

Hawaii Department of Health
Adult Mental Health Division (AMHD)
Request for Information (RFI) Response Summary
RFI No. AMHD 420-5-19
ICM PLUS CASE MANAGEMENT SERVICES
on the Islands of Oahu and Hawaii

A Request for Information for ICM Plus Case Management services for adults with serious mental illness, on Oahu and Hawaii Island was issued on February 15, 2019. Written feedback was received from five (5) organizations. Below is a summary of the responses received through this process as they relate to the questions from the RFI.

The AMHD acknowledges receiving five (5) RFI responses and noted that four (4) of the five (5) RFI respondents are currently providing Community Based Case Management (CBCM) services. All five (5) organizations are interested in submitting a proposal upon the release of the Request for Proposal (RFP) for ICM Plus Case Management services on the Islands of Oahu and Hawaii. Two (2) of the organizations are interested in providing the service on Oahu and Hawaii Island and three (3) are interested in providing the service on Oahu only. The AMHD continues to review the need for ICM Plus services on Hawaii Island and will clarify its position in the RFP.

The common theme among the RFI responders are the challenges related to recruitment, training and retention of qualified staff. One (1) of the respondents specifically cited the stagnant rates as contributing to its difficulty retaining staff. The AMHD is reviewing its current rates to ensure that they are competitive with other payors in the State.

Three (3) of the five (5) respondents already provide Psychosocial Rehabilitation (PSR) programming and the other two (2) organizations are prepared to offer PSR upon being awarded a contract. The greatest concern providers voiced regarding PSR programming was its financial viability due to the current number of units authorized for this service as well as program attendance. One provider expressed that funding for incentives might support consumer participation.

Overall respondents felt that PSR was a vital tool for symptom management, social and clinical support, life skills training, and relapse prevention. The respondents all endorsed a variety of established evidenced based “best practices” programming strategies that ranged from the Social and Independent Living Skills (SILS) curriculum to the Substance Abuse and Mental Health Services Administration (SAMHSA) Evidenced Based Practices. Some of the respondents are outlining innovative programming such as a female only PSR groups, the use of contingency management tools and computer access. The AMHD is reviewing claims data for this service and is likely to authorize a set number of stand-alone units specifically for PSR; it is also considering the funding of contingency management incentives.

All RFI respondents expressed a desire to maximize consumer outcomes and have existing

methodologies to track outcome data. These strategies include the use of a provider consumer survey which may be administered routinely, upon admission or discharge as well as the AMHD sponsored survey, the Quality of Life Inventory (QOLI). The respondents all articulated a desire to track a myriad of treatment outcomes such as functional status, symptomology, recidivism, hospitalizations, participation in clubhouse, and smoking. The respondents also articulated existing methodologies to track program outcome such as sentinel events, service delivery, and quality assurance measures.

RFI responders endorsed a variety of broad and specific strategies to address cultural and ethnic diversity. These strategies ranged from general statements regarding culturally and ethnically diverse staff and training to very detailed position statements about awareness of consumer culture, age, gender, gender identity, sexual orientation, spiritual beliefs, socioeconomic status and language.

Four (4) of the five (5) respondents already have a CSAC in place as an integrated part of the treatment team. One (1) agency does not have a CSAC and articulated concern regarding the financial viability of the position relative to billable services. Another provider articulated the difficulties in the recruitment and retention of CSAC counselors because of lower reimbursement rates, and commensurate wages associated with the rate. To this end, the AMHD will ensure that rates for this service are competitive with other funders in the State. In general, all of the respondents felt that the addition of the CSAC was a positive change that would assist consumers with relapse prevention, and psychoeducation as well as to serve as resource to other team members.

The AMHD appreciates the participation of the respondents that submitted responses to the RFI for ICM Plus Case Management services, and will consider it when developing the RFP.