining eligibility for disability benefits;
 3. Obtaining and maintaining affordable housing in a community of choice;
 4. Arranging reliable transportation;
 5. Locating and enrolling in needed education or vocational programs;
 6. Finding and keeping a job;
 7. Locating needed services, such as legal, vocational, etc.; and
 8. Building an informal support system.
- C.3.14.** Bidders should demonstrate knowledge of best practice protocols and plans for managing and monitoring chronic diseases. Evaluation may include, but not necessarily limited to:
1. Hospital re-admission rates;
 2. Adult and adolescent BMI;
 3. Appropriate use of lipid lowering therapy for coronary artery disease;
 4. Appropriate use of anti-hypertension multi-drug therapy where the regimen includes a thiazide diuretic; and
 5. Emergency room visits.
- C.3.15.** The population to be served by a HH for children will be children and youth ages 0-20 with serious emotional disturbance and their families. Flexibility will be allowed for HHs to continue serving a young adult with the Wraparound and Intensive Service Coordination models until professional assessment and child and family team planning indicates a smooth transition can be made into adult services, until age 21. Services with this model will continue until the transition has been successfully achieved. A successful Bidder should articulate how this will be achieved. A Bidder may demonstrate successful history and outcomes with this population.
- C.3.16.** In addition, it is widely understood that children and youth who are Native American, African American, or Hispanic are over-represented in the juvenile justice and child welfare systems; however, little has been done to change this situation. The applicant may emphasize a special priority to children and youth who are Native American, Hispanic, African American, in state custody, in danger of going into state custody, or just coming out of state custody, with the goal of enabling them to have services and supports in their own community through HH utilization of the wraparound process. Bidders should demonstrate how they will provide evidence-based approaches to address the diversity and cultures of the populations to be served.
- C.3.17.** For children with the highest needs, the Wraparound process/service coordination grounded in demonstrated cultural competence will be utilized. Adherence to the Wraparound approach is essential for best outcomes for children and youth with serious emotional disturbance and complex needs. A comprehensive provider training, coaching and credentialing program is provided by the ODMHSAS and will be mandatory for successful Bidder, for Children's HH. A training calendar is

prepared at the beginning of each fiscal year. Bidder should indicate willingness to comply with all training and coaching requirements.

- C.3.18.** The population to be served by HHs for adults will be adults ages 18 and older, with serious mental illness (SMI). The successful bidder should articulate a process for transitioning youth with SED who turn 21, into HH for adults, seamlessly, overcoming barriers and minimizing delays, and for developing services specifically for this age group. A successful Bidder may demonstrate a history and successful outcomes with this population.
- C.3.19.** Upon designation of HH provider status, each HH will be required to provide additional documentation of a HH continuous quality improvement program, and continuing development plan that verifies fundamental HH functionality and capacities at 6 and 12 months. A Bidder shall demonstrate ability to operate utilizing a continuous quality improvement program and development plan.
- C.3.20.** ODMHSAS requires the establishment of community partnerships for HHs. These may be merged with existing local partnerships. For children, this may be an expansion of the Community Team for Systems of Care. Partners will include health care professionals, behavioral health care professionals, child welfare, juvenile justice, adult corrections, local health departments, school systems, etc. Bidders should agree to:
 - 1. Identify and engage community agencies, leaders and families to be part of the local HH/Community Team;
 - 2. Demonstrate community acceptance as HH with sufficient resources, commitment, and community support to facilitate the Community Team;
 - 3. Collect, share, analyze data, and compile a demographic report to illustrate the disparities that exist in the community, to include racial, ethnic, and geographic disparities;
 - 4. Develop a strategic plan for implementing systems of care philosophy and values, (HH for children, youth and families);
 - 5. Develop a plan to increase availability and accessibility of services and ensure services are appropriate and acceptable to at least one group who has been identified as underserved in the community;
 - 6. Identify, engage, and partner with local mental health and substance abuse providers as referral sources to ensure all of the mental health and substance abuse needs of the children, youth and families served can be addressed; and
 - 7. Obtain a commitment from Community Team members to share responsibility, resources, and services in order to increase access to mental health and substance abuse services and other needed services.
- C.3.21.** Health promotion services assist individuals in the implementation of their Comprehensive Care plan, providing health education specific to an individual's chronic conditions. Health Promotion services include:
 - 1. Developing a self-management plan with the individual;
 - 2. Providing support for improving social networks and providing health-promoting lifestyle interventions including, but not limited to, substance use prevention; smoking prevention and cessation; nutritional counseling, obesity reduction, increasing physical activity; and
 - 3. Assisting individuals to participate in the development and the implementation of a person-centered comprehensive care plan with a strong emphasis on empowerment to prevent, understand, and self-manage chronic conditions.
- C.3.22.** Health Information Technology (HIT)
 - 1. Bidder should document a functioning electronic health record system that meets Meaningful Use standards or that will meet within 18 months of contract award. Bidder shall document a plan to work with HIOs or through the Direct Project (a secure messaging service that allows health care providers to share referrals, continuity of care documents, lab results, and other health information through a secure email system) to access patient data and develop partnerships that maximize the use of HIT across providers.
 - 2. Bidder submit data to a HH information management system that will act as a patient registry, care management device and outcomes measurement tool. The HH management tool may be supplied by an outside vendor.

C.4. ODMHSAS Operational Conditions

- C.4.1.** Bidders' staff must attend trainings and meetings required by ODMHSAS related to performance as a Health Home. Examples include regular HH learning collaborative meetings and trainings, wraparound trainings, PACT training, cultural competency training, and onsite technical assistance and coaching.

- C.4.2.** Bidders must agree to submit data and participate in the established evaluation process.
- C.4.3.** Any changes in program operations must be submitted to ODMHSAS.
- C.4.4.** If the program is found to be in non-adherence on the evaluation criteria at any time, a notice of non-compliance will be issued to the Bidder and a period of remediation of 30 days will begin from the date of the receipt of the notice. Notice may be issued in person at a site audit, via certified registered U.S. Mail or other certified carrier of the notice of non-compliance. If compliance is not returned within the 30-day period, immediate cancellation of the contract may be executed and no moneys due from date of non-compliance will be paid through the MMIS system. A 30-day notification must be submitted to OHCA and ODMHSAS before the cancellation of a contract.

C.5. Mandatory Requirements

- C.5.1.** OHCA and the ODMHSAS will host a meeting for all potential bidders. This meeting will be held in the Oklahoma Health Care Authority Boardroom, 4345 N. Lincoln Blvd, Oklahoma City, OK, at 1:00pm on September 3, 2014. This meeting is required for all bidders to attend if they are interested in submitting a bid for this proposal.
- C.5.2.** Bidders must demonstrate that they are a current contracted Provider with OHCA and ODMHSAS, and in good standing with all applicable regulatory bodies.
- C.5.3.** Bidder should demonstrate a financially viable and stable organization with sufficient resources to implement and maintain a project as outlined in this RFP by submitting two (2) years of financial statements.

D. EVALUATION

D.1. Evaluation of RFP

- D.1.1.** The State of Oklahoma will conduct a comprehensive, fair, and impartial evaluation of proposals based on the "best value" criteria defined in the Oklahoma Central Purchasing Act, 74, Okla. Stat. §85, et seq.
- D.1.2.** Proposals shall be evaluated based on the items below:
 - D.1.2.1.** Submit bidder's experience with providing services to adults who are SMI and children who are SED, and with integrating behavioral health with primary care and other services. Provide a description of similar services the bidder has performed. Describe a maximum of five similar projects the bidder has provided, how the provider ensured the project timelines were met, and all deliverables were met.
 - D.1.2.2.** Submit a summary of the Bidder's organizational characteristics including date established, the organization type (i.e., for profit, not-for-profit, etc.), number of employees, and how these characteristics will enable the Bidder's organization to implement and manage the health home services detailed in this RFP.
 - D.1.2.3.** Submit an innovative project plan (maximum of 5 pages) demonstrating full understanding RFP requirements, including an implementation timeline, and as set out in the State Plan Amendment for Adults and the State Plan Amendment for Children posted on the OHCA website at: <http://www.okhca.org/providers.aspx?id=12003#SPA>.
 - D.1.2.4.** Submit a resume or summary of the qualifications of the Project Director (PD), Information Technology Specialist, Chief Financial Officer and the Director of Quality Improvement for this project.

Minimum Qualifications of Staff:

Project Manager (PM) – Master's degree and one year experience implementing projects related to mental health programs OR a bachelor's degree in a mental health related field and four years' experience implementing projects related to mental health programs.

Information Technology Specialist – Master's degree in IT related field OR Bachelor's degree in IT related field with 2 years' experience.

Chief Financial Officer – Master's degree and one year experience in finance field OR a bachelor's degree in a finance related field and four years' experience.

Quality Improvement Officer – Master's degree and one year experience in quality assurance OR Bachelor's degree and 4 years' experience in quality assurance.

D.1.2.5. Provide at least five (5) and no more than ten (10) letters of support from local external agencies that will demonstrate the level of support, partnership, and collaboration the agency has enjoyed, with reference to collaborate with them on their planned HH implementation.

D.1.2.6. Applicant will document a functioning electronic health record system (maximum of 3 pages) that meets CMS EHR Incentive Program or that will meet within 18 months of contract award. Bidder will document a plan to work with Health Information Organizations or through the Direct project to access patient data and develop partnerships that maximize the use of HIT across providers. (Direct is a secure messaging service that allows health care providers to share referrals, continuity of care documents, lab results, and other health information through a secure email system).

D.2. BONUS POINTS

Bidder may submit the following for extra points:

D.2.1. A maximum of 10 letters of intent to contract with PCMHs, physicians, hospitals, and other providers.

D.2.2. Submit length of service experience with population to be served, including numbers served.

D.2.3. Submit a report showing statistical data with the population to be served showing successful improvement.

D.2.4. Bidder submitted a bid of services for both populations (children and adults).

D.2.5. Bidder submitted a bid of services for an entire service area.

D.3. INTERVIEW

The Evaluation Team will conduct 15 minute interviews with the qualified bidders' Project Director. Interviews will be technical and will focus on the Bidder's plans for the project and the capabilities and understanding of the organization and individuals.

E. CHECKLIST

None

F. Other

None

G. COST

This RFP will be paid out of OHCA Program Dollars through the MMIS Claims System.