

# Minnesota Department of Human Services Health Care Administration, Office of the Assistant Commissioner

## Request for Proposals for a Qualified Grantee to

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**Provide Coordinated Health Care Services Through the Special Needs BasicCare Program to Adults with Disabilities Eligible for Medical Assistance** in the following counties: Aitkin, Anoka, Becker, Benton, Blue Earth, Carlton, Carver, Cass, Chippewa, Chisago, Clay, Cook, Cottonwood, Crow Wing, Dakota Faribault, Fillmore, Hennepin, Houston, Isanti, Itasca, Jackson, Kandiyohi, Kittson, Koochiching, Lac Qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahnomen, Marshall, Martin, Mille Lakes, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Ottertail, Pennington, Pine, Polk, Ramsey, Red Lake, Redwood, Rice, Rock, Roseau, St. Louis, Scott, Sherburne, Stearns, Swift, Washington, Watonwan, Wilkin, Winona, Wright, and Yellow Medicine.

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*This Request for Proposal (RFP) template is in an accessible format. However, some appendices and attachments incorporated in the RFP may not be in an accessible format. If you require an accessible document send an email to the procurement staff in the Department of Human Services (DHS) Office of the Assistant Commissioner Division at [snp\\_rfps@state.mn.us](mailto:snp_rfps@state.mn.us)*

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**RFP Summary of Important Dates:**

February 8, 2016	Notice of RFP Published in State Register
February 8, 2016	RFP Published on DHS website
February 15, 2016	Questions for Responders' Conference Due
February 16, 2016	Deadline to Register to attend Responders Conference
February 18, 2016	Responders Conference
February 25, 2016	DHS responses to written questions published
March 29, 2016	Proposals due to DHS – no later than 4:00 pm Central Time
April 21, 2016	Anticipated Selection of Successful Responder(s)
April 22, 2016	Notice of Intent to Contract
July 1, 2016	Start of Contract for Aitkin, Becker, Benton, Carlton, Cass, Chisago, Clay, Cook, Crow Wing, Isanti, Itasca, Kittson, Koochiching, Lake, Lake of the Woods, Mahnomen, Marshall, Mille Lakes, Norman, Ottertail, Pennington, Pine, Polk, Red Lake, Roseau, St. Louis, Sherburne, Stearns, Wilkin, and Wright counties.
January 1, 2017	Start of Contract for Anoka, Blue Earth, Carver, Chippewa, Cottonwood, Dakota, Faribault, Fillmore, Hennepin, Houston, Jackson, Kandiyohi, Lac Qui Parle, Le Sueur, Lincoln, Lyon, Martin, Mower, Murray, Nicollet, Nobles, Olmsted, Ramsey, Redwood, Rice, Rock, Scott, Swift, Washington, Watonwan, Winona, and Yellow Medicine counties.

**Number of copies:** One (1) paper copy and one (1) copy on CD. In addition, a CD (or CDs) containing a complete proposal must be included for each county that the MCO is including in



the proposal. The CDs created for the counties do not have to contain Appendix E – Disclosure of Ownership. This is the only Appendix that does not have to be included on the county CDs.

**State contact:**

Gina Smith

651-431-5804

[SNP\\_RFPs@state.mn.us](mailto:SNP_RFPs@state.mn.us)

## **I. Introduction**

### **A. Purpose of Request**

The Minnesota Department of Human Services, through its Health Care Administration, Office of the Assistant Commissioner Division (State), is seeking proposals from qualified responders to provide prepaid health care to people with disabilities who are eligible for Medical Assistance (MA), through the Special Needs BasicCare (SNBC) program throughout Minnesota. This Request for Proposals applies to Aitkin, Anoka, Becker, Benton, Blue Earth, Carlton, Carver, Cass, Chippewa, Chisago, Clay, Cook, Cottonwood, Crow Wing, Dakota, Faribault, Fillmore, Hennepin, Houston, Isanti, Itasca, Jackson, Kandiyohi, Kittson, Koochiching, Lac Qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahnommen, Marshall, Martin, Mille Lakes, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Ottertail, Pennington, Pine, Polk, Ramsey, Red Lake, Redwood, Rice, Rock, Roseau, St. Louis, Scott, Sherburne, Stearns, Swift, Washington, Watonwan, Wilkin, Winona, Wright, and Yellow Medicine counties.

This SNBC procurement is intended to expand Medicaid and Medicare integration and increase health plan choice. The purpose is to provide health plan choices effective July 1, 2016 in northern Minnesota, and to encourage expanded Medicare coverage options for SNBC effective January 1, 2017 in southern Minnesota and the metropolitan area.

**This Request for Proposals does not include procurement for the Families and Children, Minnesota Senior Care Plus (MSC+) or Minnesota Senior Health Options (MSHO) programs.**

### **B. Objective of this RFP**

The objective of this RFP is to contract with a qualified responder(s) to perform the tasks and services set forth in this RFP in order to serve people with disabilities eligible for Medical Assistance and enrolled in SNBC in Minnesota. The purposes of this procurement are as follows:

- Provide health plan choices effective July 1, 2016 in the northern part of the State following Medica health plan's July 1, 2016 withdrawal from many northern Minnesota counties.
- Invite additional health plans to participate in SNBC to encourage expanded Medicare coverage options for SNBC enrollees in 2017.

The Department of Human Services (DHS) encourages responders to participate or apply to Centers for Medicare & Medicaid (CMS) to participate in Medicare Advantage as a Dual Eligible Special Needs Plan to serve the State's Dual Eligible subset as specified under the SNBC program and to meet CMS requirements as a low income benchmark plan for Part D benefits.

This procurement also presents a unique opportunity to further the long-term goals of the SNBC program to integrate Medicare benefits into SNBC for people who are eligible for both Medicare and Medicaid ("duals"). The Minnesota Senior Health Options program is nationally

recognized for its innovative approach to coordinating Medicaid and Medicare for dual seniors. Minnesota has been less successful in coordinating Medicare and Medicaid for adults with disabilities. Two health plans in the SNBC program currently offer this coverage, despite low Medicare reimbursement rates. Medicare recently announced a change in payment methodology for 2017 that makes it more attractive for health plans to create Medicare Dual Special Needs Plans (D-SNPs) for adults with disabilities. Now is the time to challenge health plans to cooperate in coordinating care across programs. It is in the state's interest to pursue Medicare-Medicaid integration for people with disabilities. Once people transition to dual eligible status, they get their drugs from a Medicare managed care plan under part D, other services through fee-for-service Medicare, and their remaining services through Medicaid managed care. It is difficult to provide coordinated care for people in this situation, and Medicare-Medicaid integration provides an opportunity to provide significantly better coordination of care.

SNBC enrollees are complex. The average SNBC enrollee is over age 50 and has five chronic conditions. This makes coordination of Medicare and Medicaid benefits all the more urgent. The most common conditions and their prevalence are:

- Depression; 53%
- Substance abuse disorder; 46%
- Generalized anxiety disorder; 38%
- High cholesterol; 35%
- Seizure disorder; 31%
- Arthritis; 23%
- Diabetes; 21%
- Bipolar disorder; 17%
- Schizophrenia; 17%
- Post traumatic stress disorder; 16%.

All Managed Care Organizations (MCOs) who currently provide SNBC in the applicable counties must respond to this RFP in order to continue providing SNBC in the counties covered by this RFP. DHS encourages organizations who currently provide SNBC to expand their existing service areas to provide more enrollees choices in the program and to participate in Medicare Advantage as a Dual Eligible Special Needs Plan to serve this population.

Any contract awarded under this RFP will have a start date of July 1, 2016 for Aitkin, Becker, Benton, Carlton, Cass, Chisago, Clay, Cook, Crow Wing, Isanti, Itasca, Kittson, Koochiching, Lake, Lake of the Woods, Mahnommen, Marshall, Mille Lakes, Norman, Ottertail, Pennington, Pine, Polk, Red Lake, Roseau, St. Louis, Sherburne, Stearns, Wilkin, and Wright counties.

Any contract awarded under this RFP will have a start date of January 1, 2017 for Anoka, Blue Earth, Carver, Chippewa, Cottonwood, Dakota, Faribault, Fillmore, Hennepin, Houston, Jackson, Kandiyohi, Lac Qui Parle, Le Sueur, Lincoln, Lyon, Martin, Mower, Murray, Nicollet, Nobles,

Olmsted, Ramsey, Redwood, Rice, Rock, Scott, Swift, Washington, Watonwan, Winona, and Yellow Medicine counties.

All responders must meet the requirements outlined in the RFP.

Responders must identify those counties in which they are proposing to offer SNBC in Appendix A. Responders that provide integrated SNBC must also provide non-integrated SNBC in the same county, to the extent possible, in order to assure a seamless transition of enrollee choices.

The recommendations of the DHS Managed Care Advisory Committee for People with Disabilities is to assure choices in managed care options for people with disabilities wherever possible. Thereafter, the Commissioner of Human Services may choose to renew any contract awarded under this RFP annually for up to 5 years.

Counties in which an integrated Medicare-Medicaid health plan is already being offered are not included in this RFP. This includes Beltrami, Big Stone, Brown, Clearwater, Dodge, Douglas, Freeborn, Goodhue, Grant, Hubbard, Kanabec, McLeod, Meeker, Morrison, Pipestone, Pope, Renville, Sibley, Steele, Stevens, Todd, Traverse, Wadena, Wabasha, and Waseca counties

Proposals must be submitted by 4:00 p.m. Central Time on **March 29, 2016**. 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, §256B.69, subd. 28, the State is soliciting proposals for provision of specified health care services to serve people with disabilities enrolled in the Special Needs BasicCare managed care program, throughout Minnesota.

**To serve the SNBC population in one or more counties in Minnesota, a Responder must successfully respond to this RFP and complete contract negotiations or contract amendments with the State.**

Legislation passed in 2006 created the SNBC program to provide a managed care option for people with disabilities with additional care coordination or navigation assistance, and with access to preventive care, primary care visits and other Medicaid services. SNBC operates under Medicaid State Plan authority (1915 (a)) for voluntary enrollment of Medicaid eligible people with disabilities ages 18 through 64. Where possible, SNBC plans are encouraged to participate under Medicare Advantage as a Medicare Dual Eligible SNP authority to provide integrated Medicare services to those dual eligible people included in the State's dual subset approved by CMS.

## 2. Eligible beneficiaries.

2011 legislation (Minnesota Statutes, §256B.69, subd. 28) requires that adults and children with disabilities who receive Medical Assistance be assigned to SNBC unless the individual chooses to opt out of enrollment. A disability is defined in the 2016 SNBC Model Contract as either being certified as having a disability through the Social Security Administration (SSA) or the State Medical Review Team (SMRT), or a person with Developmental Disability for the purposes of the developmental disability waiver, as determined by the Local Agency. At this time, only adults age 18 and older are being enrolled into SNBC. No new enrollees under the age of 18 are accepted. Enrollment remains voluntary, but eligible people need to notify DHS of their intent to opt out of enrollment prior to the effective date of their enrollment. Eligible people have the choice to enroll each month. SNBC enrollees may disenroll at any time, effective the end of the month.

## 3. Enrollment Exclusions

Consistent with current managed care enrollment policy, the following populations are excluded from enrollment in SNBC:

- a) Recipients eligible for the Refugee Assistance Program pursuant to 8 USC §1522(e).
- b) Persons up to eighteen (18) years of age (excluding the PIN population in Article 15) or sixty-five (65) years of age or older. Enrollees who turn 65 years of age while already enrolled may choose to remain in SNBC.
- c) Recipients who are residents of State institutions, unless the placement has been approved by the MCO. For purposes of the SNBC Contract, approval by the MCO would include a placement that is court-ordered within the terms described in section 6.1.27(D) of the 2016 SNBC Contract with managed care organizations.
- d) Recipients who are eligible while receiving care and services from a non-profit center established to serve victims of torture.
- e) Recipients eligible for the emergency Medical Assistance program.
- f) Non-citizen Recipients who receive emergency Medical Assistance under Minnesota Statutes, § 256B.06, subdivision 4.
- g) Women receiving Medical Assistance through the Breast and Cervical Cancer Control Program.
- h) Persons eligible for the Minnesota Family Planning Program (MFPP) in accordance with Minnesota Statutes, 256B.78.
- i) Recipients, who at the time of notification of mandatory enrollment in managed care, 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) Recipients who are terminally ill as defined in Minnesota Rules, Part 9505.0297, subpart 2, item N (hospice) and who, at the time enrollment in SNBC would

occur, have an established relationship with a primary physician who is not part of the SNBC MCO.

- k) Recipients with private health care coverage through a health maintenance organization (HMO) certified under Minnesota Statutes, Chapter 62D. Such Recipients may enroll in managed care on a voluntary basis if the private HMO is the same as the MCO the person will select under SNBC.
- l) 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, § 256B.69, subdivision 4(b)(9).
- m) Individuals who are Qualified Medicare Beneficiaries (QMB), as defined in § 1905(p) of the Social Security Act, 42 USC § 1396d (p), and who are not otherwise eligible for Medical Assistance.
- n) Individuals who are Specified Low-Income Medicare Beneficiaries (SLMB), as defined in § 1905(p) of the Social Security Act, 42 USC § 1396a (a) (10) (E) (iii) and § 1396d(p), and who are not otherwise eligible for Medical Assistance.
- o) Persons who are eligible for Medicare Part A only or Medicare Part B only.
- p) Persons participating in the Navigator Pilot in Minnesota Statutes 254B.13.
- q) Persons participating in the Continuum of Care Pilot in Minnesota Statutes, 256B.14.

The following populations are excluded from enrollment for the SNBC SNP (dual eligible integrated) program only:

- a) Persons with a diagnosis of End Stage Renal Disease (ESRD) prior to enrollment in the MCO, and
- b) Individuals who have Medicare coverage through United Mine Workers.

#### **4. Included Services**

SNBC benefits include:

- a) all Medicaid coverage for acute and primary care;
- b) Medicare cost sharing to the extent covered by Medicaid;
- c) prescription drugs covered by Medicaid;
- d) supplies, equipment, therapies, and other ancillary services;
- e) immunizations;
- f) transportation;
- g) interpreter services;
- h) home health aide services;
- i) skilled nurse visits; and
- j) 100 days of Medicaid nursing home coverage.

SNBC does not include home care nursing, personal care services, or home and community based waiver services. People eligible for and in need of those services will continue to receive them on a Medical Assistance fee-for-service basis. Providers bill for these services through the State's MMIS system, not through the MCO. For more

information on what is and is not included in SNBC, go to [http://www.dhs.state.mn.us/dhs16\\_139529](http://www.dhs.state.mn.us/dhs16_139529).

SNBC may also cover Medicare primary, acute, and Part D coverage where the MCO is also a Medicare Advantage Special Needs Plan (MA-SNP), Medicare coverage is preferred in this Request for Proposals but is not mandatory. However, all participating MCOs are expected to coordinate Medicaid services with Medicare services for people dually eligible for Medicare and Medicaid. An MCO that also has a Medicare Advantage SNP contract for this population subset must integrate the Medicare and Medicaid services it provides under both contracts.

## 5. Qualified Responders

A. A qualified responder must be a MCO with a current contract to provide Minnesota Health Care Programs (MHCP) Medicaid managed care services under Minnesota Statutes, §256B.69 in Minnesota and are licensed or certified by the Minnesota Department of Health (MDH) to operate in the proposed area. The proposed SNBC service area does not have to be the same as the responder's contracted service area for any other MHCP program.

B. A qualified responder must be a "Managed Care Organization (MCO)" defined as: an entity that has, or is seeking to qualify for, a comprehensive risk contract, and that is:

- 1) a Federally Qualified HMO that meets the advance directives requirements of 42 CFR § 489.100-104; or
- 2) 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.

Minnesota Statutes, § 256B.69, subdivision 28, items (a) and (b) provide that the commissioner may contract with demonstration providers and current or former sponsors of qualified Medicare-approved special needs plans to provide services under SNBC. All MCOs currently providing Families and Children managed care services for Medicaid are demonstration providers under Minnesota Statutes, §256B.69 and all are also current or former sponsors of qualified Medicare-approved special needs plans. Successful responders must agree to provide, as defined in the State's Medicaid contract, Medicaid services and coordination of Medicare services, or integrated

Medicare and Medicaid services to persons with disabilities who are eligible for Medicaid.

## **6. Responders that are not currently contracted to provide SNBC services**

Any successful responder that does not currently contract with DHS for SNBC services may be subject to a Readiness Review prior to DHS contracting with the responder, to assure that the responder is prepared for and able to provide SNBC services appropriately and effectively to enrollees.

## **7. County and Tribe Involvement**

The county and tribe role in seeking MCO(s) to provide SNBC services to eligible individuals within the proposed county is important in the development, approval and issuance of this RFP. On December 17, 2015, DHS notified the counties and tribes by email of the opportunity to provide input into this RFP.

Counties and tribes have had the opportunity to submit questions for responders to address in their Proposal about providing SNBC services. Counties and tribes were asked to submit questions or issues specific to their county or tribe that must be addressed by any managed care organization that responds to this SNBC RFP. The questions submitted by counties and tribes for responders to answer are included in this RFP in Appendix O.

Counties and tribes may make recommendations to the State concerning the availability and access to the covered services provided by an MCO's network. Counties and tribes will only have advisory input on the evaluation process under this RFP, and will not have the power to make any determinative judgments on the qualification of a proposal.

Following the submission of proposals, the State will share all proposals (excepting Appendix E) with the Counties and tribes. Counties and tribes may review and provide feedback on each proposal submitted based on the identification of community needs and county or tribe 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.

## **8. Enrollment Utilization Reports**

The "SNBC Utilization" and "Current Opt Out Potential" Excel files provide enrollment and claims data for SBNC recipients enrolled during the month of January 2016. These data are aggregated by county. All cells with a value less than 11 have been redacted and are highlighted in red. All data are raw numbers and do not control for any other variables.



  
Current Opt Out  
Potential.xlsx

  
SNBC  
Utilization.xlsx

## 9. Enrollment Data

As of January 1, 2016, approximately 50,943 adults ages 18 through 64 with disabilities are enrolled in SNBC. Approximately 27,273 (45.6%) of those are dually eligible for both Medicare and Medical Assistance, and approximately 23,670 are eligible only for Medical Assistance.

Monthly enrollment data on the number of enrollees in managed care programs (Medical Assistance, MinnesotaCare, MSC+, MSHO, SNBC, and PINS) statewide and by county can be found online at [http://www.dhs.state.mn.us/main/dhs16\\_141529#](http://www.dhs.state.mn.us/main/dhs16_141529#).

The total SNBC enrollment number fluctuates from month to month, depending on enrollments, disenrollments, people losing their Medical Assistance eligibility, moving out of a service area, and other reasons.

## 10. Other Information

Special Needs BasicCare program brochure -  
<http://edocs.dhs.state.mn.us/lfsrserver/Public/DHS-6301-ENG>

Minnesota Health Care Programs brochure –  
<https://edocs.dhs.state.mn.us/lfsrserver/Public/DHS-3182-ENG>

Minnesota Health Care Programs Fact Sheet -  
<https://edocs.dhs.state.mn.us/lfsrserver/public/DHS-4932-ENG>

Medically Underserved Regional Listing - <http://muafind.hrsa.gov>

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

Community Health Clinics Listing - [http://findahealthcenter.hrsa.gov/Search\\_HCC.aspx](http://findahealthcenter.hrsa.gov/Search_HCC.aspx)

Minnesota's Demonstration to Integrate Care for Dual Eligibles –  
<http://www.dhs.state.mn.us/dualdemo>

2016 SNBC Contract:  
[http://www.dhs.state.mn.us/dhs16\\_174197.pdf](http://www.dhs.state.mn.us/dhs16_174197.pdf)

## II. Scope of Work

### A. Overview

This RFP provides background information and describes the services desired by the State. It delineates the requirements for this procurement and specifies the contractual conditions required by the State. Although this RFP establishes the basis for responder Proposals, the detailed obligations and additional measures of performance will be defined in the final negotiated contract.

A Responder is required to submit a proposal in good faith that meets the requirements of the RFP to serve individuals eligible for SNBC in one or more counties in Minnesota. This RFP is for SNBC in Aitkin, Anoka, Becker, Benton, Blue Earth, Carlton, Carver, Cass, Chippewa, Chisago, Clay, Cook, Cottonwood, Crow Wing, Dakota, Faribault, Fillmore, Hennepin, Houston, Isanti, Itasca, Jackson, Kandiyohi, Kittson, Koochiching, Lac Qui Parle Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahnomen, Marshall, Martin, Mille Lakes, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Ottertail, Pennington, Pine, Polk, Ramsey, Red Lake, Redwood, Rice, Rock, Roseau, St. Louis, Scott, Sherburne, Stearns, Swift, Washington, Watonwan, Wilkin, Winona, Wright, and Yellow Medicine counties in Minnesota. The target population is those people ages 18 and over who are on Medical Assistance with a certified disability, who meet other SNBC eligibility criteria. To be eligible as a successful responder, an MCO must meet all of the following criteria.

#### 1. Managed Care Organization

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 (CBP) entities that meet applicable requirements under Minnesota Statutes, § 256B.692, or Community Integrated Service Networks or "community network" under Minnesota Statutes, Chapter 62N, or an accountable provider network as defined under Minnesota Statutes, section 62T.01, subd. 3.

#### 2. Medicare Advantage Special Needs Plan Status Requirement

In order to declare for SNBC SNP (dual eligible integrated), qualified MCOs must have an existing Medicare Advantage dual eligible Special Needs Plan approved by the Centers for Medicare & Medicaid (CMS) or have an application pending which is expected to be approved for January 1, 2017, which allows the MCO to serve the dual eligible subset of people with disabilities as defined by the State for SNBC and will be expected to

integrate Medicare and Medicaid services as specified in this RFP. Plans may participate in SNBC without participating in the SNBC SNP.

### **3. Participation Requirements**

To be considered a qualified MCO for purposes of responding to this RFP, a successful responder must meet the definition of an MCO, as described in section I, C, 5 above.

Participation in SNBC may be another factor considered in future procurements of other public programs such as the Prepaid Medical Assistance Program (PMAP) and MinnesotaCare.

To be eligible to respond to this RFP, entities must be licensed or certified by MDH to operate in the proposed counties

### **4. Financial Solvency**

To be considered a qualified MCO for purposes of responding to this RFP, a successful responder 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 / Deliverables**

The Special Needs BasicCare model contract covers people with disabilities who are eligible for Medical Assistance.

The SNBC contract includes comprehensive, primary, and acute medical, hospital, preventive, diagnostic, therapeutic, behavioral, rehabilitative, medication, immunization, dental, vision, home care, care coordination, up to 100 days of nursing facility care, and support services, as specified in Article 6 of the contract.

The contract includes requirements for 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. Responder should carefully review the SNBC model contract.

As required by section III, C, 2., responders will be required to explicitly state any exceptions to the terms and conditions found in the SNBC model contract as a component of responder's proposal.

### **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 non-responsiveness. Acceptable proposals must offer all services identified in Section II - Scope of Work and agree to the SNBC contract conditions specified throughout the RFP.

#### **A. Required Proposal Contents**

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

1. Table of Contents
2. Executive Summary
3. Service Delivery Plan
4. Description of the Applicant Agency (New SNBC MCOs Only)
5. Required Statements
  - a) Responder Information and Declarations
  - b) Exceptions to Terms and Conditions
  - c) Affidavit of Noncollusion
  - d) Trade Secret/Confidential Data Notification
  - e) Submission of Certified Financial Audit, IRS Form 990, or Most Recent Board-Reviewed Financial Statements
  - f) Disclosure of Funding Form
  - g) Disclosure of Ownership
  - h) Professional Responsibility
  - i) Affirmative Action Data Page
  - j) Certification Regarding Lobbying
6. Accomplishments
7. Coordination with Certain Entities
8. Quality Assessment and Performance Improvement Program
9. Care Management/Case Management
10. SNBC Assurances
11. Plan Design for SNBC
12. Answers to County and Tribe Questions for SNBC
13. Provider Network Listing
14. Required Proposal Contents Checklist

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

## **B. Proposal Requirements**

The following will be considered minimum requirements of the proposal. Emphasis should be on completeness and clarity of content. Note that some items may not be applicable to all responders.

### **1. Table of Contents**

- 2. Executive Summary (Pass/Fail):** 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, knowledge of the requested services, and should demonstrate the responder's plan for implementation of SNBC consistent with the *"SNBC Guiding Principles To Design, Implement, Evaluate, and Improve Services For Persons With Disabilities"* (see Appendix R).

This component will be graded on a **Pass/Fail** basis. A pass requires submission of an executive summary that addresses all required elements. A proposal will fail if it does not submit a complete executive summary.

- 3. Service Delivery Plan (Pass/Fail):** This component shall describe the structure for delivery of health care services to the Special Needs BasicCare population. The plan shall include, but is not limited to:
- a. an organizational statement that includes its mission, philosophy, goals and objectives, quality of care and service program and overall structure of the organization;
  - b. a description of staffing resources for administrative and clinical services;
  - c. a description of the organization's information systems used for data collection, statistics, quality improvement activities and reporting, including how the organization uses the data in its delivery of health care services;
  - d. a description of the organization's claims payment systems;
  - e. a description of the organization's utilization management program and how it is utilized to deliver appropriate care;
  - f. a description of the processes for ongoing monitoring, evaluation and improvement of the quality of health care services;
  - g. a description of the organization's grievance system which includes the handling of appeals and grievances;

- h. identification of delegates and major subcontractors for delegated activities, and a description of each of the delegated activities;
- i. a description of the organization's service authorization and referral requirements and what services are required to be prior authorized, including requests for second opinions, out-of-network referrals and procedures for continuity of care;
- j. a description of the organization's outreach efforts to individuals and minority populations to improve the quality of their health care;
- k. a description of the process for identifying individuals for case management/care management , identifying individuals with special health care needs or chronic conditions;
- l. a description of how the organization supports and works with local public health agencies and counties on health care initiatives;
- m. a description of the provider network and the process for how providers are included to ensure capacity in terms of number, type , geographic distribution and adequacy in the areas of preventive, primary care, and specialty care for the anticipated population. The plan should also address how the organization provides for culturally appropriate services rendered by providers with special expertise in the delivery of health care services to various cultural and racial minority groups;
- n. a description of how the selection of network providers will be conducted and ensure network adequacy will be achieved;
- o. a description of any other processes the organization utilizes in the delivery of health care services; and
- p. a description of how provider and enrollee satisfaction with care services and care delivery will be assessed.

This component will be graded on a **Pass/Fail** basis. A pass requires submission of a service delivery plan that addresses all required elements. A proposal will fail if it does not submit a complete service delivery plan.

**4. Description of the Applicant Agency (Pass/Fail):**

This item is to be completed **ONLY** by responders without a current SNBC Contract. This section must include information on the programs and activities of the agency, the number of people served, geographic area served, staff experience, and/or programmatic accomplishments. Include reasons why your organization is capable to effectively complete the services outlined in the RFP. Include a brief history of your organization and all strengths that you consider are an asset to your program. The responder should demonstrate the length, depth, an applicability of all prior experience in providing the requested services. Letters of reference may be included. The responder should also demonstrate the skill and experience of lead staff and designate a project manager with experience in planning and providing the proposed services.

This component will be graded on a **Pass/Fail** basis. A pass requires submission of a Applicant Agency description or a current SNBC contract. A proposal will fail if it does

not include a description of the Applicant Agency which includes all required elements, except that current SNBC plans will automatically receive a “Pass” for this component.

**6. Accomplishments (5 points available):** MCOs must report on improvements in outcomes measures or other accomplishments that may be applied to people with disabilities. This may include improvements in areas such as Healthcare Effectiveness Data and Information Set (HEDIS) results, Performance Improvement Programs, Integrated Care System Partnerships, efforts to work with the homeless population, accomplishments in reducing hospitalizations, or other similar measures. Complete Appendix I to respond to this component.

**7. Coordination with Certain Entities (Pass/Fail):**

- a) Any Proposal submitted for this RFP that includes Itasca County in the proposed service area must include a Letter of Intent to collaborate and coordinate with IMCare, a county-based purchasing program, and Itasca County Health and Human Services. The Letter of Intent must document communication with Brett Skyles, IMCare Division Manager, regarding collaboration and coordination.
- b) Any Proposal submitted for this RFP that includes one or more counties in a regional county health collaborative in the proposed SNBC service area, must include a statement that provides assurance that the responder intends to collaborate and coordinate with that regional county health collaborative.

Complete Appendix J in order to respond to this component. This will be scored on a **Pass/Fail** basis. A proposal will fail if it does not submit the required documents and the responder includes Itasca County or counties in a regional health collaborative.

**8. Quality Assessment and Performance Improvement Program (10 Points available):**

In the State's determination of the award of the contract, it is necessary to evaluate the effectiveness of the responder's Quality Assessment and Performance Improvement Program, including the awareness of barriers to health care access faced by people with disabilities and a commitment to implementing appropriate improvement efforts.

Please complete Appendix K in order to respond to this component.

**9. Care Management/Case Management (15 points available):** In sufficient written detail, the responder must complete responses to the provided questions in Appendix L.

**10. SNBC Assurances (Pass/Fail):** All proposals submitted under this RFP must include the completed set of assurances that the responder will meet when planning, providing, and monitoring SNBC services to the target population for this RFP. Complete Appendix M in order to respond to this component.

This component will be scored on a **Pass/Fail** basis. A pass score requires assurances for each item listed.

**11. Plan Design for SNBC (15 points available):** In sufficient written detail, the responder must complete responses to the questions provided in Appendix N.

Responses to these questions will be evaluated based on completeness of the response, including subcomponents of the questions. Other factors upon which the responses will be evaluated include, but are not limited to, the following:

- Demonstration of the respondents' ability to integrate health services with community, public health, and social services.
- Clinical systems and networks designed specifically for people with disabilities.
- Incorporation of SNBC Guiding Principles into program design.
- How the organization has addressed state purchasing requirements specifically for people with disabilities.
- Whether the proposal lists appropriate qualifications of the organization and its professionals to ensure that adequate services are available to people with disabilities.
- MCO's ability to provide accessible, quality, and timely medical care to SNBC recipients.
- Ability to coordinate medical services with social and other services managed by counties and tribes.
- Access to, and availability of covered services within the potential MCO's licensed service area that meets provider network standards and community needs.

**12. Answers to County and Tribe Questions for SNBC (25 points available):**

The counties and tribes were invited to submit specific questions for responders to address in their proposal. In sufficient written detail, each responder must include a response in the Proposal to all applicable questions included in Appendix O.

Responses to these questions will be evaluated based on completeness of the response, including responses for all counties included in the bid and attention to responding to subcomponents of the questions. Other factors upon which the responses will be evaluated include, but are not limited to, the following:

- Demonstration of the respondents' ability to integrate health services with community, public health, and social services.
- Clinical systems and networks designed specifically for people with disabilities.
- Incorporation of SNBC Guiding Principles into program design.



- How the organization has addressed state purchasing requirements specifically for people with disabilities.
- Whether the proposal lists appropriate qualifications of the organization and its professionals to ensure that adequate services are available to people with disabilities.
- MCO's ability to provide accessible, quality, and timely medical care to SNBC recipients.
- Ability to coordinate medical services with social and other services managed by counties and tribes.
- Access to, and availability of covered services within the potential MCO's licensed service area that meets provider network standards and community needs.

**13. Provider Network Listing (25 points available):** The provider network Information that must be included in the Response is described in Appendix P. Submissions will be evaluated with the use of geomapping. Points will be awarded for compliance with template specifications, addressing all required provider types, meeting geographic access standards, and adequate explanations of how responder will manage all network gaps.

## C. Required Statements

Required Statement component will be scored on a Pass/Fail basis. Please fill out the corresponding eDocs form where a link is provided, or the corresponding appendix where a reference is provided.

### 1. Responder Information and Declarations (40 points):

Complete and submit the attached "Responder Information and Declarations" form.

This component, set out in Appendix A, shall declare the proposed non-integrated SNBC service area for which responder is bidding and the proposed integrated SNBC service area for which responder in good faith is seeking approval of a Medicare contract.

- Any proposal that includes offering a dual eligible integrated SNBC product in 2017 will receive 15 points; and
- Any proposal from a current SNBC contractor that maintains their currently contracted SNBC service area (no decreases) will receive 5 points; and
- Any proposal that includes one or more of the twenty (20) counties in the service area for July 1, 2016 where SNBC will not be available as of July 1, 2016 will be awarded 1 point for each of the 20 counties the responder proposes to serve.

### 2. Exceptions to RFP Terms :

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 or the 2016 SNBC model contract 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.** See Appendix B.

Responder is required to disclose any exceptions it has to the State’s SNBC model contract terms and conditions. The 2016 model contracts can be found at [http://www.dhs.state.mn.us/dhs16\\_139710](http://www.dhs.state.mn.us/dhs16_139710). Much of the language reflected in the contract 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 model contract which give the responder a material advantage over other responders may result in the responder’s proposal being declared nonresponsive or result in the reduction of points from the overall score. **If there are exceptions noted below, the State will determine if the exception(s) results in a rejection of the proposal or a reduction of five (5) points from the score.** Also, 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**

(Affidavit of Noncollusion Form- DHS-7021)<sup>1</sup> : Each responder must complete and submit the “Affidavit of Noncollusion” form available in eDocs.

### **4. Trade Secret/Confidential Data Notification**

(Trade Secret/Confidential Data Notice Form- DHS-7015-ENG)<sup>2</sup>: All materials submitted in response to this RFP will become property of the State and will become public record in accordance with Minnesota Statutes, § 13.591, after the evaluation process is completed. Pursuant to the statute, completion of the evaluation process occurs when the government entity 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 grant 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, Minnesota Statutes, § 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:

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<sup>1</sup> <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7021-ENG>

<sup>2</sup> <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7015-ENG>

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. In order for a trade secret claim to be considered by the State, detailed justification that satisfies the statutory elements of Minnesota Statutes, section and the factors discussed in *Prairie Island Indian Community v. Minnesota Dept. of Public Safety*, 658 N.W. 2d 876, 884-89 (Minn.App.2003) must be provided. Use of generic trade secret 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 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. Submission of Certified Financial Audit, IRS Form 990, or Most Recent Board-Reviewed Financial Statements:**

The successful responder must be fiscally responsible. Therefore, responders must include in their proposals sufficient financial documentation to establish their financial stability. See Appendix C

Depending on the responder's annual income or how long the responder has been in business, a responder is required to submit either a certified financial audit, IRS Form 990, or most recent board-reviewed financial statements. A certified financial audit is a review of an organization's financial statements, fiscal policies and control procedures by an independent third party to determine if the statements fairly represent the organization's financial position and if organizational procedures are in accordance with Generally Accepted Accounting Principles (GAAP). Minnesota nonprofit organizations are required to have a certified financial audit completed for any fiscal year in which they have total revenue of more than \$750,000. An IRS Form 990 is a federal tax return for nonprofit organizations. Nonprofit organizations that are recognized as exempt from federal income tax must file a Form 990 or Form 990 EZ if it has averaged more than \$25,000 in annual gross receipts over the past three tax years.

Responders must submit financial information as outlined below with their proposal:

- a. Responders with an annual income of under \$25,000 or who have not been in existence long enough to have an audit or completed IRS Form 990 should submit their most recent board-reviewed financial statements.
- b. Responders with total annual revenue of under \$750,000 should submit their most recent IRS Form 990.
- c. Grant applicants with total annual revenue of over \$750,000 should submit their most recent certified financial audit.

Responders may also include documentations of cash reserves to carry you through shortages or delays in receipt of revenue, and/or other documents sufficient to substantiate responsible fiscal management. In the event a responder is either substantially or wholly owned by another corporate entity, the proposal must also include the most recent detailed financial report of the parent organization, and a written guarantee by the parent organization that it will unconditionally guarantee performance by the responder in each

and every term, covenant, and condition of such contract as may be executed by the parties. Please also include information about any pending major accusations that could affect your financial stability.

If the responder is a county government or a multi-county human services agency that has 1) had an audit in the last year by the State Auditor or an outside auditing firm or 2) meets the requirements of the Single Audit Act, the responder is not required to submit financial statements. However, the State reserves the right to request any financial information to assure itself of a county's financial status.

The information collected from these inquiries will be used in the State's determination of the award of the contract. It may be shared with other persons within the Minnesota Department of Human Services who may be involved in the decision-making process, and/or with other persons as authorized by law. If you choose not to provide the requested information, your organization's proposal will be found nonresponsive and given no further consideration. The State reserves the right to request any additional information to assure itself of a responder's financial reliability.

**6. Disclosure of Funding Form: (Disclosure of Funding Form- DHS-7018-ENG)<sup>3</sup> :**

Per the Federal Funding Accountability and Transparency Act of 2006 "Transparency Act" or "FFATA" (Public Law 109-282), all entities and organizations receiving federal funds are required to report full disclosure of funding (United States Code, title 31, chapter 61, section 6101). The purpose of FFATA is to provide every American with the ability to hold the government accountable for each spending decision. The end result is to reduce wasteful spending in the government. The FFATA legislation requires information on federal awards to be made available to the public through a single, searchable website. Federal awards include grants, sub-grants, loans, awards, and delivery orders. See Appendix D

In order to comply with the federal statute, the Minnesota Department of Human Services is required to obtain and report by the grantee's Data Universal Numbering System (DUNS) number and determine if the grantee meets specific requirement which would require additional reporting items and to collect additional information on executive compensation if required. In order to comply with federal law and to collect this information, responders are required to fill out the Disclosure of Funding Form and submit it with their response. The form requires responders to provide their Data Universal Numbering System (DUNS) number. The Data Universal Numbering System (DUNS) number is the nine-digit number established and assigned by Dun and Bradstreet, Inc. (D&B) to uniquely identify business entities. If a responder does not already have a DUNS number, a number may be obtained from the D&B by telephone (currently 866-705-5711) or the Internet (currently at <http://fedgov.dnb.com/webform>). The responder must have a DUNS number before their response is submitted.

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<sup>3</sup> <https://edocs.dhs.state.mn.us/lfservlet/Public/DHS-7018-ENG>

**7. Disclosure of Ownership Form:**

Federal law (42 CFR § 455.104) requires Managed Care Organizations to submit disclosure information as indicated in Appendix E. 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 Appendix E. If the responder cannot meet these requirements, the responder will fail this component.

**8. Professional Responsibility Disclosure:**

The Successful responder must be professionally responsible. Therefore, responders must include in their Proposals satisfactory information regarding their professional responsibility. This element will be evaluated based on whether Respondent makes complete and accurate disclosures. See Appendix F.

**9. Human Rights Compliance: Affirmative Action Certification. (Affirmative Action Data Page- DHS-7016-ENG)<sup>4</sup>:**

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 Minnesota Rules, part 5000.3600, “It is hereby agreed between the parties that Minnesota Statutes, section 363A.36 and Minnesota Rules, parts 5000.3400 - 5000.3600 are incorporated into any contract between these parties based upon this specification or any modification of it. A copy of Minnesota Statutes, section 363A.36 and Minnesota Rules, parts 5000.3400 - 5000.3600 are available upon request from the contracting agency.” See Appendix G.

**10. Certification Regarding Lobbying (Certificate Regarding Lobbying Form- DHS-7017-ENG)<sup>5</sup>:**

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.

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<sup>4</sup> <https://edocs.dhs.state.mn.us/lfservlet/Public/DHS-7016-ENG>

<sup>5</sup> <https://edocs.dhs.state.mn.us/lfservlet/Public/DHS-7017-ENG>

## IV. RFP Process

### A. Timeline

ACTIVITY	DATE
State Register Notice	February 8, 2016
Questions for Responder's Conference	February 15, 2016
Responder's Conference Registration Deadline	February 16, 2016
Responder's Conference	February 18, 2016
All RFP Questions Answered and Posted on DHS Website	February 25, 2016
RFP Responses Due	March 29, 2016
County RFP Review Feedback Due	April 18, 2016
RFP Review Completed	April 21, 2016
Notice of Intent to Contract	April 22, 2016
Start of Contract for Counties that include: Aitkin, Becker, Benton, Carlton, Cass, Chisago, Clay, Cook, Crow Wing, Isanti, Itasca, Kittson, Koochiching, Lake, Lake of the Woods, Mahnommen, Marshall, Mille Lakes, Norman, Ottertail, Pennington, Pine, Polk, Red Lake, Roseau, St. Louis, Sherburne, Stearns, Wilkin, and Wright.	July 1, 2016
Start of Contract for Counties that include: Anoka, Blue Earth, Carver, Chippewa, Cottonwood, Dakota, Faribault, Fillmore, Hennepin, Houston, Jackson, Kandiyohi, Lac Qui Parle, Le Sueur, Lincoln, Lyon, Martin, Mower, Murray, Nicollet, Nobles, Olmsted, Ramsey, Redwood, Rice, Rock, Scott, Swift, Washington, Watonwan, Winona, and Yellow Medicine.	January 1, 2017

### B. Access to the RFP

To access the RFP, click on the link below and go to the DHS public website on or after 12:00 noon on **February 8, 2016**.

[http://www.dhs.state.mn.us/id\\_000102](http://www.dhs.state.mn.us/id_000102)

To obtain a paper copy of the RFP, use the above link. You may also access a copy of the RFP in a Microsoft Word format from the link.

## C. Responders' Conference

A Responders' Conference will be held on **February 18, 2016 at 1 p.m. Central Time at Room 2390, 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 **Resheena Humphrey** at (651) 431-4636 or e-mail her at [resheena.humphrey@state.mn.us](mailto:resheena.humphrey@state.mn.us) by **February 16, 2016** to register. Responders may attend via conference call. Request the conference call information when you contact Resheena to register. Although you may attend by conference call, we cannot guarantee that you will be able to hear all of the conversation. Therefore, we suggest that you attend the meeting in person. All 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 this RFP must be submitted **by e-mail prior to 4:00 p.m. Central Time on February 15, 2016**

All questions must be emailed to: [SNP\\_RFPs@state.mn.us](mailto:SNP_RFPs@state.mn.us).

Personnel other than the designated representatives are NOT authorized to discuss this RFP with responders before the proposal submission deadline. The designated representative for this proposal is Gina Smith. You may contact her using the respective e-mail addresses above. **Contact regarding this RFP with any State personnel other than the designated representatives could result in disqualification.**

The State will not be held responsible for oral responses to responders. All written answers to questions will be posted on the DHS Public website by **February 25, 2016**.

## E. Proposal Submission

**Submit one (1) original paper copy** of the Proposal along with a CD. The CD must contain 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. The CDs created for the counties do not have to contain Appendix E – Disclosure of Ownership. This is the only Appendices that does not have to be included on the county CDs. Proposals must be physically received (not postmarked) by **4:00 p.m. Central Time on March 29, 2016** 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 original "Proposal – Original" and each copy "Proposal – Copy". All proposals, including required copies, must be submitted in a single sealed package or container. Proposals should be submitted in three-ring binders or spiral bound binders with each section indexed with label 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 RFP sections. For Appendix P only submit this Appendix on CD (not on paper) and bookmark each service separately.**

The above-referenced packages and all correspondence related to this RFP must be delivered to:

Request for Proposal Response  
**Attention: Gina Smith**  
Health Care Administration, Office of the Assistant Commissioner Division  
Department of Human Services  
444 Lafayette Road N.  
St. Paul, MN 55101

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 135 point scale. The evaluation will be conducted in three phases:

- a. Phase I      Required Statements Review
- b. Phase II     Evaluation of Proposal Requirements
- c. Phase III    Selection of the Successful Responder(s)

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

3. Non-selection of any proposals will mean that either another proposal(s) was determined to be more advantageous to the State or that the State exercised the right to reject any or all Proposals.

## **B. Evaluation Team**

State staff will select evaluators for the evaluation team to review and evaluate RFP responses. 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, § 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, § 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, § 13.37), even after the award decision, unless permitted by law.
- extend an offer or accept employment by procurement responders and bid evaluators, respectively.

**Pursuant to Minnesota Statutes, § 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 and tribe 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 and tribe may make recommendations regarding the development, issuance, and changes needed in the RFP. The county and tribe also have 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 and tribes are delegated the duty of developing the county and tribe sections of the RFP including identification of service development and access issues as described in Appendix O. Please note that county and tribe information will need to be addressed as part of the RFP response.

For clarity, in the evaluation process counties and tribes will have the ability to offer comments on the proposals and advise the State; counties and tribes will not have the direct ability to adjust any scores determined by the State's evaluation team.

### **C. Evaluation Process**

Evaluation of RFP responses includes, but is not limited to, the following:

1. Review of completeness of application and inclusion of all required statements.
2. Evaluation of Proposal Requirements and awarding of points based on strengths of each component, including responsiveness to questions posed and evaluation of responses against criteria listed in this RFP.
3. Review of county and tribe comments on the responses and re-evaluation of points awarded utilizing additional insight and input received.
4. Selection of successful responses by comparing total final score to minimum required score.

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, § 256B.69, subdivision 3a, item (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 listed in section III, C, above, 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.

<b>Component</b>	<b>Possible Points</b>	<b>Comments</b>
i. Executive Summary	P/F	Responder will fail if responder does not submit an executive summary
ii. Service Delivery Plan	P/F	Responder will fail if responder does not submit a service delivery plan
iii. Description of Applicant Agency	P/F	Required of responders that do not have a current SNBC contract
iv. Appendix I Accomplishments	5	
v. Appendix J Coordination with Certain Entities	P/F	A proposal will fail if it does not submit the required documents.
vi. Appendix K Quality Assessment and Performance Improvement Program	10	
vii. Appendix L Case Management/Care Management	15	
viii. Appendix M SNBC Assurances	P/F	Responder will fail if responder does not affirm all assurances
ix. Appendix N SNBC Plan Design	15	
x. Appendix O County and Tribe Questions	25	
xi. Appendix P Provider Network Listing	25	
xii. Appendix A: Responder Information/Declarations	40, some elements P/F	<ul style="list-style-type: none"> <li>• Any proposal that includes offering a dual eligible integrated SNBC product in 2017 will receive 15 points; and</li> <li>• Any proposal from a current SNBC contractor that maintains their currently contracted SNBC service area (no decreases) will receive 5 points; and</li> <li>• Any proposal that includes one or more of the twenty (20) counties where SNBC will not be available as of July 1, 2016 will be awarded 1 point for each of the 20 counties the responder proposes to serve.</li> </ul>
<b>Total:</b>	<b>135</b>	

## 2. Phase II: Evaluation of Technical Requirements of Proposals

Points have been assigned to these component areas. For any item marked "Pass/Fail," if the proposal receives a fail, the proposal will be deemed non-responsive to Phase II and the proposal will not move on for consideration in Phase III. The total possible points for these component areas are as follows:

- a. The evaluation team will review the components of each responsive proposal submitted. Each component will be evaluated on the responder's understanding and the quality and completeness of the responder's approach and solution to the problems or issues presented.
- b. After reviewing the proposals, the members of the evaluation team will rate each proposal component requiring subjective scoring using the following formula:

Each Proposal component will receive one of the following ratings based on how well 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.

Component Rating	Point Factor to be Applied to Total Possible Points
Excellent	1
Very Good	.75
Good	.50
Fair	.25
Poor	0

- c. The State will review feedback and comments from the counties and tribes on the proposals, and may revise any of the scores of the proposals at this time based on the county and tribe input.
- d. The points assigned as described above will be added together to determine the final total score for the RFP. A proposal must receive a final total score of 75 or greater to pass to Phase III. State reserves the right to evaluate the strength of the proposal with respect to individual counties and to make a partial award in the event that the quality of Responder's proposal is poorer in some counties than others.

### **3. Phase III: Selection of the Successful Responder(s)**

- a. Only the proposals found to be responsive under Phases I and II will be considered in Phase III.
- b. The evaluation team will review the scoring in making its recommendations on qualified 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 a recommendation of which responders are qualified based on the above-described evaluation process. All responders that the State determines are qualified will receive a notice of intent to contract will be issued no later than April 22, 2016.
- e. The final decision will be made by the Commissioner or authorized designee. The Commissioner or authorized designee may accept or reject the recommendations 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). The final award decision will be made by the Commissioner or authorized designee. The Commissioner or authorized designee may accept or reject any subsequent recommendation of the evaluation team.

Any responder not currently participating in SNBC may be subject to a readiness review (or a new readiness review) prior to completion of contract negotiations with DHS to provide SNBC services.

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. For clarity, unsuccessful proposals for SNBC services commencing July 1, 2016 will be notified after contracts for the July 1, 2016 services have been executed. Unsuccessful proposals for SNBC services commencing January 1, 2017 will be notified after the contracts for the January 1, 2017 services have been executed.

## **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 grant contract. The requirements are set forth throughout this RFP and are contained in the attached grant contract in the Appendices.

**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 grant 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 performed prior to the issuance of a fully executed grant contract will be done only to the extent the responder voluntarily assumes risk of non-payment.

**E. Contingency Fees Prohibited.** Pursuant to Minnesota Statutes, section 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 C.F.R. 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 C.F.R. 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. Responder 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. Responder is required to maintain and furnish satisfactory evidence of the following insurance policies:
  - a. Workers' Compensation Insurance: Except as provided below, responder must provide Workers' Compensation insurance for all its employees and, in case any work is subcontracted, responder 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, § 176.041 exempts responder from Workers' Compensation insurance or if the responder has no employees in the State of Minnesota, responder must provide a written statement, signed by an authorized representative, indicating the qualifying exemption that excludes responder from the Minnesota Workers' Compensation requirements.

If during the course of the grant contract the responder becomes eligible for Workers' Compensation, the responder must comply with the Workers' Compensation Insurance requirements herein and provide the State of Minnesota with a certificate of insurance

b. Commercial General Liability: Responder 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 responder or by a subcontractor or by anyone directly or indirectly employed by the responder 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, to the extent permitted by law.

c. Commercial Automobile Liability: Responder is required to maintain insurance protecting the responder 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 responder 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 responder may become legally obligated to pay resulting from any actual or alleged negligent act, error, or omission related to responder's professional services required under the grant contract.

Responder 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 responder and may not exceed \$50,000 without the written approval of the State. If the responder desires authority from the State to have a deductible in a higher amount, the responder 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 responder 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 responder shall maintain such insurance for a period of at least three (3) years, following completion of the work. If responder discontinues such insurance, then extended reporting period coverage must be purchased to fulfill this requirement.

e. Blanket Employee Theft/Employee Dishonesty Insurance.

Responder is required to obtain a blanket employee theft/employee dishonesty policy in at least the total amount of the first year's grant award as either an addendum on its property insurance policy, or if it is not feasible to include it as an addendum to a property insurance policy, as a stand-alone employee theft/employee dishonesty policy. The State will be named as both a joint payee and a certificate holder on the property insurance policy addendum or on the stand-alone employee theft/employee dishonesty

policy, whichever is applicable. Only in cases in which the first year's grant award exceeds the available employee theft/employee dishonesty coverage may responders provide blanket employee theft/employee dishonesty insurance in an amount equal to either 25% of the yearly grant amount, or the first quarterly advance amount, whichever is greater. Upon execution of a grant contract, the responder must furnish the State with a certificate of employee theft/employee dishonesty insurance. This requirement does not apply to grant contracts with the University of Minnesota, counties, school districts or reservations.

### 3. Additional Insurance Conditions:

- Responder'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 responder's performance under this grant contract;
- If responder receives a cancellation notice from an insurance carrier affording coverage herein, responder agrees to notify the State of Minnesota within five (5) business days with a copy of the cancellation notice, unless responder's policy(ies) contain a provision that coverage afforded under the policy(ies) will not be cancelled without at least thirty (30) days advance written notice to the State of Minnesota;
- Responder is responsible for payment of grant contract related insurance premiums and deductibles;
- If Responder 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 Professional/Technical, Errors and Omissions, and/or Miscellaneous Liability Insurance 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; and
- An Umbrella or Excess Liability insurance policy may be used to supplement the responder's policy limits to satisfy the full policy limits required by the grant contract.

4. The State reserves the right to immediately terminate the grant contract if the responder is not in compliance with the insurance requirements and retains all rights to pursue any legal remedies against the responder. 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 Certificates of Insurance acceptable to the State of Minnesota as evidence of insurance coverage requirements prior to commencing work under the grant contract.

#### **H. 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 contingency 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 contingency of operations plan available for inspection by the State upon request. The contingency 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.

#### **I. Accessibility Standards**

Any information systems, tools, information content, and/or work products, including the response to this solicitation/contract, applications, web sites, video, learning modules, webinars, presentations, etc., whether commercial, off-the-shelf (COTS) or custom, purchased or developed, must comply with the Minnesota IT Accessibility Standards effective September 1, 2010, as updated on October 3, 2013. This standard requires in part, compliance with the Web Content Accessibility Guidelines (WCAG) 2.0 (Level AA) and Section 508 Subparts A-D.

Information technology deliverables and services offered must comply with the MN.IT Services Accessibility Standards. The relevant requirements are contained under the “Standards” tab. Information technology deliverables or services that do not meet the required number of standards or the specific standards required may be rejected and may not receive further consideration.

## **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;
- H. Extend the grant contract, in increments determined by the State, not to exceed a total contract term of five years;
- I. Cancel the RFP at any time and for any reason with no cost or penalty to the State; and
- J. 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.

## **VIII. APPENDICES (A-S)**

**Remainder of the page intentionally left blank. (Appendices follow.)**

# Appendix A

## Responder Information/Declarations

REQUEST FOR PROPOSALS STATE OF MINNESOTA PREPAID HEALTH CARE <i>Face Sheet: Required Information</i>	
Name of Responder: _____	
Principal Place of Business: Address: _____ City: _____ State _____ Zip Code: _____	
Name of Contact Person: Title: _____ Telephone Number: _____	
Name of Contact Person for Contract Selection Notification (If different from above): Title: _____ Telephone Number: _____ Address: _____	
Federal Employer's I.D. Number: _____	
Check the applicable boxes for the license held by your MCO: <input type="checkbox"/> HMO <input type="checkbox"/> CISN <input type="checkbox"/> Other (Explain) _____	
PROPOSAL DEADLINE: <b>March 29, 2016 at 4:00 p.m. Central Time</b>	
We hereby agree to furnish services in accordance with the specifications contained in this Request for Proposals. Company 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.

<b>Licensed</b>	<b>Current SNBC</b>	<b>Proposed non-integrated SNBC Service Area eff 7/1/2016</b>	<b>Proposed integrated SNBC Service Area eff 1/1/2017</b>	<b>County</b>
				Aitkin
				Becker
				Benton
				Carlton
				Cass
				Chisago
				Clay
				Cook
				Crow Wing
				Isanti
				Itasca
				Kittson
				Koochiching
				Lake
				Lake of the Woods
				Mahnomen
				Marshall
				Mille Lacs
				Norman
				Otter Tail
				Pennington
				Pine
				Polk
				Red Lake
				Roseau
				Sherburne
				St. Louis
				Stearns
				Wilkin
				Wright

**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.*

<b>Licensed</b>	<b>Current SNBC</b>	<b>Proposed non-integrated SNBC Service Area eff 1/1/2017</b>	<b>Proposed integrated SNBC Service Area eff 1/1/2017</b>	<b>County</b>
				Anoka
				Blue Earth
				Carver
				Chippewa
				Cottonwood
				Dakota
				Faribault
				Fillmore
				Hennepin
				Houston
				Jackson
				Kandiyohi
				Lac Qui Parle
				Le Sueur
				Lincoln
				Lyon
				Martin
				Mower
				Murray
				Nicollet
				Nobles
				Olmsted
				Ramsey
				Redwood
				Rice
				Rock
				Scott
				Swift
				Washington
				Watonwan
				Winona
				Yellow Medicine

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

**PROPOSAL DEADLINE:**

**Proposals must be received at DHS at or before  
4:00 p.m. Central Time, Friday, March 29, 2016**

**The above-named responder submits the attached Proposal in response to the following Minnesota Department of Human Services Request for Proposals:**

**Provide Coordinated Health Care Services through the Special Needs BasicCare Program To Adults with Disabilities Eligible for Medical Assistance throughout Minnesota.**

**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 selection 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 that 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 that 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 and the 2016 SNBC model contract 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 OR CONTRACT TERMS. IF A RESPONDER MATERIALLY DEVIATES FROM A RFP SPECIFICATION OR CONTRACT TERM, ITS PROPOSAL MAY BE REJECTED OR POINTS REDUCED FROM THE RESPONDER'S OVERALL SCORE. IF THERE ARE EXCEPTIONS NOTED BELOW, THE STATE WILL DETERMINE IF THE EXCEPTION(S) RESULT IN A REJECTION OF THE PROPOSAL OR A REDUCTION OF FIVE (5) POINTS FROM THE OVERALL SCORE.**

A material deviation is an exception to a specification or term 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 attached model contract on page 17, if any. 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.)*

<b>Responder Name:</b>	
<b><u>Term &amp; Condition Number/Provision</u></b>	<b><u>Explanation of Exception</u></b>

*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

---

Printed Name

## Appendix C

### **Submission of Certified Financial Audit, IRS Form 990, or Most Recent Board-Reviewed Financial Statements**

The successful responder must be fiscally responsible. Therefore, responders must include in their proposals sufficient financial documentation to establish their financial stability.

1. Depending on the responder's annual income or how long the grantee has been in business, a responder is required to submit either a certified financial audit, IRS Form 990, or most recent board-reviewed financial statements.
2. Responders must submit financial information as outlined below with their proposal:
  - Responders with an annual income of under \$25,000 or who have not been in existence long enough to have an audit or completed IRS Form 990 should submit their most recent board-reviewed financial statements.
  - Responders with total annual revenue of under \$750,000 should submit their most recent IRS Form 990.
  - Grant applicants with total annual revenue of over \$750,000 should submit their most recent certified financial audit.
3. Responders may also include documentations of cash reserves to carry you through shortages or delays in receipt of revenue, and/or other documents sufficient to substantiate responsible fiscal management. If the responder is a county government or a multi-county human services agency that has 1.) had an audit in the last year by the State Auditor or an outside auditing firm or 2.) meets the requirements of the Single Audit Act, the responder is not required to submit financial statements. However, the State reserves the right to request any financial information to assure itself of a county's financial status.
4. The information collected from these inquiries will be used in the State's determination of the award of the contract. It may be shared with other persons within DHS who may be involved in the decision-making process, and/or with other persons as authorized by law. If you choose not to provide the requested information, your organization's proposal will be found nonresponsive and given no further consideration. The State reserves the right to request any additional information to assure itself of a responder's financial reliability.

## Appendix D

### Disclosure of Funding Form

Per the Federal Funding Accountability and Transparency Act of 2006 “Transparency Act” or “FFATA” (Public Law 109-282), all entities and organizations receiving federal funds are required to report full disclosure of funding (United States Code, title 31, chapter 61, section 6101). The purpose of FFATA is to provide every American with the ability to hold the government accountable for each spending decision. The end result is to reduce wasteful spending in the government. The FFATA legislation requires information on federal awards to be made available to the public through a single, searchable website. Federal awards include grants, sub-grants, loans, awards, and delivery orders.

In order to comply with the federal statute, the Minnesota Department of Human Services is required to obtain and report by the grantee’s Data Universal Numbering System (DUNS) number and determine if the grantee meets specific requirement which would require additional reporting items and to collect additional information on executive compensation if required. In order to comply with federal law and to collect this information, responders are required to fill out the Disclosure of Funding Form and submit it with their response. **The form is located on the link at the bottom of this page.** The form requires responders to provide their Data Universal Numbering System (DUNS) number. The Data Universal Numbering System (DUNS) number is the nine-digit number established and assigned by Dun and Bradstreet, Inc. (D&B) to uniquely identify business entities. If a responder does not already have a DUNS number, a number may be obtained from the D&B by telephone (currently 866-705-5711) or the Internet (currently at <http://fedgov.dnb.com/webform>). The responder must have a DUNS number before their response is submitted.

### Disclosure of Funding Form- DHS-7018-ENG



## Appendix E

### Disclosure of Ownership

NOT APPLICABLE

APPLICABLE (IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING)

1. The name, address, date of birth, social security number (in the case of an individual), and tax identification number (in the case of a corporation) of each person (individual or corporation), including managing employees of the responder, with an Ownership or Control Interest in the responder or in any subcontractor in which the responder has direct or indirect ownership of five percent (5%) or more. The address for corporate entities must include primary business address, every business location and P.O. Box address;
2. A statement as to whether any Person (individual or corporation) with an Ownership or Control Interest in the responder or in any subcontractor as identified in Section 1 above is related (if an individual) to any other Person with an Ownership or Control interest as a 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 responder also has an ownership or control interest in the other disclosing entity and
4. The name, address, date of birth, and social security number of any managing employee of the responder.

*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 F**

### **Professional Responsibility**

It is crucial that the State locate reliable grantees to serve our clients. The successful responder must be professionally responsible. Please address the following information in your response:

1. Provide information concerning any complaints filed with or by professional and/or state or federal licensing/regulatory organizations within the past six years against your organization or its employees relating to the provision of services. If such complaints exist, please include the date of the complaint(s), the nature of the complaint(s), and the resolution/status of the complaint(s), including any disciplinary actions taken.
2. Provide information about pending litigation and/or litigation resolved within the past two years that relates to the provision of services by your organization and/or its employees. If such litigation exists, please include the date of the lawsuit, nature of the lawsuit, and the dollar amount being requested as damages, and if resolved, what the resolution was (e.g. settled, dismissed, withdrawn by plaintiff, verdict for plaintiff with amount of damages awarded, verdict for responder, etc.).
3. Submit information which demonstrates recognition of their professional responsibility. This may include awards, certifications, and/or professional memberships.
4. The State reserves the right to request any additional information to assure itself of a responder's professional status.

## Appendix G

### 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

Mail: The Freeman Building 625 Robert Street N, TC Metro: (651) 296-5663 Tollfree: 800-657-3704  
Saint Paul, MN 55155  
Web: [www.humanrights.state.mn.us](http://www.humanrights.state.mn.us) Fax: (651) 296-9042 TTY: (651) 296-1283  
Email: [compliance.mdhr@state.mn.us](mailto:compliance.mdhr@state.mn.us)

**Appendix H**  
**County Specific Information**

Begins next page

**Aitkin County**

No Information submitted

**Anoka County**

No information submitted

## Becker County

### COUNTY SERVICE DEVELOPMENT AND ACCESS ISSUES FOR SNBC RFP

**1. County administration:**

<b>Agency name:</b>	Becker County Human Services	
<b>Director's Name</b>	John W. Dinsmore	<a href="mailto:iwdinsm@co.becker.mn.us">iwdinsm@co.becker.mn.us</a>
<b>Address:</b>	712 Minnesota Avenue	Detroit Lakes, MN 56501
<b>Telephone #:</b>	218-847-5628, ext 5314	218-205-5476 (cell)
<b>Fax #:</b>	218-847-6738	

**2. County agency contacts:**

Area of Responsibility	Name	Title	Telephone #
<b>Social services - Disability Services Area</b>	Jon Iwen	Social Services Supervisor	218-847-5628 Ext. 5321
<b>Public Health</b>	Ronda Stock	Community Health Services Supervisor	218-847-5628 Ext. 5399
<b>Mental Health - Adult</b>	Emma Wartman	Social Services Supervisor	218-847-5628 Ext. 5360
<b>Chemical dependency</b>	Emma Wartman	Social Services Supervisor	218-847-5628 Ext. 5360
<b>Transportation</b>	Rusty Haskins	Transit Supervisor	218-847-5628 Ext. 5365
<b>MA Eligibility</b>	Shannon Funk	Financial Assistance Supervisor	218-847-5628 Ext. 5369

**3. County Service Delivery and Access Issues**

Please describe any specific service delivery and access issues pertaining to the population eligible for SNBC (People with disabilities, MA eligible, Age 18+) in your county. To the best of your knowledge, identify limited or unavailable services for the eligible population. Be sure to describe the network of providers, including physical accessibility of the provider for the eligible population, for each category of service.

- a. Specialty Networks and providers especially for unusual or low incidence conditions for people with disabilities
- b. Durable medical equipment (DME) network and home delivery systems
- c. Chemical Dependency
- d. Mental Health



- e. Transportation
  - f. Describe any additional specific service delivery and access issues pertaining to the population eligible for SNBC
- 4. Please describe the services provided by the county for the eligible population in the following categories.**
- a. Mental Health Services – Adult
  - b. Chemical Dependency Services
  - c. Transportation
  - d. Public Health Services
  - e. Home Health Agency Services
- 5. Identification of Community Health Care Planning Efforts and Other Local Projects**
- 6. Identification of Local Public Health Goals**
- 7. Other relevant information related to health care services for people with disabilities in your county.**

**Benton County**

No information submitted

**Blue Earth County**

No information submitted

**Carlton County**

No information submitted

**Carver County**

No information submitted

## Cass County

### COUNTY SERVICE DEVELOPMENT AND ACCESS ISSUES FOR SNBC RFP

**1. County administration:**

<b>Agency name:</b>	Cass County Health, Human and Veterans Services
<b>Director's name:</b>	Reno Wells
<b>Address:</b>	PO Box 519 Walker MN 56484
<b>Telephone #:</b>	218-547-1340 ext. 301
<b>Fax #:</b>	218-547-1448

**2. County agency contacts:**

Area of Responsibility	Name	Title	Telephone #
<b>Social services - Disability Services Area</b>	Jamie Richter	Director of Public Health Nursing	218-547-1340 Ext 201
<b>Public Health</b>	Jamie Richter	Director of Public Health Nursing	218-547-1340 Ext 201
<b>Mental Health - Adult</b>	Michele Piprude	Social Services Manager	218-547-1340 Ext 225
<b>Chemical dependency</b>	Michele Piprude	Social Services Manager	218-547-1340 Ext 225
<b>Transportation</b>	Kim Minton	Support Services Supervisor	218-547-1340 Ext 302
<b>MA Eligibility</b>	Wanda Reed Sarah Smythe	Income Maintenance Supervisor Adult Income Maintenance Supervisor Family	218-547-1340 Ext 328 218-547-1340 Ext 327

**3. County Service Delivery and Access Issues**

Please describe any specific service delivery and access issues pertaining to the population eligible for SNBC (People with disabilities, MA eligible, Age 18+) in your county. To the best of your knowledge, identify limited or unavailable services for the eligible population. Be sure to describe the network of providers, including physical accessibility of the provider for the eligible

population, for each category of service.

**a. Specialty Networks and providers especially for unusual or low incidence conditions for people with disabilities**

SILS and ILS, Supported employments services, DT&H services, mental health services, chemical dependency and PCA services.

**b. Durable medical equipment (DME) network and home delivery systems-** No providers in Cass County only in surrounding counties.

**c. Chemical Dependency** Cass County uses a variety of chemical dependency treatment providers outside of Cass County since there is no chemical dependency services located in Cass County currently. Referrals for services are based upon the level of care needed, not solely upon geographic location. There is a lack of appropriate outpatient and inpatient care designed for disabled populations available.

The county also would prefer a close integrated working relationship with the Rule 25 County Assessors and the Health Plan and would ask that the health plans address this issue.

**d. Mental Health** There are no Mental Health Clinics/Centers in Cass County with practicing psychiatrists. Cass County receives the majority of its mental health services from Northern Pines Mental Health Center, Nystrom and Associates, Oakridge, Neighborhood Counseling Center, Upper Mississippi Mental Health Center, Northland Counseling, Wilimek & Associates, St. Cloud Hospital Mental Health Services, and CORE. It is imperative that crisis intervention services be available to enrollees immediately and as locally as providers are able.

Emergency holds are generally provided at the Behavioral Health Hospitals in Brainerd, Wadena, Bemidji, Staples and St. Joseph's Medical Center's Grace Unit. The Health Plan must describe how Crisis and Emergency Services will be coordinated with the Region Five Mental Health Initiative Crisis Team.

The health plan must describe how they will work with the County to provide and coordinate services involving the court system including pre-petition screenings, evaluations, commitment proceedings, or other issues including court ordered treatment. The Health Plan must indicate how it will work with the County to provide timely response and sharing of necessary information, and be present at hearings if necessary.

Cass County has been described as a mental health provider "Desert" due to lack of services available.

**e. Transportation** There is a lack of public and specialty transportation in Cass County and many people do not own cars. Cass County Health, Human & Veterans Services provides a Volunteer Senior Transportation Program and a Veterans Transportation Program. Faith in Action provides limited volunteer transportation and the Leech Lake Reservation provides transportation for Tribal members. Other private transportation

vendors are available on a fee basis. Lack of transportation is often a barrier for accessing needed health and human services.

The state funded Local Access Plan will be used for transportation services for the county. The Health Plan will be responsible to develop a network of specialized transportation to meet the needs of the recipients within the county. The network will need to include non-emergency medical transportation with wheelchair lift equipped vehicles and emergency transportation.

Access issues include methods to reach persons without phones, transportation services or support in making/keeping appointments.

**f. Describe any additional specific service delivery and access issues pertaining to the population eligible for SNBC**

Access to services noted above and barriers of distance due large geographical area continues to be a barrier. How will these be addressed to meet SNBC care needs?

**4. Please describe the services provided by the county for the eligible population in the following categories.**

- a. **Mental Health Services – Adult-** Mental health targeted case management
- b. **Chemical Dependency Services-** Rule 25 Assessments
- c. **Transportation-** Volunteer Senior Transportation Program and a Veterans Transportation Program
- d. **Public Health Services-** Family Planning; WIC; Family Home Visiting; Nurse Family Partnership FHV; PHN Clinic Visit in home and clinic; immunizations, Child and Teen Checkup;
- e. **Home Health Agency Services** Home Care- skilled nursing, home health aide, homemaker, physical therapy as Medicare Certified Agency

**5. Identification of Community Health Care Planning Efforts and Other Local Projects**

Region V + Adult Mental Health Initiative, Cass County Faith In Action, Take it To The Box pharmaceutical waste disposal, Family Safety Network,

**6. Identification of Local Public Health Goals**

Healthy families, healthy weight, and reduction of tobacco use and/or exposure.

**7. Other relevant information related to health care services for people with disabilities in your county.**

Most specialty health care services needed for people with disabilities are provided outside of Cass County since these providers do not come to the rural local clinics located in Cass County. Cass County is services by many health systems.

**8. Recommended providers of services for people with disabilities in your county.**

- a. **Please list the provider type (DME, Transportation, Mental Health, Chemical Dependency, etc.) and provider name.**



**b. The list should include providers in bordering counties and bordering states, if applicable.**

<u>DME</u>	<u>Town</u>	<u>County</u>
Aitken Med. Supply	Atkin	Aitken
Brainerd Med. Supply	Brainerd	Crow Wing
Globe Drug	Grand Rapids	Itasca
Home Medical	Brainerd	Crow Wing
Home Medical	Grand Rapids	Itasca
North Central Supply	Brainerd	Crow Wing
Sanford HealthCare Accessories	Bemidji	Beltrami
St Joseph's Area Health Services	Park Rapids	Hubbard

<u>Behavioral Health Prover</u>	<u>Town</u>	<u>County</u>
Northern Pines Mental Health Center	Brainerd	Crow Wing
Birch Lake Counseling	Hackensack	Cass
Upper Mississippi Mental Health Center	Bemidji	Beltrami
Nystrom & Associates	Baxter	Crow Wing
North Home Inc.	Grand Rapids	Itasca
CORE, Brainerd	Brainerd	Crow Wing
Oakridge	Brainerd	Crow Wing
Wildgen Wilimek and Associates	Bemidji	Beltrami
Northland Counseling Center	Grand Rapids	Itasca
Rebecca Monley, PhD	Cass Lake	Cass County
Leech Lake Behavior Health Services	Cass Lake	Cass County
Stellher Human Services	Bemidji	Beltrami
Northern Psychological Services	Bemidji	Beltrami
Grace Unit, Essentia St. Josephs	Brainerd	Crow Wing
St. Cloud Hospital Mental Health Services	St. Cloud	Stearns
Lakewood Health Behavior Health Services	Staples	Todd
Neighborhood Counseling Center	Wadena	Wadena

<u>Chemical Dependency</u>	<u>Town</u>	<u>County</u>
Northland Recovery Center	Grand Rapids	Itasca
Community Addiction Recovery Enterprises (CARE)- Four Winds	Brainerd	Crow Wing
Upper Mississippi Mental Health Center	Bemidji	Beltrami & Hubbard
Pine Manor Inc	Nevis	Hubbard
Northern Pines Mental Health Center	Brainerd	Crow Wing
Focus Unit- St. Josephs Health Services	Brainerd	Crow Wing
ADAPT	Brainerd	Crow Wing
Rapids Counseling	Grand Rapids	Itasca
Bemidji Area Program For Recovery	Bemidji	Beltrami
Lakes Region	Bemidji	Beltrami

Northern Pines Mental Health Center	Brainerd	Crow Wing
Pinnacle Recovery Services	Brainerd	Crow Wing
Leech Lake Chemical Dependency Services	Cass Lake	Cass
Cass County Health, Human and Veterans Services Walker		Cass

**Chippewa County**

No information submitted

**Chisago County**

No information submitted

## Clay County

### COUNTY SERVICE DEVELOPMENT AND ACCESS ISSUES FOR SNBC RFP

**1. County administration:**

<b>Agency name:</b>	Clay County Social Services	
<b>Director's Name</b>	Rhonda Porter	
<b>Address:</b>	715 11 <sup>th</sup> St. No. Suite 502	
<b>Telephone #:</b>	218-299-7134	
<b>Fax #:</b>	218-299-7515	

**2. County agency contacts:**

<b>Area of Responsibility</b>	<b>Name</b>	<b>Title</b>	<b>Telephone #</b>
<b>Social services - Disability Services Area</b>	Pat Boyer	Adult Services Supervisor	218-299-7136
	Hollie Wanner	Disability Services Supervisor	218-299-7119
	Stacey Christensen	Children's Services Supervisor	218-299-7113
	Amy Amundsen	Children's Services Supervisor	218-299- 5200
<b>Public Health</b>	Kathy McKay	Public Health Director	218-299-7186
	Kathy Anderson	Public Health Nursing Director	218-299-7836
<b>Mental Health - Adult</b>	Pat Boyer	Adult Services Supervisor	218-299-7136
<b>Chemical dependency</b>	Pat Boyer	Adult Services Supervisor	218-299-7136
<b>Transportation</b>	Larry Young	Financial Assistance Supervisor	218-299-7111
	Amy Amundsen	Children's Services Supervisor	218-299- 5200
<b>MA Eligibility</b>	Larry Young	Financial Assistance Supervisor	218-299-7111

**3. County Service Delivery and Access Issues**

Please describe any specific service delivery and access issues pertaining to the population eligible for SNBC (People with disabilities, MA eligible, Age 18+) in your county. To the best of your knowledge, identify limited or unavailable services for the eligible population. Be sure to describe the network of providers, including physical accessibility of the provider for the eligible population, for each category of service.

**a. Specialty Networks and providers especially for unusual or low incidence conditions for people with disabilities**

- Some chiropractic providers in Clay County are not enrolled in the health plans that are available so some clients have had switch MCO's.
- Mayo is not in the network for an MCO which has caused a problem to get specialty services which they have been referred for.

**b. Durable medical equipment (DME) network and home delivery systems**

- Only available to those eligible for fee for service MA. It will be helpful if SNBC clients can have this option.

**c. Chemical Dependency**

Clay County Social Services (CCSS) provides Rule 25 Assessments to voluntary and court ordered persons. CCSS then determines need/eligibility for chemical dependency treatment as well as funding via the Consolidated Chemical Dependency Treatment Fund (CCDTF). The assessor may make referrals for treatment and will maintain involvement with the client and treatment provider throughout the course of the service and aftercare planning.

Detoxification services are provided at the Clay County Receiving Center located in Moorhead. This is a 10 bed program operated by Clay County Public Health. Residents receive a Rule 25 assessment while at the detoxification center. The detoxification facility has had challenges in receiving reimbursement from health plans due to their sub-acute care status as a provider.

Clay County Social Services is heavily involved in the Clay County Drug Court program. Clay County would like the Health Plans to be involved with client case planning for recipients in the Drug Court program.

Areas needing improvement in the Chemical Health area for Clay County include:

- Funding for detoxification services in our Detox facility.
- Increased funding for Intensive case management in the chemical dependency service area.
- Increased programming for dual diagnosed CD/MI.
- Increased on-site psychiatric and medication management services in residential programs.
- Increased support for transportation to treatment on evenings and weekends.
- Increased support for drug testing.
- Increased emphasis on parent compliance with court orders when a juvenile is involved.
- Lack of culturally competent CD providers.
- Lack of Adolescent Halfway House services locally.

**d. Mental Health-**

Access to psychiatric care is difficult in Clay County. Length of time to see a Psychiatrist must be reduced. Accessing appropriate psychiatric care in the rural areas of Clay County can create challenges and transportation and telemedicine is needed to address this issue.

It is important that the health plans work with the Court system for court ordered mental health evaluations and treatment, family, delinquency and criminal court proceedings and pre-petition screening for commitments and commitment hearings. These situations require prompt response and authorizations due to the time limits that exist.

Clay County Social Services and Public Health collaborate on a Reintegration Advance Planning Program for jail inmates. There is a lack of mental health services for individuals who are incarcerated and better access to clinical services, community supports, case management and housing are necessary. Clay County would like the Health Plans to be involved with client case planning for recipients in the Reintegration Advanced Planning program.

Clay County would request that the health plans review their prior authorization process, determination of medical necessity for an array of adult and children's mental health services, and support strategies for community-based mental health care aimed at reducing psychiatric hospitalization. It is important that health plans encourage and support collaboration between primary health care providers and the mental health delivery system. Integration of care is critical in addressing each patient's overall health needs and establishment of holistic treatment planning.

Additional Issues Identified:

- Lack of Primary care medical staff able to identify mental health issues early on
- Lack of flexible funding to provide for individualized needs identified by adult team.
- lack culturally appropriate MH providers in our community
- Lack effective treatment options for sexually deviant behaviors of adults
- Inability to managing aggressive behaviors across environments. This is becoming more of an issue for schools and living environments due to reimbursement levels for intervening services from available pay sources is decreasing.
- Need to offer expanded coverage for alternative therapies for adults

#### **e. Transportation**

Clay County Social Services authorizes transportation services to Minnesota Health Care Program recipients per the Health Care Access Fund. CCSS has a Volunteer Driver Program which helps with off-hour and long distance transportation needs however, we do not have a contractual relationships with our Health Plans due to limited staff resources in managing the Volunteer Driver program. We would like to explore this option with our Health Plans and determine a collaborative effort.

Additional Issue Identified:

- Lack of same day transportation services for medical appointments
- Limited bus services evenings, weekends and rural areas.

- Lack of available bus tokens, criteria for the bus tokens vary between providers.
- Lack of attendants to accompany physically fragile or mentally compromised elderly citizens to health care appointments.
- Unpredictable bus schedules can cause recipients to be late for health care appointments risking them being cancelled.
- Inability for some individuals or families to afford car repairs

**f. Describe any additional specific service delivery and access issues pertaining to the population eligible for SNBC**

- Medications were previously approved without prior authorization, however when the client enrolled in an SNBC MCO and the need for prior authorization in order to obtain the medication resulted in delays.

**4. Please describe the services provided by the county for the eligible population in the following categories.**

- a. Mental Health Services – Adult** (SEE #4d. ABOVE FOR CLAY COUNTY RESPONSE)
- b. Chemical Dependency Services** (SEE #4c. ABOVE FOR CLAY COUNTY RESPONSE)
- c. Transportation** (SEE #4e. ABOVE FOR CLAY COUNTY RESPONSE)
- d. Public Health Services**

Public Health Nurses coordinate the health and long term care services for members including but not limited to assessments, service authorization, care coordination and risk assessment. In addition, PH provides immunization services, tuberculosis case management, car seat education, dietitian services (WIC), lactation consultation and home visits to high risk families.

Areas of need/concern identified by Public Health in Clay County include:

- Lack of senior companion services to the elderly
- Limited chore service providers that offer snow removal, yard cleanup, window washing etc.
- Lack of providers that offer assistance with relocations to a facility or another dwelling (includes heavy lifting and trucks for transporting items)
- Lack of health care specialists such as neurology, mental health and dental providers that accept MA
- Location of the hospital system and specialists for Clay County are in Fargo, North Dakota
- Lack of Nursing Home and Assisted Living beds for memory care services.
- Timely and proper medical care and immunizations.
- Increased need for prenatal care and parent education and prevention regarding FAS and chemical use during pregnancy.

**e. Home Health Agency Services**



- Clay County Contracts with various home health agencies and refers clients for services.

**5. Identification of Community Health Care Planning Efforts and Other Local Projects**

- Target areas are nutrition, physical activity, and obesity and tobacco control issues.
- Rethink Mental Health Community Initiative to address policy, systems and environmental issues.
- Clay and Cass (ND) Counties Elder Abuse Coordinated Community Response Coalition
- Clay County does have a Drug Court, Veteran's Court and a Domestic Violence Court aimed at assuring individuals involved in these systems get services needed.
- Clay County is experiencing a large population of limited English speaking New American's in need of services. We are challenged with meeting their needs in multiple service areas.

**6. Identification of Local Public Health Goals-**


























- Increase the number of adolescents accessing HPV vaccination
- Increasing rates of well child and annual wellness exams

**7. Other relevant information related to health care services for people with disabilities in your county.**

- Clients have difficulty maintaining their enrollment due to not completing renewal paperwork and or difficulty understanding the process. We would like MCO's to take a more active role in outreach and assistance to their enrollees to assure continued eligibility and services. Many enrollees do not have consistent addresses and telephone numbers so door to door outreach may be more successful. With this, contracting and reimbursement to counties to assist with outreach could be a strategy to impact this.
- The inability to access dental care is a significant unmet healthcare need for low income and special needs children, adults and elders in Clay County and throughout Minnesota. The barriers that contribute to this problem include:
  - lack of available dentists that take new MA or MinnesotaCare recipients;
  - lack of dental facilities in our rural areas;
  - transportation challenges;
  - waiting for an appointment when they have emergent needs,
  - rigid scheduling, and being dropped from the provider for missed appointments.

- 8. Recommended providers of services for people with disabilities in your county.**
- a. Please list the provider type (DME, Transportation, Mental Health, Chemical Dependency, etc.) and provider name.**
  - b. The list should include providers in bordering counties and bordering states, if applicable.**

**(SEE SEPARATE ATTACHMENTS FOR CLAY COUNTY PROVIDER LISTS)**

				
VENDOR LIST FOR ARMHS-CLAY CO-03	PROVIDERS OF TRANSPORTATION	PROVIDERS OF TRANSITIONAL SERV	PROVIDERS OF SUPPORTED EMPLO	PROVIDERS OF SUPPLIES-EQUIPMEN
				
PROVIDERS OF PCA SERVICES FOR CLAY	PROVIDERS OF OUT OF HOME RESPITE	PROVIDERS OF IN HOME RESPITE CARE	PROVIDERS OF ILS SERVICES IN CLAY CC	PROVIDERS OF IHS SERVICES IN CLAY CC
				
PROVIDERS OF HOMEMAKER SERVI	PROVIDERS OF HOME HEALTH SERV	PROVIDERS OF HOME DELIVERED M	PROVIDERS OF FOSTER CARE SERVI	PROVIDERS OF FOSTER CARE SERVI
				
PROVIDERS OF FAMILY-CAREGIVER	PROVIDERS OF FAMILY-CAREGIVER	PROVIDERS OF ENVIRONMENTAL AC	PROVIDERS OF ENVIRONMENTAL AC	PROVIDERS OF DTH SERVICES IN CLAY CC
				
PROVIDERS OF CUSTOMIZED LIVING	PROVIDERS OF COMPANION SERVI	PROVIDERS OF CHORE SERVICES IN	PROVIDERS OF ADULT DAY CARE SEI	Appendix K- Provider List- Clay C

## Cook County

### COUNTY SERVICE DEVELOPMENT AND ACCESS ISSUES FOR SNBC RFP

**1. County administration:**

<b>Agency name:</b>	Cook County Public Health & Human Services	
<b>Director's Name</b>	Sue Futterer	
<b>Address:</b>	411 W. 2 <sup>nd</sup> St. Grand Marais, MN 55604	
<b>Telephone #:</b>	(218) 387-3620	
<b>Fax #:</b>	(218) 387-3020	

**2. County agency contacts:**

<b>Area of Responsibility</b>	<b>Name</b>	<b>Title</b>	<b>Telephone #</b>
<b>Social services - Disability Services Area</b>	Julie Kinney	DD/CADI waiver case manager/MnCHOICES Assessor	(218) 387-3618
<b>Public Health</b>	Joni Kristenson	Cook County Public Health Coordinator	(218) 387-3605
<b>Mental Health - Adult</b>	Jennifer Rue	Adult Mental Health Case Manager	(218) 387-3616
<b>Chemical dependency</b>	Greg Barnier	Director of Wilderness Outpatient Program	(218) 387-3601
<b>Transportation</b>	Martina Williams	Adult and Home & Community Based Services Supervisor/In-Home Support Program Coordinator	(218) 387-3617
<b>MA Eligibility</b>	Alison McIntyre	Financial Assistance Supervisor	(218) 387-3623

**3. County Service Delivery and Access Issues**

Please describe any specific service delivery and access issues pertaining to the population eligible for SNBC (People with disabilities, MA eligible, Age 18+) in your county. To the best of your knowledge, identify limited or unavailable services for the eligible population. Be sure to describe the network of providers, including physical accessibility of the provider for the eligible population, for each category of service.

**a. Specialty Networks and providers especially for unusual or low incidence conditions for people with disabilities**

Nearly all specialty services, including ophthalmology, audiology, and outpatient surgery, are located 2-3 hours one-way (depending upon where an individual lives in the county) from our residents' homes. We have one ophthalmologist that comes to Cook County once a month to see individuals. His schedule fills up quickly and it's difficult for individuals to get in to see him if their need is urgent. He also does not bring along frames & lenses, so at this point, the nearest location to obtain frames & lenses is in Two Harbors, which is roughly 1.5-2.5 hours from our residents' homes.

**b. Durable medical equipment (DME) network and home delivery systems**

These providers are located outside of Cook County. Delivery of equipment typically can happen within a week of request; very rarely the same day unless we are able to obtain a used item from our local Home Care agency, North Shore Home Care.

**c. Chemical Dependency**

We do not have inpatient CD treatment available in Cook County. The nearest inpatient CD treatment providers are in Duluth, which is 2-3 hours one-way (depending upon where an individual lives in the county) from our residents' homes. We have outpatient treatment provided through the Wilderness Outpatient Treatment Program located in the city of Grand Marais. Transportation to the program can be an issue if participants aren't able to drive because their license has been taken away or they don't have a vehicle. Another barrier that has come up for these individuals on occasion is the limited child care options in Cook County. If an individual cannot locate child care while they are scheduled to attend treatment, they are unable to attend treatment.

**d. Mental Health**

There are several private therapists who provide mental health services in Cook County. Currently, we do not have any psychiatrists who primarily practice out of an agency or private practice in Cook County. Periodic face-to-face visits and visits via ITV with a psychiatrist are available at the Human Development Center. We do not have an inpatient psychiatric unit in Cook County. The nearest unit is in Duluth. Our local hospital typically does not admit patients on a 72 hour hold, regardless of circumstances.

**e. Transportation**

Transportation is one of the biggest barriers to accessing physical, mental, and chemical health services for this population and many others in Cook County. There is not a bus or taxi service that is accessible to the entire county. Bus service is limited to the city of Grand Marais during set hours of the day, M-F and limited hours on Sundays. Bus service to/from Grand Portage is limited to early morning/mid-afternoon M-F. Bus service to/from Duluth is limited to the second Tuesday and fourth Thursday of every month.

**f. Describe any additional specific service delivery and access issues pertaining to the population eligible for SNBC**

This population of individuals typically suffers from multiple chronic health conditions and it can be difficult to take a holistic approach to treatment in a small, remote county with limited services and resources.

**4. Please describe the services provided by the county for the eligible population in the following categories.**

**a. Mental Health Services – Adult**

Cook County PHHS provides Adult Mental Health case management. There is also a county grant that helps offset the cost of services provided at the Human Development Center.

**b. Chemical Dependency Services**

Cook County PHHS contracts with the Wilderness Outpatient Program to provide outpatient treatment, aftercare services, and Rule 25 assessments.

**c. Transportation**

Cook County PHHS contracts with the In-Home Support Program to provide transportation services for individuals on BI, CADI, DD, and EW.

**d. Public Health Services**

Cook County Public Health provides for and offers services in the 6 areas of Public Health responsibility:

1. Assure an adequate local Public Health infrastructure
2. Promote Healthy Communities and Healthy Behaviors
3. Prevent the Spread of Infectious Disease
4. Protect against environmental health hazards
5. Prepare for and respond to disasters and assist communities in recovery
6. Assure the quality and accessibility of health services

Some examples of the work that we do:

- Health education, health information and referral, investigation and disease prevention.
- Child and teen check-up admin and outreach.
- Community needs assessment/community health improvement plan implementation, collaboration with multiple partners for a healthier community.
- Car seat education, training and distribution.
- Universal home visiting to prenatal, postpartum mothers and babies.
- Contract with local providers to provide services such as WIC, peer breastfeeding, screenings for blood pressure, cholesterol and blood sugar.
- SHIP initiatives.

**e. Home Health Agency Services**

The county provides money to our local home health agency to offset the cost of services.

**5. Identification of Community Health Care Planning Efforts and Other Local Projects**

Every 5 years we join the other 87 counties throughout Minnesota to conduct our Community Health Assessment. Currently we are working in the 2012-2017 cycle. For Cook County the following 3 areas were recognized as our top 3 priority areas.

Mental Health for our county and for the Carlton, Cook, Lake and St. Louis County Community Health Board is the #1 priority area we are focusing on.

*1. Increased rates of untreated or undiagnosed **mental health issues**, (e.g., anxiety, depression, stress) are being reported by adults and youth.*

*2. Increased food insecurity as demonstrated by increased use of the food shelf and food support program (i.e., food stamps). Access to healthy food is limited due to lack of financial resources*

*3. Increased number of Older Adults may have limited access to services due to our geographic location.*

**6. Identification of Local Public Health Goals**

Train and Implement the Best Practice, evidenced based Universal Home visiting program, Family Connects in 2016

Train and Implement the Electronic Health Record, Nightengale Notes in 2016 ( CHAMP)

**7. Other relevant information related to health care services for people with disabilities in your county.**

**8. Recommended providers of services for people with disabilities in your county.**

**a. Please list the provider type (DME, Transportation, Mental Health, Chemical Dependency, etc.) and provider name.**

DME: Lake Superior Medical Supply; Midwest Medical

Transportation: Arrowhead Transit, Care Partners of Cook County-Senior Rides Program, Cook County In-Home Support Program

Mental Health: Human Development Center

Chemical Dependency: Wilderness Outpatient Program

**b. The list should include providers in bordering counties and bordering states, if applicable.**

All chemical dependency inpatient/outpatient programs in St. Louis County

St. Luke's Hospital and associated clinics

St. Mary's Hospital/Essentia Health clinics

**Cottonwood County**

No information submitted

## Crow Wing County

### COUNTY SERVICE DEVELOPMENT AND ACCESS ISSUES FOR SNBC RFP

**1. County administration:**

<b>Agency name:</b>	Crow Wing County Community Services	
<b>Director's Name</b>	Kara Terry	
<b>Address:</b>	204 Laurel Street, Brainerd 56401	
<b>Telephone #:</b>	218-824-1205	
<b>Fax #:</b>	218-824-1305	

**2. County agency contacts:**

Area of Responsibility	Name	Title	Telephone #
<b>Social services - Disability Services Area</b>	Tami Lueck	Adult Services Supervisor	218-824-1186
<b>Public Health</b>	Kara Griffin	Programs Manager	218-824-1159
<b>Mental Health - Adult</b>	Tami Lueck	Adult Services Supervisor	218-824-1186
<b>Chemical dependency</b>	Tami Lueck	Adult Services Supervisor	218-824-1186
<b>Transportation</b>	Kara Griffin	Programs Manager	218-824-1159
<b>MA Eligibility</b>	Sheila Skogen	Operations Manager	218-824-1101

**3. County Service Delivery and Access Issues**

Please describe any specific service delivery and access issues pertaining to the population eligible for SNBC (People with disabilities, MA eligible, Age 18+) in your county. To the best of your knowledge, identify limited or unavailable services for the eligible population. Be sure to describe the network of providers, including physical accessibility of the provider for the eligible population, for each category of service.

**a. Specialty Networks and providers especially for unusual or low incidence conditions for people with disabilities**

- i. Big Stone
- ii. Select Therapy
- iii. Essentia Rehab Services



- iv. In Motion
- v. Physical Therapy Services of Pequot Lakes
- vi. Aicota Health Care Center
- vii. Good Samaritan Society
- viii. Rainbow of Health Physical Therapy
- ix. Renneke Physical Therapy
- x. Riverwood Garrison Clinic
- xi. Amazing Journey
- xii. Mille Lacs Family Clinic
- b. Durable medical equipment (DME) network and home delivery systems**
  - i. Brainerd medical supply
  - ii. North Central Medical Supply
  - iii. Scooter Store
  - iv. Life Alert
- c. Chemical Dependency**
  - i. ADAPT
  - ii. Avalon
  - iii. CARE
  - iv. Destiny LaDonna Scott
  - v. Northern Pines
  - vi. Nystrom & Associates
  - vii. Pinnacle
  - viii. Ron Brusven, LADC
  - ix. Teen Challenge
- d. Mental Health**
  - i. Associated Psychological Services
  - ii. Birch Lake Counseling
  - iii. Cedar Brook Counseling
  - iv. Cedarbrook Counseling
  - v. Center for Personal Counseling & Therapy
  - vi. Center for Personal Counseling, Carol Schwartzkopf
  - vii. CORE Professional Services
  - viii. Cornerstone Counseling Center
  - ix. Cuyuna Regional Medical Center
  - x. Fair Oaks Consulting Services
  - xi. Focus
  - xii. Greater Minnesota Family Services
  - xiii. Holistic Psychological Services, Randy Bundy
  - xiv. Independent Counseling Service
  - xv. Insight Project
  - xvi. Lakeland Psychiatry
  - xvii. Lakes Area Counseling
  - xviii. Lakes Country Counseling
  - xix. Lakeside Center, LLC

- xx. Lakeside Counseling
- xxi. Life Care Center
- xxii. Lighthouse Counseling
- xxiii. LSS Counseling and Family Resources
- xxiv. Mary Kay Verkennes, MA, LP
- xxv. Minnesota Psychological Resources
- xxvi. Mobile Crisis Team
- xxvii. North Homes, Inc.
- xxviii. Northern Pines Mental Health Center
- xxix. Northern Pines Mental Health Center
- xxx. Northern Pines Mental Health Center
- xxxi. Northern Psychiatric Associates
- xxxii. Nystroms and Associates
- xxxiii. Oakridge Woodview
- xxxiv. Rum River Counseling, Inc
- xxxv. Still Waters Counseling
- xxxvi. Tetreault Psychological Services
- xxxvii. The Counseling Center (LSS)
- xxxviii. True Balance, PLLC
- xxxix. Vicki Serum, MA, LICSW

**e. Transportation**

- i. Northern Pines
- ii. Dial A Ride
- iii. Lakes Express
- iv. Lakes MediVan

**f. Describe any additional specific service delivery and access issues pertaining to the population eligible for SNBC**

- i. Primarily health care coverage, lack of local specialists, lack of comprehensive bus system and lack of funding for gas (per individual). Lack of treatment/placement options around specific populations such as sex offenders and sex offenders who are SPMI (severe and persistent mental illness). Transportation issues related to chemical dependency treatment. There are only two treatment programs who offer transportation which sometimes limits what programs will work for some clients. Detoxification services that are not covered by insurance coverage continue to burden the community and the tax payer.

**4. Please describe the services provided by the county for the eligible population in the following categories.**

- a. Mental Health Services – Adult
  - i. Targeted Case Management, Prescreening, referrals for services, CSPS
- b. Chemical Dependency Services
  - i. Consolidated Funding, Rule 25, Case management for commitments & consolidated funding, referrals for services

- c. Transportation
  - i. Recruitment, training, arrangement of volunteer drivers for medical assistance only clients.
- d. Public Health Services
  - i. MnChoices assessment-PCA, oversee of TB clients, case management for over 65
- e. Home Health Agency Services
  - i. NONE

**5. Identification of Community Health Care Planning Efforts and Other Local Projects**

- a. Crow Wing Energized (SHIP funded). Connection to community resources, trainings/education, such as Make it OK campaign, resiliency, ACEs, tobacco cessation, falls prevention, diabetes prevention program.
- b. Mental Health Initiative
- c. Reduction of prenatal exposure
- d. Local advisory council on adult mental health

**6. Identification of Local Public Health Goals**

- a. Increase the number of adults who are a healthy weight from 38% to 47% by 2020.
- b. Increase healthy eating and active living in youth, specifically an:
  - i. Increase in the prevalence of youth who eat the recommended number of fruits and vegetables daily from 18% to 30% by 2020.
  - ii. Increase in the prevalence of youth meeting moderate physical activity guidelines from 74% of boys and 68% of girls to 92% of boys and 89% of girls by 2020.
- c. Decrease in young adults (18-24) who smoke from 27.8% to 18.6% by 2020.
- d. Build networks throughout the county to equip citizens in achieving resilience.
- e. Increase the practice of intentional choices to reduce stress and anxiety.
- f. Educate to increase the community knowledge on mental fitness so individuals can make positive choices regarding their overall health.

**7. Other relevant information related to health care services for people with disabilities in your county.**

- a. Dental
- b. Specialized medical services and higher level of acuity/intensive care services for the population.
- c. High cost of detox usage, no local detox providers and not covered under medical assistance
- d. Lack of specialty providers for participants using methamphetamine, opiate. Including no detox facility.

- e. High risk pregnancy-lack of detox facility, treatment center or providers that specialize.

**8. Recommended providers of services for people with disabilities in your county.**

- a. Please list the provider type (DME, Transportation, Mental Health, Chemical Dependency, etc.) and provider name. ATTACHED as an excel spreadsheet
- b. The list should include providers in bordering counties and bordering states, if applicable.

## Dakota County

### COUNTY SERVICE DEVELOPMENT AND ACCESS ISSUES FOR SNBC RFP

**1. County administration:**

<b>Agency name:</b>	Dakota County Community Services	
<b>Director's Name</b>	Kelly Harder	
<b>Address:</b>	1 Mendota Rd W. Ste. 500 West St. Paul, MN 55118-4773	
<b>Telephone #:</b>	651-554-5759	
<b>Fax #:</b>	651-450-5948	

**2. County agency contacts:**

Area of Responsibility	Name	Title	Telephone #
<b>Social services - Disability Services Area</b>	Kay Dickison	Deputy Director	651-554-6007
<b>Public Health</b>	Bonnie Brueshoff	Director	651-554-6103
<b>Mental Health - Adult</b>	Emily Schug	Deputy Director	651-554-6316
<b>Chemical dependency</b>	Emily Schug	Deputy Director	651-554-6316
<b>Transportation</b>	Kay Dickison	Deputy Director	651-554-6007
<b>MA Eligibility</b>	Marti Fischbach	EEA Director	651-554-5618

**3. County Service Delivery and Access Issues**

Please describe any specific service delivery and access issues pertaining to the population eligible for SNBC (People with disabilities, MA eligible, Age 18+) in your county. To the best of your knowledge, identify limited or unavailable services for the eligible population. Be sure to describe the network of providers, including physical accessibility of the provider for the eligible population, for each category of service.

- a. **Specialty Networks and providers especially for unusual or low incidence conditions for people with disabilities**
- b. **Durable medical equipment (DME) network and home delivery systems**
- c. **Chemical Dependency**
- d. **Mental Health**
- e. **Transportation**
- f. **Describe any additional specific service delivery and access issues pertaining to the population eligible for SNBC**

Dakota County is located in the southeastern section of the 7-county Twin Cities Metropolitan area. As of 2013 Census, the county had 408,000 residents, maintaining its third largest county status in

Minnesota. Majority of county residents live in cities and suburban residential areas, with more sparse populations living in rural areas in the south and south east sections of Dakota County.

Dakota County has two hospitals - Fairview Ridges in Burnsville and Regina Medical Center in Hastings, as well as one border hospital to the south in Northfield, and several hospital options in St. Paul, MN on the northern border. Apart from acute hospital care, Dakota County has 8 Urgent Care Clinics, 10 Convenience Center locations, and 9 Nursing Home facilities. With well over 3 dozen Primary Care clinics and a variety of specialty care providers, Dakota residents have many options to choose from for their health care needs.

With metro sprawl and convenience, residents will use providers in neighboring metro counties, including providers located in Ramsey, Scott, Hennepin and Rice County.

Some resources are limited in Dakota County, for Public Program recipients, including mental health professionals, substance abuse providers, oral surgeons and a steadily increasing lack of dental providers accepting Medical Assistance. In addition, specific service providers lack services such as injectable medication provided at a clinic level. Psychiatric access is also limited in Dakota County, and Dakota County would support plans to add emergency psych and behavioral health access.

The lack of specialty services county-wide limit clients' ability to access these services, while placing a strain on remaining providers. As a result, DC clients have longer wait times due to the demand and availability of the respective services.

Specifically, access to care in the eastern most part of the county (like Hastings, MN) is limited to the mainly Allina Clinic system, allowing little clinic choice options for nearby residents. Limited access, occasionally prevent clients from on-time arrivals for appointments, which sometimes results in them being dropped from that provider. This can create undue hardship for the client with limited or no options for alternative service offerings.

Eligible clients can obtain transportation via MNET who receive regular Medical Assistance and via each of the MCO's ride programs for any client enrolled in a prepaid MCO/MA health plan. (Note: Common carrier transportation is not available to MinnesotaCare enrollees). Volunteer programs also exist for those not on a public program, via county-specific contracts. Despite having these transportation options, they still do not adequately cover the rural regions of the county. While volunteer driver programs exist, Dakota County would like to encourage MCOs to look at providing reimbursement for driver services.

Finally, based on Dakota County's demographic projections, the county's cultural diversity is changing. Consequently, there is a greater need to identify and address the cultural and language barriers that prevent certain populations from accessing the county services.

**4. Please describe the services provided by the county for the eligible population in the following categories.**

**a. Mental Health Services – Adult**

Dakota County's mental health system complies with the requirements of the Minnesota Comprehensive Adult Mental Health Services Act which obligates County Boards to develop and coordinate a system of affordable and locally available adult mental health services in accordance with

Minn. Stat. § 245.461 to 245.486. Dakota County contracts for mental health services with vendors to ensure a continuum of mental health services is available to Dakota County residents

**b. Chemical Dependency Services**

Dakota County assists people with chemical health assessment and treatment if they are a current county resident, don't have health insurance that covers chemical dependency treatment or the insurance plan has denied coverage, and they meet the Minnesota State guidelines for income and household size. A chemical health assessment consists of a chemical dependency and/or drug evaluation, a determination of the need for chemical dependency and/or drug treatment.

**c. Transportation**

The Dakota County Transportation Collaborative Counsel (DCTCC) is working with stakeholders to develop coordinated transportation services and programs that will achieve increased efficiencies and provide enhanced accessibilities to residents, particularly seniors and those with special transportation needs. DCTCC's 2016 work plan includes continuing to meet with disability community provider partners to document current state of transportation needs and strengths, identify funding opportunities to aid in the continuation of the volunteer driver programs in the county, and continue to analyze and review the best practices around travel training.

**d. Public Health Services**

The mission of the Dakota County Public Health Department is to build healthy families and communities in Dakota County through partnerships to prevent disease, disability and injury; promote physical health, mental health and safety; and protect health and the environment.

**e. Home Health Agency Services**

Dakota County coordinates with Home Health agencies with the enrollment of agencies secured through the Minnesota Department of Human Services, and the licensing through the Minnesota Department of Mental Health. Dakota County continues to work collaboratively with the State, vendors, and community partners to ensure services are provided in alignment with person centered approaches and client engagement.

**5. Identification of Community Health Care Planning Efforts and Other Local Projects**

A community health assessment is an important part of public health practice that forms the basis for all local public health planning. It helps the local public health system to gain a better understanding of the issues affecting the health of the residents and the community and to identify populations that may be at greater risk of poor health outcomes. It provides the opportunity for community leaders, organizations, and residents to talk about health priorities

and concerns. The ultimate goal is to identify interventions that are aligned with the interests and health issues of the community.

Every five years, local health departments in Minnesota are charged with conducting a comprehensive assessment of the health status of their residents. The role of this mandatory process is to "collect, analyze and use data to educate and mobilize communities, develop priorities, garner resources, and plan actions to improve the public's health." In Dakota County, this was accomplished through the selection of the Healthy Dakota Initiative Steering Committee that collaborated over the course of a year to gather, review and analyze data. The process culminated with the steering committee members identifying priorities that will form the basis of a five-year Community Health Improvement Plan.

## **6. Identification of Local Public Health Goals**

The Dakota County Public Health Department has identified the following ten areas as top health priorities:

- Mental Illness
- Physical activity/eating habits/obesity
- Use of alcohol, tobacco, and other drugs
- Promoting mental health
- Public health funding
- Preventing/management chronic conditions
- Income/poverty/employment
- Healthy start for children and adolescents
- Access to health care
- Affordable housing

## **7. Other relevant information related to health care services for people with disabilities in your county.**

Dakota County is actively implementing DHS standards and reforms relative to MnCHOICES assessments, informed choice, quality of care, and maximize integration into community services and opportunities.

## **8. Recommended providers of services for people with disabilities in your county.**

- a. Please list the provider type (DME, Transportation, Mental Health, Chemical Dependency, etc.) and provider name.**
- b. The list should include providers in bordering counties and bordering states, if applicable.**

As referenced in response to 5.e. above, Dakota County coordinates and supports the enrollment of providers of services for people with disabilities through the enrollment of agencies secured through the Minnesota Department of Human Services, and the licensing through the Minnesota Department of Mental Health. Dakota County continues to work collaboratively with the State, vendors, and community partners to ensure services are provided in alignment with person centered approaches and client engagement.



**Faribault County**

No information submitted

**Fillmore County**

No information submitted

## Hennepin County

### COUNTY SERVICE DEVELOPMENT AND ACCESS ISSUES FOR SNBC RFP

**1. County administration:**

<b>Agency name:</b>	Hennepin County HSPHD	
<b>Director's Name</b>	Deborah Huskins	
<b>Address:</b>	300 S 6 <sup>th</sup> St, MC 160 Minneapolis, MN 55487	
<b>Telephone #:</b>	612-596-9563	
<b>Fax #:</b>		

**2. County agency contacts:**

<b>Area of Responsibility</b>	<b>Name</b>	<b>Title</b>	<b>Telephone #</b>
<b>Social services - Disability Services Area</b>	Jernell Walker	Program Manager	612-596-8657
<b>Public Health</b>			
<b>Mental Health - Adult</b>	Leah Kaiser	Area Manager	612-596-1779
<b>Chemical dependency</b>	Tom Turner	Unit Supervisor	612-879-3158
<b>Transportation</b>			
<b>MA Eligibility</b>	Jackie Poidinger	Program Manager	612-596-8861

**3. County Service Delivery and Access Issues**

Please describe any specific service delivery and access issues pertaining to the population eligible for SNBC (People with disabilities, MA eligible, Age 18+) in your county. To the best of your knowledge, identify limited or unavailable services for the eligible population. Be sure to describe the network of providers, including physical accessibility of the provider for the eligible population, for each category of service.

**a. Specialty Networks and providers especially for unusual or low incidence conditions for people with disabilities**

**b. Durable medical equipment (DME) network and home delivery systems**

**Chemical Dependency** 1. There are a relatively small amount of programs that are handicap accessible so it limits referrals for people with limited mobility.

2. We are seeing more need for programs that can accommodate/address medical issues but the funding stream for Rule 31 CD Treatment provides for limited medical services so many of the services must be provided off site. We have one nursing home outstate that has an outpatient CD program in the facility.
3. Some of the HMO's limit or deny residential services which are necessary/appropriate in many cases so clients fail and require more intensive services since their needs were not adequately addressed.
4. For MA fee for service clients we have over 300 programs available but if they are on a health plan they may be much more limited on treatment options.
5. Even though we have more programs that have MI/CD co-occurring services often they are inadequate or minimal.
6. Unlike MH programs, there is no system to see where there are inpatient beds available to expedite placement.
7. With the increase in seniors there is a need for more CD programs geared towards this group and their unique needs/issues.

- c. **Mental Health** - There is a need for: increased access to psychiatry; more inpatient mental health treatment beds; improved access to outpatient mental health services, especially after hospitalization
- d. **Transportation**
- e. **Describe any additional specific service delivery and access issues pertaining to the population eligible for SNBC**

**4. Please describe the services provided by the county for the eligible population in the following categories.**

- a. **Mental Health Services – Adult** - Outpatient Mental Health; Inpatient Mental Health; Intensive Residential Treatment Services (IRTS); Targeted Case Management; Assertive Community Treatment (ACT); Adult Rehabilitative Mental Health Services (ARMHS)

**Chemical Dependency Services** - Hennepin County authorizes 8,500-10,000 CD placements per calendar year. We have Rule 25 chemical use assessors spread out in the community and access to assessment and authorization for treatment services in a very short time (generally 4-5 days.)

Our initial authorization:

200 hours of group and 20 hours of individual services for out-patient CD services.

90 days for residential CD services

21-28 days for Hospital based CD services

We also accept courtesy Rule 25 assessments from qualified assessors who are not our designated assessors.

We review all placement requests and provide consultation

- b. **Transportation**
  - c. **Public Health Services**
  - d. **Home Health Agency Services**
5. **Identification of Community Health Care Planning Efforts and Other Local Projects**
  6. **Identification of Local Public Health Goals**
  7. **Other relevant information related to health care services for people with disabilities in your county.** There are few issues with retro eligibility and communication, this is usually resolved by a three way call. Client need to wait until the eligibility shows in the system, which can take up to a day.
  8. **providers of services for people with disabilities in your county.**
    - a. **Please list the provider type (DME, Transportation, Mental Health, Chemical Dependency, etc.) and provider name.**
    - b. **The list should include providers in bordering counties and bordering states, if applicable.**

Here is a list of Mental Health providers to include:

Center for Victims of Torture  
 Jewish Family and Children’s Service of Minneapolis  
 Kelly-Norton Programs  
 Mental Health Resources, Inc.  
 People Incorporated  
 ReEntry House, Inc.  
 Community University Health Care Center (CUHCC)  
 ResCare Minnesota, Inc.  
 Resource, Inc.  
 South Metro Human Services  
 Tasks Unlimited  
 TMS Treatment Center, Inc.  
 Touchstone Mental Health  
 Vail Place

Frequently used Chemical Dependency Providers for people with disabilities in Hennepin County  
 Fairview University Medical Center-accessibility/regular/senior and Deaf and Hard of Hearing program  
 Huss Recovery- accessibility and SPMI-MICD  
 Pride Institute- accessibility/GLBTQ

Progress Valley II/ accessibility/Women

Resource Building Resilient Families/ accessibility/Family program for pregnant and parenting mothers with children

Salvation Army Beacon Program/ accessibility/Men

Vinland Center/ accessibility/Traumatic Brain Injury

Wayside House/ accessibility/Women

In Ramsey county we also use HealthEast St. Joe's Hospital/Accessibility-Detoxification and treatment specializing in Opiate addiction/MICD

## Houston County

### COUNTY SERVICE DEVELOPMENT AND ACCESS ISSUES FOR SNBC RFP

**1. County administration:**

<b>Agency name:</b>	Houston County Human Services	
<b>Director's Name</b>	Linda Bahr	
<b>Address:</b>	304 S. Marshall, Room 104	Caledonia, MN 55921
<b>Telephone #:</b>	507-725-5811	
<b>Fax #:</b>	507-725-3990	

**2. County agency contacts:**

<b>Area of Responsibility</b>	<b>Name</b>	<b>Title</b>	<b>Telephone #</b>
<b>Social services - Disability Services Area</b>	Bethany Moen	Social Service Supervisor, Human Services	507-725-5811
<b>Public Health</b>	Mary Marchel	Director, Houston County Public Health	507-725-5810
<b>Mental Health - Adult</b>	Bethany Moen	Social Services Supervisor	507-725-5811
<b>Chemical dependency</b>	Bethany Moen	Social Services Supervisor	507-725-5811
<b>Transportation</b>	Karen Kohlmeyer	Child Support & Income Maintenance Supervisor, Human Services	507-725-5811
<b>MA Eligibility</b>	Karen Kohlmeyer	Child support & Income Maintenance supervisor	507-725-5811

**3. County Service Delivery and Access Issues**

Please describe any specific service delivery and access issues pertaining to the population eligible for SNBC (People with disabilities, MA eligible, Age 18+) in your county. To the best of your knowledge, identify limited or unavailable services for the eligible population. Be sure to describe the network of providers, including physical accessibility of the provider for the eligible population, for each category of service.

- a. Specialty Networks and providers especially for unusual or low incidence conditions for people with disabilities**
- b. Durable medical equipment (DME) network and home delivery systems**

- c. **Chemical Dependency – Limited choice**
  - d. **Mental Health – Limited Choice**
  - e. **Transportation – Limited Choice**
  - f. **Describe any additional specific service delivery and access issues pertaining to the population eligible for SNBC**
4. **Please describe the services provided by the county for the eligible population in the following categories.**
- a. **Mental Health Services – Adult; Case Management**
  - b. **Chemical Dependency Services; Case Management**
  - c. **Transportation; Some coordination of transportation**
  - d. **Public Health Services; Standard County Public Health Services**
  - e. **Home Health Agency Services; Houston County Public Health; International Quality Home Care; Options Plus**
5. **Identification of Community Health Care Planning Efforts and Other Local Projects; Public Health Nursing would provide this information. Neighbors In Action – in home support services through volunteer nonprofit; ABLE – Day Activity Center**
6. **Identification of Local Public Health Goals - Access to health care for target population; Preventive care options; Mental Health and Companion Services; Transportation Services; Adequate housing services in least restrictive environment; Employment opportunities for target population; Chronic Disease Prevention.**
7. **Other relevant information related to health care services for people with disabilities in your county. Houston County has an Special Needs MCO as well as MA services. People with disabilities absolutely love the current Special Needs MCO program. Please allow us to keep this plan.**
8. **Recommended providers of services for people with disabilities in your county.**
- a. **Please list the provider type (DME, Transportation, Mental Health, Chemical Dependency, etc.) and provider name.**
    - Blue Stone Physicians Services**
    - SEMCAAC**
    - Hiawatha Valley Mental Health Services and Family & Children’s Center**
    - Houston County Public Health**
    - International Home Care, La Crescent, MN**
    - SEMCIL**
    - Options Plus**
  - b. **The list should include providers in bordering counties and bordering states, if applicable.**



## Isanti County

### COUNTY SERVICE DEVELOPMENT AND ACCESS ISSUES FOR SNBC RFP

**1. County administration:**

<b>Agency name:</b>	Isanti County Family Services	
<b>Director's Name</b>	Penny Messer	
<b>Address:</b>	1700 East Rum River Drive South, Suite A Cambridge MN 55008	
<b>Telephone #:</b>	763-689-1711 (General Number) 763-689-8152 (Direct Line)	
<b>Fax #:</b>	763-689-9877	

**2. County agency contacts:**

Area of Responsibility	Name	Title	Telephone #
<b>Social services - Disability Services Area</b>	Jodi Donnay	Social Service Supervisor	763-689-8107 Direct Line
<b>Public Health</b>	Tony Buttacavoli	Director	763-689-8284 Direct Line
	Donna Humphrey	Supervisor	763-689-8292 Direct line
<b>Mental Health - Adult</b>	Karyn Hansen	Social Service Supervisor	763-689-8116 Direct Line
<b>Chemical dependency</b>	Karyn Hansen	Social Service Supervisor	763-689-8116 Direct Line
<b>Transportation</b>	Karrie Kolb	Income Maintenance Supervisor	763-689-8119
<b>MA Eligibility</b>	Karrie Kolb	Income Maintenance Supervisor	763-689-8119

**3. County Service Delivery and Access Issues**

Please describe any specific service delivery and access issues pertaining to the population eligible for SNBC (People with disabilities, MA eligible, Age 18+) in your county. To the best of your knowledge, identify limited or unavailable services for the eligible population. Be sure to describe the network of providers, including physical accessibility of the provider for the eligible population, for each category of service.

- a. **Specialty Networks and providers especially for unusual or low incidence conditions for people with disabilities** Treatment for unusual and low incidence disability conditions typically requires travel to the Metro area larger hospitals.
  - b. **Durable medical equipment (DME) network and home delivery systems.** There are plenty of local providers for this service.
  - c. **Chemical Dependency** We do not conduct CUA for people with PMAP
  - d. **Mental Health** No issues
  - e. **Transportation** Medical transportation does not appear to be a major barrier for individuals. This is better with SNBC than regular PMAP plans.
  - f. **Describe any additional specific service delivery and access issues pertaining to the population eligible for SNBC** None
4. **Please describe the services provided by the county for the eligible population in the following categories.**
- a. **Mental Health Services – Adult** – AMH case management services
  - b. **Chemical Dependency Services** – We do not conduct CUA for people with PMAP. Should they dis-enroll, we will maintain current services as appropriate.
  - c. **Transportation**
  - d. **Public Health Services** – MnChoices Assessment
  - e. **Home Health Agency Services** – Various home health agencies available as needed and eligible. This service does seem to be dwindling in this geographic area. Mary T, Prairie River HomeCare, and Accurate are a few providers.
5. **Identification of Community Health Care Planning Efforts and Other Local Projects**  
Children’s dental services provide a one day clinic every other month at public health that serves ages 0 – 26 on MA.
6. **Identification of Local Public Health Goals**
- 1. Improve mental health and well-being by reducing stigma surrounding mental illness and promoting positive mental health across the lifespan.
  - 2. Improve access to health care especially dental services for low-income residents.
  - 3. Reduce the rate of obesity.
  - 4. Increase the rate of physical activity.
7. **Other relevant information related to health care services for people with disabilities in your county.** None
8. **Recommended providers of services for people with disabilities in your county.**
- a. **Please list the provider type (DME, Transportation, Mental Health, Chemical Dependency, etc.) and provider name.**
  - b. **The list should include providers in bordering counties and bordering states, if applicable.**

## **Counseling**

Barb Erickson, LP 651-245-5217  
Cambridge Medical Center Outpatient 763-688-7753  
Canvas Health 651-777-5222  
Complementary Support Services 952-895-1730  
Counseling and Assessment Center 763-377-3269  
Family Based Therapy Associates 763-689-9407  
Family Strengths 651-214-2575  
Haven Center Faith Based Therapy 651-277-4283  
Lighthouse Child & Family Services 320-983-2335  
River Counseling 763-444-5567  
Nystrom and Associates 763-746-9492  
Psychological Service Associates 612-600-9528  
Therapeutic Services Agency 320-629-7600  
Therapy Associates 763-444-8700  
Therapy Connections 763-270-0054

## **Chemical Dependency**

Alano/AA Isanti 763-444-8420  
Dellwood Recovery 763-688-7723  
Nirvana Education and Counseling 763-689-3766  
Teen Focus 320-358-4065  
Lifehouse 651-408-7121  
Narcotics Anonymous 612-822-9472  
Alcoholics Anonymous 612-788-4464

CentraCare Health Plaza-St Cloud (320) 229-4945
Central MN Mental Health Center Monticello- (763) 295-4001 St. Cloud- (320) 252-5010 St. Michael- (763) 515-4563
Behavioral Health Services- Fridley (651) 769-6250
Dr. Brockman -Lake Elmo (651) 209-9383 (P) (651) 209-9384 (F)
Dr. Handrich -St. Cloud (320) 252-5010
Nystrom and Associates Ltd- New Brighton (651) 628-9566
Park Nicollet Clinics-Mpls (952) 993-3307
PrairieCare Medical Group- Edina (952) 230-9100 (P) (952) 544-1500 (F)
Prairie Care Medical Group- Woodbury (651) 259-9700 (P) (651) 259-9790 (F)

Integrity Health Network(Human Development Center) Duluth (218) 728-4491
Essentia Health-Duluth 218-786-1186 218-786-8364 218-786-1116
Waterstone Clinic-Duluth 218-727-4531
St Lukes MH Services-Duluth 218-249-7000 218-249-5236

**Home Health Agencies** - Mary T, Prairie River HomeCare, Accurate, Select Home Care.

**Durable Medical Equipment** – Forest lake Medical Supply, Handy, Reliable, Allina Key Medical, LinCare, ActiveStyle.

**Transportation** – Eagle, Heartland Express.

## Itasca County

### COUNTY SERVICE DEVELOPMENT AND ACCESS ISSUES FOR SNBC RFP

**1. County administration:**

<b>Agency name:</b>	Itasca County Health & Human Service	
<b>Director's Name</b>	Eric Villeneuve	
<b>Address:</b>	1209 SE 2 <sup>nd</sup> Ave, Grand Rapids MN 55744	
<b>Telephone #:</b>	218-327-6117	
<b>Fax #:</b>	218-327-5547	

**2. County agency contacts:**

<b>Area of Responsibility</b>	<b>Name</b>	<b>Title</b>	<b>Telephone #</b>
<b>Social services - Disability Services Area</b>	Lori Petermeier	Social Services Supervisor	218-327-6181
<b>Public Health</b>	Kelly Chandler	Public Health Division Manager	218-327-6144
<b>Mental Health - Adult</b>	Becky Lauer	Children and Family Services Division Manager	218-327-6192
<b>Chemical dependency</b>	Becky Lauer	Children and Family Services Division Manager	218-327-6192
<b>Transportation</b>	Terri Friesen	Financial Assistance Supervisor	218-327-6136
<b>MA Eligibility</b>	Terri Friesen	Financial Assistance Supervisor	218-327-6136

**3. County Service Delivery and Access Issues**

Please describe any specific service delivery and access issues pertaining to the population eligible for SNBC (People with disabilities, MA eligible, Age 18+) in your county. To the best of your knowledge, identify limited or unavailable services for the eligible population. Be sure to describe the network of providers, including physical accessibility of the provider for the eligible population, for each category of service.

**a. Specialty Networks and providers especially for unusual or low incidence conditions for people with disabilities**

- b. Durable medical equipment (DME) network and home delivery systems
  - c. Chemical Dependency
  - d. Mental Health - Access Concerns for Mental Health Services
  - e. Transportation - Access Concerns for Transportation
  - f. Describe any additional specific service delivery and access issues pertaining to the population eligible for SNBC – Huge access concerns for Dental Coverage for clients on SNBC. Many dropped because of the lack of access.
4. Please describe the services provided by the county for the eligible population in the following categories.
- a. Mental Health Services – Adult
  - b. Chemical Dependency Services
  - c. Transportation
  - d. Public Health Services
  - e. Home Health Agency Services
5. Identification of Community Health Care Planning Efforts and Other Local Projects
6. Identification of Local Public Health Goals
7. Other relevant information related to health care services for people with disabilities in your county.
8. Recommended providers of services for people with disabilities in your county.
- a. Please list the provider type (DME, Transportation, Mental Health, Chemical Dependency, etc.) and provider name.
  - b. The list should include providers in bordering counties and bordering states, if applicable.



Provider List.xlsx

**Jackson County**

No information submitted

## Kandiyohi County

### COUNTY SERVICE DEVELOPMENT AND ACCESS ISSUES FOR SNBC RFP

**1. County administration:**

<b>Agency name:</b>	Kandiyohi County Health and Human Services	
<b>Director's Name</b>	Ann Stehn	
<b>Address:</b>	2200 23rd Street Northeast, Suite 1020 Willmar, MN 56201	
<b>Telephone #:</b>	320-231-7800	
<b>Fax #:</b>	320-231-6285	

**2. County agency contacts:**

<b>Area of Responsibility</b>	<b>Name</b>	<b>Title</b>	<b>Telephone #</b>
<b>Social services - Disability Services Area</b>	Kathy Nelson	Human Services Supervisor	320-231-7800 Extension 2434
<b>Public Health</b>	Chery Johnson	Assistant Public Health Nursing Director	320-231-7800 Extension 2581
<b>Mental Health - Adult</b>	Corrine Torkelson	Social Service Supervisor	320-231-7800 Extension 2459
<b>Chemical dependency</b>	Corrine Torkelson	Social Service Supervisor	320-231-7800 Extension 2459
<b>Transportation</b>	Sue Leal	Financial Assistance Supervisor	320-231-7800 Extension 2361
<b>MA Eligibility</b>	Sue Leal	Financial Assistance Supervisor	320-231-7800 Extension 2361

**3. County Service Delivery and Access Issues**

Please describe any specific service delivery and access issues pertaining to the population eligible for SNBC (People with disabilities, MA eligible, Age 18+) in your county. To the best of your knowledge, identify limited or unavailable services for the eligible population. Be sure to describe the network of providers, including physical accessibility of the provider for the eligible population, for each category of service.

**a. Specialty Networks and providers especially for unusual or low incidence conditions for people with disabilities**

Bariatric Services.



Services for the population suffering from extreme behaviors due to their disability. These people fall into the services gaps as providers do not want to work with behaviorally challenging people.

**b. Durable medical equipment (DME) network and home delivery systems**

Home delivered meals or other service delivery when the recipient resides in remote areas of the county.

**c. Chemical Dependency**

Locally there are no specific chemical dependency services for those with significant cognitive limitations or severe mental health issues.

**d. Mental Health** Shortage of Psychiatry and bi-lingual therapist

**e. Transportation** Limitations on public transportation during evening and weekend hours

**f. Describe any additional specific service delivery and access issues pertaining to the population eligible for SNBC**

When receiving SNBC referrals it would be nice to know the disabilities that make the person eligible for SNBC in order for care coordinators to best know how to communicate and assist in meeting the person's needs.

**4. Please describe the services provided by the county for the eligible population in the following categories.**

**a. Mental Health Services – Adult**

Kandiyohi County Health and Human Services is the local Mental Health authority. The services directly provide by the county are Rule 79 case management, mental health commitment screenings and case monitoring. The county provides funding to our local Mental Health Center to provide for a wide variety of services ranging from outpatient assessment, therapy and psychiatric services, Day treatment, Residential Crisis Center, Adult Rehabilitative Mental Health Services, Assertive Community Treatment, Illness Management and Recovery to Partial Hospitalization and everything in between. The county also is host to Adult Mental Health grants in which we contract with our local Mental Health Center. These grants provide funding for Community Support programs and Mobile Crisis programs.

**b. Chemical Dependency Services**

Kandiyohi County Health and Human Services provides for Substance Use assessments and funding according to MN Rules 24 and 25. This involves the completion of a Rule 25 Substance Use assessment. Kandiyohi County contracts with three providers to complete these assessments. County case manager then utilizes the Rule 25 assessment to provide consultation and treatment planning with the consumers. Also involved in our contract with our Local Mental Health Center is Detox Services. We also provide assessments for persons who are seeking treatment for chemical abuse or dependency, on a voluntary basis. They must meet certain income guidelines or receive Medical Assistance (MA). We will also assist with referral to a treatment provider and prior authorization for treatment services.

**c. Transportation We contract our County paid transportation services to Central Community Transit**

<http://www.cctbus.org/default/index.html>

**d. Public Health Services (Provider shortages)**

Kandiyohi County health and human services is a public agency which provides social services, financial assistance, child support services and health related services to residents of the county. Major divisions within the department include social services for: - children and families, - elderly and disabled populations; - and people dealing with mental health or chemical dependency issues.

Kandiyohi County Health and Human Services - Public Health provides a broad range of services to individuals, families and communities to promote and protect the health of those who live and work in Kandiyohi County. The focus is on promoting healthy families and communities; supporting disabled, mentally ill and elderly persons to live independently; preventing and responding to emerging diseases and health threats; and identifying and preventing environmental health risks.

- Disease Prevention and Control
- Early Childhood Intervention System
- Emergency Preparedness
- Environmental Health Services
- Family Health Services
- Health Promotion
- Home and Community Based Services
- Immunization Clinics
- Kandiyohi County Coalition for Healthy Adolescent Sexuality
- Minnesota WIC Program - Supplemental Nutrition Program

- e. **Home Health Agency Services** Not provided by the County

**5. Identification of Community Health Care Planning Efforts and Other Local Projects**

The top ten health issues identified for Kandiyohi County through our planning process are:

- Adolescent sexual activity
- Aging population/chronic diseases
- Alcohol, tobacco and other drugs
- Growing diversity
- Lack of physical exercise
- Mental health problems
- Obesity/overweight
- Poor nutrition
- Poverty
- Violence

**6. Identification of Local Public Health Goals**

The top three community health needs were determined to be obesity, use and abuse of alcohol, tobacco and other drugs and mental health. There are current efforts in place to work on these community health issues in partnership with the health care community, non-profits, community organizations and health plans.

**Health Focus #1: Obesity**

- Goal: Residents of Kandiyohi and Renville Counties will have increased access to nutritious foods.
- Goal: Kandiyohi and Renville County residents will have increased opportunities for physical activity.

**Health Focus #2: Use and Abuse of Alcohol, Tobacco and Other Drugs (ATOD)**

- Goal: Reduce alcohol abuse and tobacco use and exposure in Kandiyohi and Renville Counties.

**Health Focus #3: Mental Health**

- Goal: Identify unmet needs related to mental health and create community recommendations.

**7. Other relevant information related to health care services for people with disabilities in your county.**

This county does not have Health professionals with bi-lingual capabilities, shortage of adequate low income housing, limited providers in general from Mental Health professionals, Doctors, Nurses, Nurse’s Aides, LPNs etc...

**8. Recommended providers of services for people with disabilities in your county.**

- a. **Please list the provider type (DME, Transportation, Mental Health, Chemical Dependency, etc.) and provider name.**

Mental Health Providers: Woodland Centers, Affiliated Community Medical Centers, Rice Institute for Counseling, Lutheran Social Services, Crossroads Counseling, Lighthouse Counseling, Greater MN Services, Rice Memorial Hospital, MN Specialty Health System

Chemical Dependency providers: C.A.R.E treatment programs, Divine Hope Counseling, Woodland Centers, Project Turnabout

- b. **The list should include providers in bordering counties and bordering states, if applicable. See attached excel spreadsheet for providers within 50 miles.**



list of providers  
1.22.2016.xls

**Kittson County**

No information submitted

## Koochiching County

### COUNTY SERVICE DEVELOPMENT AND ACCESS ISSUES FOR SNBC RFP

**1. County administration:**

<b>Agency name:</b>	Koochiching County Public Health & Human Services	
<b>Director's Name</b>	Terry Murray	SNBC contact Derek Foss Public Health Supervisor
<b>Address:</b>	1000 5 <sup>th</sup> Street International Falls, MN 56649	
<b>Telephone #:</b>	218-283-7000	218-283-7070
<b>Fax #:</b>	218-283-7013	218-283-7050

**2. County agency contacts:**

Area of Responsibility	Name	Title	Telephone #
<b>Social services - Disability Services Area</b>	Derek Foss	Public Health Supervisor	218-283-7070
<b>Public Health</b>	Derek Foss	Public Health Supervisor	218-283-7070
<b>Mental Health - Adult</b>	Kathy LaFrance	Social Services Supervisor	218-283-7000
<b>Chemical dependency</b>	Kathy LaFrance	Social Services Supervisor	218-283-7000
<b>Transportation</b>	Emily Flansberg	Case Aide	218-283-7000
<b>MA Eligibility</b>	Val Long	Income Maintenance Supervisor	218-283-7000

**3. County Service Delivery and Access Issues**

Please describe any specific service delivery and access issues pertaining to the population eligible for SNBC (People with disabilities, MA eligible, Age 18+) in your county. To the best of your knowledge, identify limited or unavailable services for the eligible population. Be sure to describe the network of providers, including physical accessibility of the provider for the eligible population, for each category of service.

**a. Specialty Networks and providers especially for unusual or low incidence conditions for people with disabilities**

*Many specialty services require travel to larger cities such as Duluth or Bemidji. Our local hospital and clinics are always improving and advancing in their ability to treat specialty conditions.*

**b. Durable medical equipment (DME) network and home delivery systems**

*Fairview Range is located in International Falls and they provide DME as well as home care services.*

**c. Chemical Dependency**

*Our county currently has 2 qualified Rule 25 assessors, an in-patient CD treatment center (Pineview) and outpatient services through Rainy River Recovery, as well as AA and NA groups.*

**d. Mental Health**

*Individual counseling, family counseling, DBT, CTSS, and additional mental health services are available through Northland Counseling. Koochiching County provides Adult Mental Health case management as well as Children's Mental Health case management.*

**e. Transportation**

*The county contracts with AEOA to provide rides to medical appointments for people on MA. Arrowhead transit and several cab companies are also available in the area.*

**f. Describe any additional specific service delivery and access issues pertaining to the population eligible for SNBC**

*There are very few access issues besides specialty services (cardiologist etc.). Most of those require travel to larger population areas such as Duluth or Bemidji. Koochiching county has resources in most areas, however, we do not have a variety of different providers for each service as you would see in places with larger populations.*

**4. Please describe the services provided by the county for the eligible population in the following categories.**

**a. Mental Health Services – Adult**

*Adult Mental Health case management*

**b. Chemical Dependency Services**

*Contracted Rule 25 assessment*

**c. Transportation**

*Contracted transportation services with AEOA*

**d. Public Health Services**

*Care coordination/case management for clients, immunization clinics, foot care, waiver case management, family home visiting if they are parents.*

**e. Home Health Agency Services**

*This service is done through Fairview Range.*

**5. Identification of Community Health Care Planning Efforts and Other Local Projects**

*The Public Health Department has many health promotion clinics and programs going on at different times of the year. The SHIP program is ongoing in Koochiching County focusing on improving health through nutrition and tobacco cessation as well as intervention in schools. Flu clinics as well as other immunizations for adults are offered through the Public Health office. The*

Public Health department is in constant communication with our local hospital and clinics (Rainy Lake Medical Center and Rural Health clinic, Essentia Health, and Littlefork Medical Center). Our local hospital has been expanding and hiring more specialists to have on staff full time, there are also specialists that come up from Duluth monthly.

**6. Identification of Local Public Health Goals**

The health department’s mission is to support and provide education and quality services promoting optimal health, disease prevention and safety for all county residents. The health department’s goal is to ensure that all residents have access to the medical services they need.

**7. Other relevant information related to health care services for people with disabilities in your county.**

Many residents of Koochiching County are isolated due to the rural nature of our county. In many cases, there are large distances people need to travel to reach the services they require.

**8. Recommended providers of services for people with disabilities in your county.**

- a. Please list the provider type (DME, Transportation, Mental Health, Chemical Dependency, etc.) and provider name.
- b. The list should include providers in bordering counties and bordering states, if applicable.

Provider Name	Address	City	State	Zip Code	County	Provider Type
Essentia Health	2501 Keenan Drive	International Falls	MN	56649	Koochiching	Clinic
Rainy Lake Rural Health Clinic	1400 Highway 71	International Falls	MN	56649	Koochiching	Clinic
Scenic Rivers Health Services	410 2 <sup>nd</sup> Street NW	Big Falls	MN	56627	Koochiching	Clinic
Scenic Rivers Health Services	135 Pine Tree Drive	Bigfork	MN	56628	Itasca	Clinic
Scenic Rivers Health Services	12052 Main Street	Northome	MN	56661	Koochiching	Clinic
Littlefork Medical Center	912 Main Street	Littlefork	MN	56653	Koochiching	Clinic
Bigfork Valley Hospital	258 Pine Tree Drive	Bigfork	MN	56628	Itasca	Hospital
Rainy Lake Medical Center	1400 Highway 71	International Falls	MN	56649	Koochiching	Hospital
Falls Family Dental	1026 3 <sup>rd</sup> Street	International Falls	MN	56649	Koochiching	Dentist
Thomas Herzig, DDS	1570 Highway 71	International Falls	MN	56649	Koochiching	Dentist
Lucachick Dental Office	501 3 <sup>rd</sup> Street	International Falls	MN	56649	Koochiching	Dentist



<i>Rainy River Recovery LLP</i>	<i>900 5<sup>th</sup> Street Suite 301</i>	<i>International Falls</i>	<i>MN</i>	<i>56649</i>	<i>Koochiching</i>	<i>Out Patient CD Treatment</i>
<i>Pineview Recovery Center</i>	<i>912 Main Street</i>	<i>Littlefork</i>	<i>MN</i>	<i>56649</i>	<i>Koochiching</i>	<i>In Patient CD Treatment</i>
<i>Sharon Frank</i>	<i>PO Box 1025</i>	<i>International Falls</i>	<i>MN</i>	<i>56649</i>	<i>Koochiching</i>	<i>Rule 25 CD Assessments</i>
<i>Northland Counseling Center</i>	<i>900 5<sup>th</sup> Street Suite 305</i>	<i>International Falls</i>	<i>MN</i>	<i>56649</i>	<i>Koochiching</i>	<i>Out Patient Mental Health</i>
<i>Dr. Jeff Hardwig, Psychiatrist</i>	<i>Essentia Health 2501 Keenan Dr.</i>	<i>International Falls</i>	<i>MN</i>	<i>56649</i>	<i>Koochiching</i>	<i>Psychiatric Services</i>
<i>Dr. Tim Smith</i>	<i>Essentia Health 2501 Keenan Dr.</i>	<i>International Falls</i>	<i>MN</i>	<i>56649</i>	<i>Koochiching</i>	<i>Psychiatric Services</i>
<i>Fairview Healthline Home Health Care</i>	<i>900 3<sup>rd</sup> Street</i>	<i>International Falls</i>	<i>MN</i>	<i>56649</i>	<i>Koochiching</i>	<i>Home Health Services</i>
<i>Falls Good Samaritan Society</i>	<i>2101 Keenan Drive</i>	<i>International Falls</i>	<i>MN</i>	<i>56649</i>	<i>Koochiching</i>	<i>Home Health Services &amp; Rehab Therapy</i>
<i>Fairview Range Home Medical Equipment</i>	<i>2716 Crescent Drive</i>	<i>International Falls</i>	<i>MN</i>	<i>56649</i>	<i>Koochiching</i>	<i>Durable Medical Equipment</i>
<i>Bigfork Valley Pharmacy</i>	<i>258 Pine Tree Drive</i>	<i>Bigfork</i>	<i>MN</i>	<i>56628</i>	<i>Koochiching</i>	<i>Pharmacy</i>
<i>City Drug Store</i>	<i>314 3<sup>rd</sup> Street</i>	<i>International Falls</i>	<i>MN</i>	<i>56649</i>	<i>Koochiching</i>	<i>Pharmacy</i>
<i>Kmart Pharmacy</i>	<i>1606 Highway 11 &amp; 71</i>	<i>International Falls</i>	<i>MN</i>	<i>56649</i>	<i>Koochiching</i>	<i>Pharmacy</i>
<i>Essentia Health Pharmacy</i>	<i>2501 Keenan Drive</i>	<i>International Falls</i>	<i>MN</i>	<i>56649</i>	<i>Koochiching</i>	<i>Pharmacy</i>
<i>Falls Chiropractic</i>	<i>440 4<sup>th</sup> Street</i>	<i>International Falls</i>	<i>MN</i>	<i>56649</i>	<i>Koochiching</i>	<i>Chiropractor</i>
<i>Advanced Chiropractic Center</i>	<i>1322 3<sup>rd</sup> Street</i>	<i>International Falls</i>	<i>MN</i>	<i>56649</i>	<i>Koochiching</i>	<i>Chiropractor</i>
<i>Rainy Lake Chiropractic Clinic</i>	<i>501 3<sup>rd</sup> Street</i>	<i>International Falls</i>	<i>MN</i>	<i>56649</i>	<i>Koochiching</i>	<i>Chiropractor</i>
<i>Family Chiropractic Center</i>	<i>409 4<sup>th</sup> Street</i>	<i>International Falls</i>	<i>MN</i>	<i>56649</i>	<i>Koochiching</i>	<i>Chiropractor</i>
<i>AEOA (set up through county)</i>		<i>International Falls</i>	<i>MN</i>	<i>56649</i>	<i>Koochiching</i>	<i>Transportation</i>
<i>Occupational Development Center</i>	<i>1600 20<sup>th</sup> Avenue</i>	<i>International Falls</i>	<i>MN</i>	<i>56649</i>	<i>Koochiching</i>	<i>Employment Opportunities</i>

<i>Koochiching County Public Health</i>	<i>1000 5<sup>th</sup> Street</i>	<i>International Falls</i>	<i>MN</i>	<i>56649</i>	<i>Koochiching</i>	<i>Care coordination services, health promotion, PH immunization clinics, etc.</i>
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**Lac qui Parle County**

No information submitted

## Lake County

### COUNTY SERVICE DEVELOPMENT AND ACCESS ISSUES FOR SNBC RFP

**1. County administration:**

<b>Agency name:</b>	Lake County Health and Human Services	
<b>Director's Name</b>	Vickie L. Thompson	
<b>Address:</b>	616 Third Avenue Two Harbors, MN 55616	
<b>Telephone #:</b>	218-834-8400	
<b>Fax #:</b>	218-834-8412	

**2. County agency contacts:**

<b>Area of Responsibility</b>	<b>Name</b>	<b>Title</b>	<b>Telephone #</b>
<b>Social services - Disability Services Area</b>	Beth Swanson	Adults and Disabilities Supervisor	218-834-8400
<b>Public Health</b>	Michelle Backes-Fogelberg	Public Health Supervisor/Safety	218-834-8406
<b>Mental Health - Adult</b>	Beth Swanson	Adults and Disabilities Supervisor	218-834-8400
<b>Chemical dependency</b>	Beth Swanson	Adults and Disabilities Supervisor	218-834-8400
<b>Transportation</b>	Courtney Anderson	Financial Assistance Supervisor	218-834-8423
<b>MA Eligibility</b>	Courtney Anderson	Financial Assistance Supervisor	218-834-8423

**3. County Service Delivery and Access Issues**

Please describe any specific service delivery and access issues pertaining to the population eligible for SNBC (People with disabilities, MA eligible, Age 18+) in your county. To the best of your knowledge, identify limited or unavailable services for the eligible population. Be sure to describe the network of providers, including physical accessibility of the provider for the eligible population, for each category of service.

**a. Specialty Networks and providers especially for unusual or low incidence conditions for people with disabilities**

If a person has to be seen more than one time per year for dental care, it is not covered and the person is in charge of the remainder balance which is difficult with a limited income.

**b. Durable medical equipment (DME) network and home delivery systems**

We use companies out of Duluth, but they come to our area as needed and get us all the supplies needed for this population.

**c. Chemical Dependency**

There are long waits for Rule 25s in our area and the other option is to complete them in Duluth but transportation becomes an issue for some. There are no in patient chemical dependency treatment centers in Lake County so anyone needing this service has to travel to at least Duluth, but often further to get appropriate care.

**d. Mental Health**

There is a barrier for psychiatry access in our area; most are full or are not taking new patients or there is a long wait. Many people have to travel to Duluth to get this service or go without and use their primary care doctors which is not always the best choice.

**e. Transportation**

In town people can ride the Arrowhead Transit bus or they may utilize Rural Rides to get to work or volunteer drivers or medical transportation through their insurance companies that can be done by AEOA.

**f. Describe any additional specific service delivery and access issues pertaining to the population eligible for SNBC**

There are not many dental providers in the area that will take this type of insurance which means people are travelling all around the state for dental care which raises the issue of transportation for some people.

**4. Please describe the services provided by the county for the eligible population in the following categories.**

**a. Mental Health Services – Adult**

Adult mental health case management which is contracted out to a provider in Lake County as well as ARMHS services from two providers in Lake County.

**b. Chemical Dependency Services**

Lake County has a chemical dependency provider in town that will provide Rule 25s and outpatient treatment.

**c. Transportation**

In town people can ride the Arrowhead Transit bus or they may utilize Rural Rides to get to work or volunteer drivers or medical transportation through their insurance companies that can be done by AEOA.

**d. Public Health Services**

Flu shot clinics in a variety of locations, blood pressure clinics for seniors each month at the two local senior living facilities and foot care for seniors each month in a variety of locations in Two Harbors and Silver Bay. We also do referrals to appropriate health care providers, outreach and education.

**e. Home Health Agency Services**

n/a

**5. Identification of Community Health Care Planning Efforts and Other Local Projects**

Health in a Bag, Cooking Matters (with seniors and income eligible residents)

**6. Identification of Local Public Health Goals**

Education of Lake County residents, outreach projects and referrals to health care providers.

**7. Other relevant information related to health care services for people with disabilities in your county.**

Lake County has implemented electronic health records in January 2016. This will allow us to better communicate with our community health providers.

**8. Recommended providers of services for people with disabilities in your county.**

**a. Please list the provider type (DME, Transportation, Mental Health, Chemical Dependency, etc.) and provider name.**

\*Durable Medical Equipment

Lake Superior Medical Equipment, Wheelchairs Plus, Essentia Health Medical

\*Transportation

AEOA, Arrowhead Rides, Northern Access

\*Mental Health

Agate Bay, HDC (Human Development Center), Ascend Services

\*Chemical Dependency

Agate Bay Chemical Health, CADT (Center for Alcohol and Drug Treatment)

\*Dental

Lake Superior Community Health Center

\*First Call System

PAL Medical (Personal Assistance link)

**b. The list should include providers in bordering counties and bordering states, if applicable.**

You can also refer to the list from St. Louis County as we use many providers in Duluth and surrounding areas.

**Additional Comments from Lake County:**

- a. It would be helpful if there was medical transportation reimbursement for those agencies that have to provide transportation to their clients living in the home and also need to send staff. Right now they send a staff from the supported living home to drive the client and don't get paid for mileage which means the agency is paying for those costs.
- b. There is also a need for more dental coverage in our area.

## Lake of the Woods County

### COUNTY SERVICE DEVELOPMENT AND ACCESS ISSUES FOR SNBC RFP

**1. County administration:**

<b>Agency name:</b>	Lake of the Woods County Social Services	
<b>Director's Name</b>	Amy Ballard	
<b>Address:</b>	206 8 <sup>th</sup> Ave SE Suite 200 Baudette, MN 56623	
<b>Telephone #:</b>	218-634-2642	
<b>Fax #:</b>	218-634-4520	

**2. County agency contacts:**

<b>Area of Responsibility</b>	<b>Name</b>	<b>Title</b>	<b>Telephone #</b>
<b>Social services - Disability Services Area</b>	Jodi Ferrier	Supervisor	218-634-2642
<b>Public Health</b>	Michelle Brown	Director (PHN)	218-634-1795
<b>Mental Health - Adult</b>	Jodi Ferrier	Supervisor	218-634-2642
<b>Chemical dependency</b>	Jodi Ferrier	Supervisor	218-634-2642
<b>Transportation</b>	Christine Hultman	Fiscal Officer	218-634-2642
<b>MA Eligibility</b>	Angie Eason	Supervisor-Income Maintenance	218-634-2642

**3. County Service Delivery and Access Issues**

Please describe any specific service delivery and access issues pertaining to the population eligible for SNBC (People with disabilities, MA eligible, Age 18+) in your county. To the best of your knowledge, identify limited or unavailable services for the eligible population. Be sure to describe the network of providers, including physical accessibility of the provider for the eligible population, for each category of service.

**There is a very limited network of providers in Lake of the Woods County that would serve this population. There is Lake of the Woods County Social Services who provides contracted SNBC Care Coordination currently, there is the local hospital and Clinic which is CHI-Lakewood Health, there is an Occupational Development Center which**

provides supported employment and CBS-Sanford which provides ARHMS and Crisis services to mental health clients. We do not have any local Chemical Dependency services and we have limited public transportation in our county which only covers about half of the county. We have service delivery issues in ALL service areas due to the low number of residents and low number of clients eligible for this service. We have difficulty keeping service providers in the area due to low numbers. Most of the eligible clients will have to travel at least 60 miles to receive any service not listed here.

**4. Please describe the services provided by the county for the eligible population in the following categories.**

- a. **Mental Health Services – Adult:** Individual therapy and tele-psychiatry is available at the local clinic. ARHMS services and Crisis service provided by Sanford Health and case management and Care Coordination provided by Lake of the Woods County. Closest Inpatient hospital is over 100 miles away as well as the nearest IRTS Facility.
- b. **Chemical Dependency Services:** No local services available. Clients have to travel 60-70 miles to the nearest outpatient program. 70 miles to the nearest detox facility and 70 to 200 miles to the nearest inpatient treatment program. (based on availability of beds)
- c. **Transportation:** There is limited public transportation available during business hours on weekdays. No transportation available on weekends. County Social Services provides Volunteer Drivers to this population for medical trips.
- d. **Public Health Services:** Limited public health services are available. The agency that runs public health does not hold a license to serve Medicare clients for home care. The services for this client group are site based only.
- e. **Home Health Agency Services:** We have one agency that travels 70 miles to provide home health care to residents that live in our county seat only. That only covers ¼ of our county residents. We lack home care services in our area and we cannot convince any provider to get licensed or convince the licensed providers to drive so far to deliver the service. We have no hospice service, no respite services or consistent PCA services for this clientele.

**5. Identification of Community Health Care Planning Efforts and Other Local Projects:**

Our local hospital, clinic and nursing home are always trying to improve service delivery to our small county. However, they are having difficulty keeping doctors and nurses on staff to deliver current services. The health center has been active in getting tele-psychiatry set up to serve clients for medication management as well as crisis services. The health center also has other specialty providers through tele-medicine.

**6. Identification of Local Public Health Goals:**



Public health has been very involved in a local Suicide Prevention effort over the last several years. They were awarded a grant last year that went directly toward community education and prevention efforts for suicide and mental health. They assist Social Services in serving SNBC clients who are in need of services that are not available in the area.

- 7. Other relevant information related to health care services for people with disabilities in your county:** People with disabilities can have their general needs met at the local clinic and hospital. But anything beyond general practice is referred out to specialists which mean the clients travel 1 to 5 hours to see their doctors.

**Additional Comments:**

\*Due to the low number of residents that opted to be on SNBC with the current MCO (an average of 8), we would suggest that one MCO set up in our county. Even though client choice is important, it is more important to have a provider in our region, having a choice is a luxury.

**Addendum to Question #10: SNBC RFP for Lake of the Woods County**

Provider lists for Lake of the Woods County:

Home care: Ageless Care Options-Roseau, MN (home making)  
Home at Heart-Clearbrook, MN (home making)  
Good Samaritan- International Falls, MN (limited coverage, nurse visits)

DME/PERS: Par Mar- Bemidji (lifeline, med dispensers)  
Philips Lifeline-Massachussetts  
Sanford Health Care Accessories- Bemidji (DME)  
Fairview Healthline Medical –International Falls (DME)

PCA/Companion/  
ILS workers Rainy River Waivered Services- Hibbing (PCA & ILS)  
Lutheran Social Services-Moorhead (companion/respice)  
ODC-Baudette (ILS)  
Tri-Valley Opportunity Council-Crookston (companion)  
Ageless Care-Roseau (PCA)

Mental Health: Lakewood Behavioral Health-Baudette  
Lifecare Behavioral Health –Roseau  
Sanford Behavioral Health-Baudette and Thief River Falls

Meals: Pur Foods-  
Lutheran Social Services-Baudette  
Mom’s Meals-Iowa

Chemical

Dependency: Rainy River Recovery-International Falls, MN (Outpatient only)  
Riverview Recovery-Roseau, MN (outpatient only)  
Pineview Recovery- Littlefork, MN (detoxification and Inpatient)  
Douglas Place-East Grand Forks (Inpatient)  
Pine Manor-Nevis, MN (Detoxification and Inpatient)

Supplies: ActivStyle: National  
Thrifty White Noble Drug-Baudette

Supported  
Employment: Occupational Development Center-Baudette

Transportation: Lake of the Woods County Social Services-Baudette (vol. drivers)

## Le Sueur County

### COUNTY SERVICE DEVELOPMENT AND ACCESS ISSUES FOR SNBC RFP

**1. County administration:**

<b>Agency name:</b>	Le Sueur County Human Services	Le Sueur County Public Health
<b>Director's Name</b>	Susan Rynda	Cindy Shaughnessy
<b>Address:</b>	88 South Park Ave, Le Center, MN	88 South Park Ave, Le Center, MN
<b>Telephone #:</b>	507-357-8288	507-357-8246
<b>Fax #:</b>	507-357-6122	507-357-4233

**2. County agency contacts:**

Area of Responsibility	Name	Title	Telephone #
<b>Social services - Disability Services Area</b>	Linda Fischenich	Social Services Supervisor	507-357-8288
<b>Public Health</b>	Cindy Shaughnessy	Public Health Director	507-367-8246
<b>Mental Health - Adult</b>	Susan Rynda	Human Services Director/MH Supervisor	507-357-8288
<b>Chemical dependency</b>	Lowell Freeman	Child & Family Services Supervisor	507-357-8288
<b>Transportation</b>	Deb Serich	Financial Assistance Supervisor	507-357-8514
<b>MA Eligibility</b>	Deb Serich	Financial Assistance Supervisor	507-357-8514

**3. County Service Delivery and Access Issues**

Please describe any specific service delivery and access issues pertaining to the population eligible for SNBC (People with disabilities, MA eligible, Age 18+) in your county. To the best of your knowledge, identify limited or unavailable services for the eligible population. Be sure to describe the network of providers, including physical accessibility of the provider for the eligible population, for each category of service.

**An overarching issue for Le Sueur County would be that we are rural and access to many providers particularly specialty providers is very limited and residents need to travel outside of the county to access many services.**

- a. **Specialty Networks and providers especially for unusual or low incidence conditions for people with disabilities.** Very limited. Would need to travel to access specialty providers.
  - b. **Durable medical equipment (DME) network and home delivery systems.** Again, limited locally. Would need to access from metro or Mankato.
  - c. **Chemical Dependency.** Assessments can be done locally but treatment and finding available beds must be done outside of Le Sueur County.
  - d. **Mental Health.** ITV available at the county. Most providers are outside of the county.
  - e. **Transportation.** Transportation is available for medical appointments but there is no public transit within the county with the exception of the city of Le Sueur.
  - f. **Describe any additional specific service delivery and access issues pertaining to the population eligible for SNBC.** See above.
4. **Please describe the services provided by the county for the eligible population in the following categories.**
- a. **Mental Health Services – Adult.** Le Sueur County provides assessments, targeted case management, ITV consultations, Mental Health Resource Center (Clubhouse).
  - b. **Chemical Dependency Services.** Le Sueur County does assessments, placement assistance for inpatient services, referrals and case management.
  - c. **Transportation.** Available through Aging Services for Communities (through a county contract) for medical appointments.
  - d. **Public Health Services.** Public Health provides care coordination/case management for this population that happens to also be on a waiver (CADI, CAC, and BI).
  - e. **Home Health Agency Services.** Public Health also has a Medicare certified home health care program that provides home health care services (RN, Home Health Aide, and Homemaker).
5. **Identification of Community Health Care Planning Efforts and Other Local Projects.** SHIP (Statewide Health Improvement Program) collaborative project with Le Sueur, Waseca, Brown and Nicollet Counties. See goals below.
6. **Identification of Local Public Health Goals.** SHIP and CHIP (Community Health Improvement Plan) goals include reducing obesity, increasing physical activity, and reducing tobacco use.
7. **Other relevant information related to health care services for people with disabilities in your county.** Le Sueur County Human Services (Social Services) provide case management /care coordination for the DD (Developmental Disability) waiver.
8. **Recommended providers of services for people with disabilities in your county.**
- a. **Please list the provider type (DME, Transportation, Mental Health, Chemical Dependency, etc.) and provider name.**
  - b. **The list should include providers in bordering counties and bordering states, if applicable.**

- **For a list of providers that serve Le Sueur County residents with disabilities please refer to the Le Sueur County website at [www.co.le-sueur.mn.us](http://www.co.le-sueur.mn.us) Specifically, Public Health Department / Waivered Services / Resources for Disabled Individuals and Senior Adults. Also Human Services Department / Adult Disability Services.**

**Southwest Health and Human Services (Lincoln, Lyon, Murray, Pipestone,  
Rock and Redwood Counties)**

**COUNTY SERVICE DEVELOPMENT AND ACCESS ISSUES FOR SNBC RFP**

**1. County administration:**

<b>Agency name:</b>	<b>Southwest Health and Human Services</b>	
<b>Director's Name</b>	<b>Christopher J. Sorensen</b>	
<b>Address:</b>	<b>607 West Main Street, Suite 100 Marshall, MN 56258</b>	
<b>Telephone #:</b>	<b>507-532-1248</b>	
<b>Fax #:</b>	<b>507-537-6088</b>	

**2. County agency contacts:**

<b>Area of Responsibility</b>	<b>Name</b>	<b>Title</b>	<b>Telephone #</b>
<b>Social services - Disability Services Area</b>	<b>Stacey Longtin</b>	<b>Social Services Supervisor</b>	<b>507-532-1226</b>
<b>Public Health</b>	<b>Marie Meyers</b>	<b>Public Health Nursing Supervisor</b>	<b>507-637-6082</b>
<b>Mental Health - Adult</b>	<b>Stacy Jorgensen</b>	<b>Social Services Supervisor</b>	<b>507-825-8566</b>
<b>Chemical dependency</b>	<b>Stacy Jorgensen</b>	<b>Social Services Supervisor</b>	<b>507-825-8566</b>
<b>Transportation</b>	<b>Kathy Herding or Jennifer Beek</b>	<b>Eligibility Supervisor</b>	<b>507-537-6747</b>
<b>MA Eligibility</b>	<b>Kathy Herding or Jennifer Beek</b>	<b>Eligibility Supervisor</b>	<b>507-537-6747</b>

**3. County Service Delivery and Access Issues**

Please describe any specific service delivery and access issues pertaining to the population eligible for SNBC (People with disabilities, MA eligible, Age 18+) in your county. To the best of your knowledge, identify limited or unavailable services for the eligible population. Be sure to describe the network of providers, including physical accessibility of the provider for the eligible population, for each category of service.

**a. Specialty Networks and providers especially for unusual or low incidence conditions for people with disabilities**

24 hour care services are limited in our 6 county area as well as PCA staggered hours and some providers are requesting a minimum number of hours before they will provide the services. Transition out of facilities can be a challenge related to PCA limits limited provider choices and options

**b. Durable medical equipment (DME) network and home delivery systems**

2450 changes have made it difficult to provide unusual equipment requests as we are only able to now use a DME provider and at times we need to look elsewhere for equipment needs.

**c. Chemical Dependency**

**d. Mental Health**

Although we have two Mental Health Centers in our region, access to specialized mental health services, particularly to psychiatric care is limited. This results in long waiting times for consumers seeking care and additional appointments to emergency room visits for this population.

**e. Transportation**

Reliable transportation for our consumers is a significant issue in Southwestern Minnesota. Access to volunteer drivers and limited resources for non-profit and fixed route transit system are issues chronic to serving our population.

**f. Describe any additional specific service delivery and access issues pertaining to the population eligible for SNBC**

Limited PCA services and providers in our rural area. MN Choices assessment can be a barrier at times due to the technical difficulties and length of time it takes to complete. It can also cause a delay in services related to the time it takes to go from an assessor to case manager.

**4. Please describe the services provided by the county for the eligible population in the following categories.**

**a. Mental Health Services – Adult**

Rule 79 Case Management Services

**b. Chemical Dependency Services**

Southwest Health and Human Services provides Rule 25 CD assessments

**c. Transportation**

Southwest Health and Human Services provides eligibility determination and two transit coordinators to work directly on behalf of consumers with providers.

**d. Public Health Services**

Family Home Visiting; Dental Varnishing, Blood Lead, Car Seats, Immunizations, Refugee Health, PCAs

**e. Home Health Agency Services**

(SWHHS does not provide these services directly)

**5. Identification of Community Health Care Planning Efforts and Other Local Projects**

SPCC is a regional 12 county organization that works collaboratively with community partners on innovative strategies to improve the health of people in our region. Our

work is centered on population health initiatives, developing a regional electronic medical record to support care delivery, and implementing integrated collaborative community care processes that respond to individual patient needs and dynamics to improve their health status.

**6. Identification of Local Public Health Goals**

The goal, as identified in our Community Health Improvement Plan (CHIP), of SWHHS Public Health is to improve cardiovascular health and quality of life through prevention of heart disease and stroke in the SWHHS counties.

- a. Reduce illness, disability, and death related to tobacco use and secondhand smoke exposure.
- b. Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights.

For more information on the CHIP and goals of SWHHS, see:

<http://www.swmhhs.com/wp-content/uploads/2015/03/SWHHS-Community-Health-Improvement-PJan-2015-2019.pdf>

**7. Other relevant information related to health care services for people with disabilities in your county.**

See above barriers.

**8. Recommended providers of services for people with disabilities in your county.**

- a. Please list the provider type (DME, Transportation, Mental Health, Chemical Dependency, etc.) and provider name.
- b. The list should include providers in bordering counties and bordering states, if applicable.



## Mahnomen County

### COUNTY SERVICE DEVELOPMENT AND ACCESS ISSUES FOR SNBC RFP

**1. County administration:**

<b>Agency name:</b>		
<b>Director's Name</b>	Julie Hanson	
<b>Address:</b>	311 N. Main St. Mahnomen MN 56557	
<b>Telephone #:</b>	218-935-2568	
<b>Fax #:</b>	218-935-5459	

**2. County agency contacts:**

<b>Area of Responsibility</b>	<b>Name</b>	<b>Title</b>	<b>Telephone #</b>
<b>Social services - Disability Services Area</b>	Bruce Johnson	Social services Supervisor	218-935-2568
<b>Public Health</b>	Sarah Kjono	Public Health Director	218-935-2527
<b>Mental Health - Adult</b>	Bruce Johnson	Social services Supervisor	218-935-2568
<b>Chemical dependency</b>	Bruce Johnson	Social services Supervisor	218-935-2568
<b>Transportation</b>	Latanya Soyring	Case Aide	218-935-2568
<b>MA Eligibility</b>			

**3. County Service Delivery and Access Issues**

Please describe any specific service delivery and access issues pertaining to the population eligible for SNBC (People with disabilities, MA eligible, Age 18+) in your county. To the best of your knowledge, identify limited or unavailable services for the eligible population. Be sure to describe the network of providers, including physical accessibility of the provider for the eligible population, for each category of service.

**a. Specialty Networks and providers especially for unusual or low incidence conditions for people with disabilities.**

- Mahnomen is a sparsely populated (5,500) county with the highest poverty rate of any county in the state. We are located entirely within the boundaries of the White Earth Reservation and have only limited access to services

providers, most of which do business in Mahnomen county but are physically based in other counties. Currently, we have good access for the following services: PCA, Homemaking, Skilled Nursing, and local Hospital/Nursing Home; limited access to Medical equipment and supplies, Home Mod Contractors, assisted living, and Chore Services; and very limited availability of fitness centers, out-of-county transportation, companion, and respite services.

**b. Durable medical equipment (DME) network and home delivery systems**

- All medical equipment providers are based out of county. This adds to the time and effort it takes to access these services. Contractors to install grab bars and other modifications are problematic and may take weeks or months to contract.

**c. Chemical Dependency**

- Rule 25 CD assessments are done by both Mahnomen County and the White Earth Tribe. Low intensity Out-patient treatment for tribal members is done by the tribe. All other Out Patient Treatment must be accessed with transportation to sites 40-70 miles from Mahnomen. There is no in-patient CD services in Mahnomen County. Distance to typical In-patient facilities is 80-120 miles from Mahnomen.

**d. Mental Health**

- Mahnomen has two Mental Health providers. The White Earth Tribe primarily serves the native population, while Northwestern Mental Health Center in Crookston MN. Is the county's contracted provider. For ongoing counseling and psychological services it is often difficult to make arrangements for transportation to Crookston 70 miles away. Some short term interventions and crisis services can be done in-home. As is becoming the norm in many areas, diagnostic evaluations may take 2-3 months under normal circumstances.

**e. Transportation**

- This is perhaps the most challenging service area that our county deals with. While both Mahnomen County and the White Earth Tribe have limited public transportation services, transport routes and times are very problematic for clients to access out of county medical and mental health appointments. Additionally, Mahnomen has only a couple of volunteer drivers available for transports and due to our county's high poverty rate private transportation alternatives are often nonexistent.

**f. Describe any additional specific service delivery and access issues pertaining to the population eligible for SNBC**

**4. Please describe the services provided by the county for the eligible population in the following categories.**

**a. Mental Health Services – Adult**

- Mahnomen County directly provides Case Management, monitoring, linkage, crisis and court related MH services through in-house bachelor level staff. ARMS, CSP, Diagnostic, therapy and Mobile crisis services are contracted for through Northwestern Mental health Center in Crookston MN.

**b. Chemical Dependency Services**

- Mahnomen County directly provides bachelor level Case Management, rule 25 assessment and Court related services for CD clients. We recently had a Rule 35 out-patient program which was discontinued due to difficulty hiring qualified LADC level staff.

**c. Transportation**

- Mahnomen County directly provides very limited volunteer transportation services due to a shortage of volunteers. Public transportation services are contracted for through Tri-valley Public Transportation.

**d. Public Health Services**

- Public Health services are provided through Norman/Mahnomen County Public Health. These services include the full range of public health services as required by the State of Minnesota. Additionally our agencies work closely together as public health provides all initial MnChoices assessments in Mahnomen County and contracts through Mahnomen County to provide all Rate Cell D MSHO services for our county's Nursing Home residents.

**e. Home Health Agency Services**

- NA

**5. Identification of Community Health Care Planning Efforts and Other Local Projects.**

- Regionally Mahnomen County Social Services and Mahnomen/Norman Public Health have active regional healthcare orientated partnerships with Northwestern Mental Health Center, Essentia Health, Mahnomen Health, Altru Health and Riverview Health. Complete listing of regional projects and efforts available upon request.

**6. Identification of Local Public Health Goals.**

- Current Public health goals as related to Mahnomen's Community Health improvement Plan include:
  - Decrease persistent poverty (promote living wage, affordable housing, public transportation, affordable child care, etc.
  - Coordination of regional behavioral and physical health goals.

- Facilitate the development of programming to assist youth in developing positive social connections.

**7. Other relevant information related to health care services for people with disabilities in your county.**

- When the SNBC program was developed Indian persons who live on the reservation were statutorily excluded from being auto enrolled into a SNBC plan. To date, in spite of repeated requests to cease, DHS has continued to auto enroll Indian persons in violation of statute. The health plan that contracts for SNBC services will need to address this issue with the state.

**8. Recommended providers of services for people with disabilities in Mahnomen.**

- See attachment.



Mahnomen HCBS  
venders.pdf

## Marshall County

### COUNTY SERVICE DEVELOPMENT AND ACCESS ISSUES FOR SNBC RFP

**1. County administration:**

<b>Agency name:</b>	Marshall County Social Services	
<b>Director's Name</b>	Chris Kujava	
<b>Address:</b>	208 Colvin Avenue Warren MN 56762	
<b>Telephone #:</b>	218-784-5124	
<b>Fax #:</b>	218-745-5260	

**2. County agency contacts:**

<b>Area of Responsibility</b>	<b>Name</b>	<b>Title</b>	<b>Telephone #</b>
<b>Social services - Disability Services Area</b>	Stacy Laudal and Ruth Finseth	Supervisor	218-745-5124
<b>Public Health</b>	Gail Larson	Director	218-745-5154
<b>Mental Health - Adult</b>	Stacy Laudal	Supervisor	218-745-5124
<b>Chemical dependency</b>	Ruth Finseth	Supervisor	218-745-5124
<b>Transportation</b>	Mary Jo Larson	Administrative Assistant	218-745-5124
<b>MA Eligibility</b>	Mary Jo Larson	Administrative Assistant	218-745-5124

**3. County Service Delivery and Access Issues**

Please describe any specific service delivery and access issues pertaining to the population eligible for SNBC (People with disabilities, MA eligible, Age 18+) in your county. To the best of your knowledge, identify limited or unavailable services for the eligible population. Be sure to describe the network of providers, including physical accessibility of the provider for the eligible population, for each category of service.

- a. Specialty Networks and providers especially for unusual or low incidence conditions for people with disabilities---** limited for all specialty services due to small rural area
- b. Durable medical equipment (DME) network and home delivery systems**

- c. **Chemical Dependency**---Lack of detox in the area and lack of treatment providers.
  - d. **Mental Health**---strong network with Northwestern mental health center in Crookston and with Sanford in Thief River Falls
  - e. **Transportation**---We have our own volunteer driver program and work with Tri Valley in Crookston
  - f. **Describe any additional specific service delivery and access issues pertaining to the population eligible for SNBC**----Lack of chore service providers, we have one Provider Home at Heart and they have a difficult time finding staff to work in parts of the County.
4. **Please describe the services provided by the county for the eligible population in the following categories.**
- a. **Mental Health Services – Adult**---County providers mental health case management –Also NWMCH Crookston and Sanford TRF
  - b. **Chemical Dependency Services**—County provides Rule 25 assessments and CD case management including funding for individuals using CCDTF funding
  - c. **Transportation**---We have our own volunteer driver system and provides most of our transportation.
  - d. **Public Health Services**----We work with North Valley Health Center for all nursing services, we do not have nursing services under MCSS
  - e. **Home Health Agency Services**---The County does not provide this service
5. **Identification of Community Health Care Planning Efforts and Other Local Projects**---  
We are part of a local and regional collaborative partnership, we work as a region for Mental Health and work with our local Nursing provider.
6. **Identification of Local Public Health Goals** MCSS is not a public health agency
7. **Other relevant information related to health care services for people with disabilities in your county.**

No questions, just a comment, MCSS provides excellent SNBC care coordination service and uses best practices to attempt to reduce hospital stays and visits. Overall I think SNBC is an excellent service for our residents and we are hoping we can continue that service with an MCO willing to work with Marshall County

**Martin County**

No information submitted

**Mille Lacs County**

No information submitted



**Mower County**

No information submitted

## Nicollet County

### COUNTY SERVICE DEVELOPMENT AND ACCESS ISSUES FOR SNBC RFP

**1. County administration:**

<b>Agency name:</b>	Nicollet County Human Services	
<b>Director's Name</b>	Joan Tesdahl	
<b>Address:</b>	622 S Front St, St Peter MN 56082	
<b>Telephone #:</b>	507-934-8576	
<b>Fax #:</b>	507-934-8552	

**2. County agency contacts:**

<b>Area of Responsibility</b>	<b>Name</b>	<b>Title</b>	<b>Telephone #</b>
<b>Social Services - Disability Services Area</b>	Joan Tesdahl	Director	507-934-8576
<b>Public Health</b>	Mary Hildebrandt	Director	507-934-7211
<b>Mental Health - Adult</b>	Sue Serbus	Supervisor	507-934-8573
<b>Chemical dependency</b>	Sue Serbus	Supervisor	507-934-8573
<b>Transportation</b>	Dawn Michels	Supervisor	507-934-8545
<b>MA Eligibility</b>	Dawn Michels	Supervisor	507-934-8545

**3. County Service Delivery and Access Issues**

Please describe any specific service delivery and access issues pertaining to the population eligible for SNBC (People with disabilities, MA eligible, Age 18+) in your county. To the best of your knowledge, identify limited or unavailable services for the eligible population. Be sure to describe the network of providers, including physical accessibility of the provider for the eligible population, for each category of service.

**a. Specialty Networks and providers especially for unusual or low incidence conditions for people with disabilities**

Problems with access include transportation and numbers of providers including specialty providers.

Transportation is a large concern in the Nicollet County area, as so many of our towns are outside of the area where medical providers are located. Also, there is a concern regarding accessing dental providers, as well. There are too few of dental providers in the area for our population to access.

Dental:

The clients are being asked to contact dental providers to see if those providers accept the specific health care / managed care program that they are enrolled in. After contacting a certain number of dental providers, then the clients are urged to contact their plan and let them know of which dental providers they have called, what was the response, etc. At that time, then the managed care plan is asked to assist the client.

The ongoing issue continues to be lack of dental providers in the area whom are accepting patients that are on the health care programs thru the county. The agency has needed to make referrals to places that are outside of the area, which also creates transportation issues / concerns. This could include SMILES that is located in Savage. We have also referred quite numerous folks to a dental provider located in LeCenter, MN.

The MCO would need to work with more dental providers in having them participate with the plan and providing more dental access service providers in the close proximity to Nicollet County, so that there is more availability for dental services.

If on managed care plan, then the specific providers listed for that plan are contacted by clients.

**b. Durable medical equipment (DME) network and home delivery systems**

Nicollet County Public Health has a DME Loan Closet that provides DME's to individuals on a temporary basis. If continued need is identified, people are referred to local pharmacies or DME providers. Waiver services often pay for this equipment. Case Managers identify the need, obtain the proper authorization, and arrange for delivery of the equipment.

**c. Chemical Dependency**

Nicollet County works with St Peter Regional Treatment Center for inpatient and outpatient CD treatment. In addition, the county uses a wide variety of providers in other counties, depending on client need. Health plans are asked to consider continuity of care for individuals and to incorporate as providers in their networks these CD service providers and county rule 25 assessors.

As with mental health, the county seeks responsiveness from the health plan and providers with all CD court related proceedings. The health plan must indicate how it will work with the county to provide timely response to these issues including sharing information and being present at hearings, if necessary.

**d. Mental Health**

Nicollet County contracts with Sioux Trails Mental Health, along with other counties. This is a rule 29 facility, with two of their offices being located in Nicollet County ... one in St Peter and one in North Mankato.

The services provided by Sioux Trails include services such as Psychological & Psychiatric Evaluations; Medication Management; Individual, Group, and Family Therapy; Community Support Program, Adult Day Treatment, Crisis Hotline, Training Consultation, and Education.

The county also uses a wide variety of other out-patient mental health providers outside of the county depending on client need. Health plans are asked to consider continuity of care for individuals receiving care in the county and to incorporate as providers in their networks these mental health providers.

Nicollet County has a history of jointly planning and developing Integrated mental health services with counties located in region 9. The health plans are expected to work with the county in this common purpose.

Nicollet County requests responsiveness from health plans and provides in issues involving the court system including family, civil and criminal court proceedings, pre-petition screenings and commitment hearings, and other issues including court ordered treatment. The health plan must indicate how it will work with the county to provide timely responses to these issues, including sharing of information and being present at hearings, if necessary.

Mental Health – Children:

Currently, in Nicollet County, social services offer children mental health services. This can include (based on individual needs of family and availability of funds) the following: case management which can involve advocacy in the health and education systems, respite care, assistance with getting eligibility for healthcare, help with getting a diagnostic, obtaining individual and family counseling, skills workers (children’s therapeutic supports and services), etc. Funding is through private health insurance (third party), medical assistance, prepaid medical assistance and Minnesota Care.

Children’s mental health service is a mandated, voluntary service. Current issues (gaps) that our area of service have include: a- not enough psychiatrists locally, b-

waiting lists for skills workers, and c-private insurances that do not cover the services of skills workers.

Transportation is an issue in the rural counties. Nicollet County does not have a rural transit system. And now with recent changes in the MA/transportation reimbursement process, this makes it really hard for our volunteer drivers to service our children and families. Volunteer drivers are only paid from the point that they pick up the child/family to the appointment, back from the appointment to the home of the child/family. The volunteer driver is not paid from their home and back again after they drop off the child/ family .. basically, they are not paid for no load miles. In our county, which geographically is 43 miles wide at its longest and approximately 22 miles from north to south; this makes it more difficult for volunteers to give of their time.

Current mental health providers include:

- 1) Sioux Trails Mental Health
- 2) Adult, Child and Family
- 3) Counseling Services of Southern Minnesota
- 4) Lutheran Social Services

And various others too numerous to mention.

Nicollet County does not have a children's mental health collaborative. We do have active family services collaborative.

A new MCO would possibly help us gain better access to child/adolescent in-patient mental health hospitalization sites. We currently are serviced by hospitals in Rochester, Hutchinson, St. Cloud, Brainerd, the cities and Sioux Falls. Our area hospitals have to call around tell the find an available bed and one that will take that child/adolescent based on age and medical/mental health issues

Child welfare includes the areas of child protection, minor parent and truancy. The child welfare clientele utilize various medical plans (third party/private insurance, medical assistance, PMAP, Minnesota care, etc) to access health care. The following barriers that exist include: clients lack of follow through of filling out the forms for eligibility, also not filling out forms for redeterminations in a timely manner, transportation as described above, etc.

**e. Transportation**

In Nicollet County, those individuals whom are on a managed care plan are requested to contact their managed care provider to arrange transportation to

and from medical appointments. If they are not on a managed care plan, they then need to contact a worker at the county to arrange medical transportation.

Some of the issues raised from clients are that when they use the health plan transportation services, that they are not picked up on time, or not picked up at all. The managed care plans need to be aware that follow through with transporting of clients to medical appointments is very important.

There is not a well-developed transit system within Nicollet County. In the city of St Peter, we use the St Peter Transit. In North Mankato, individuals can use the city buses, which are not very reliable. We also use Kato Cab out of Mankato. For transportation in rural Nicollet County, we use volunteer drivers. This is coordinated by Nicollet County Public Health.

- f. Describe any additional specific service delivery and access issues pertaining to the population eligible for SNBC**
- 4. Please describe the services provided by the county for the eligible population in the following categories.**
- a. Mental Health Services – Adult – SEE ABOVE**
  - b. Chemical Dependency Services – SEE ABOVE**
  - c. Transportation – SEE ABOVE**
  - d. Public Health Services – SEE #7**
  - e. Home Health Agency Services – SEE #7**

**5. Identification of Community Health Care Planning Efforts and Other Local Projects**

Nicollet County Public Health is in partnership with Brown, Le Sueur, and Waseca Counties in the Statewide Health Improvement Program (SHIP) called Healthy Together. We are currently in the process of developing an adult health survey to obtain primary data. The data will be used to guide the work of Healthy Together as well as our Community Health Improvement Plan (CHIP).

**6. Identification of Local Public Health Goals**

Nicollet County has a strong belief in assuring that the health care needs of its residents are met. Public health agencies in MN have developed expertise over many years of working intensively with populations that have been outside those typically served by the fee for service medical community and in serving many parts of the population eligible for SNBC. Nicollet County Public Health has a strong interest in establishing a collaborative partnership in order to continue to expand and improve services to individuals in the home, clinic, and community. The health plans are asked to describe how they will work with Nicollet County Public Health to insure accessibility of services for all persons with disabilities.

Home Health Care: Services are available to those individuals and families who have no third party reimbursement source and on a sliding fee basis or with a county subsidized program. It is essential that Nicollet County Public Health receive referrals for this population. Public Health has responsibility for the following public health functions:

- Assessment which includes determining population-based needs and services based on health data
- Policy development such as advocating for legislation or ordinances on health related issues
- Assurance functions and services such as evaluating health outcomes for the county and case management for target populations

Health plans will be required to share county specific information on outcomes and utilized. This would include data on chronic illnesses, access to treatment, general health information, and others. The format and process for reporting this information will need to be developed with input from the health plans, county, and DHS. The health plans are asked for assurance that they will cooperate by sharing data and outcome information with targeted populations ensuring confidentiality for all parties.

Prenatal Care Services: Public Health has expertise in working with high risk, hard to reach pregnant women, both during pregnancy and for parenting visits after the birth of the child. Health plans are asked to work with county to assure that services are delivered to these women. The clients seen are frequently not consistent in using the traditional medical system (for example, a high rate of no show and/or non compliance in following medical recommendations for treatment / prevention). Health plans are asked to work with Public Health to assure that enhanced prenatal services are accessed by these “at risk” women and families.

Family Planning Services: Health plans may not restrict the choice of an enrollee as to where the enrollee receives services, such as: voluntary planning of contraception and bearing of children, diagnosis of infertility, testing and treatment of a sexually transmitted disease, and testing for AIDS and other HIV related conditions. Health plan must maintain confidentiality for family planning services and must notify enrollees of the free choice of family planning services. The health plan must work with family planning agencies and other providers to develop appropriate treatment and follow up.

Health Promotion and Education: Public Health offers health promotion programs that are population based, group and individually provided. Most are targeted towards lifestyle changes in nutrition, exercise, sexuality, injury prevention, disease prevention, and other areas which are critical in decreasing the incidence of chronic and an acute

onset of the disease. Medication management, a major problem in the control of chronic health disease with older adults is provided. Health plan is asked to describe how they will collaborate with Nicollet County Public Health to reduce medication non compliance among this population.

**7. Other relevant information related to health care services for people with disabilities in your county.**

N/A



**Nobles County**

No information submitted

**Norman County**

No information submitted

## Olmsted County

### COUNTY SERVICE DEVELOPMENT AND ACCESS ISSUES FOR SNBC RFP

**1. County administration:**

<b>Agency name:</b>	Olmsted County Community Service	Olmsted County Public Health Services
<b>Director's Name</b>	Paul Fleissner	Pete Giesen
<b>Address:</b>	2117 Campus Dr SE Rochester, MN 55904	2100 Campus Dr. SE Suite 100, Rochester, MN 55904
<b>Telephone #:</b>	507-328-6350	507-328-7434
<b>Fax #:</b>	507-328-6297	

**2. County agency contacts:**

Area of Responsibility	Name	Title	Telephone #
<b>Social services - Disability Services Area</b>	Jim Behrends	Associate Director	507-328-6352
	Jennifer Bagne-Walsh	Program Manager	507-328-6676
	Robin Sommer	Program Manager	507-328-6688
	Nanci Klocke	Program Manager	507-328-6619
	Corrine Erickson	Program Manager	507-328-6644
<b>Public Health</b>	Pete Giesen	Director	507-328-7434
	Margene Gunderson	Associate Director	507-328-7525
	Dan Jensen	Associate Director	507-328-7450
<b>Mental Health - Adult</b>	Jim Behrends	Associate Director	507-328-6352
	Carla Hamand	Program Manager	507-328-6851
	Mary O'Neil	Program Manager	507-328-6247
	Amy Shillabeer	Program Manager	507-328-6249
	Sarah Schaefer	Program Manager	507-328-6308
<b>Chemical dependency</b>	Mary O'Neil	Program Manager	507-328-6247
<b>Transportation</b>	Diane Tradup	Volunteer Driver Coordinator	507-328-6371
<b>MA Eligibility</b>	Heidi Welsch	Associate Director	507-328-6354

**3. County Service Delivery and Access Issues**

Please describe any specific service delivery and access issues pertaining to the population eligible for SNBC (People with disabilities, MA eligible, Age 18+) in your county. To the best of your knowledge, identify limited or unavailable services for the eligible population. Be sure to describe the network of providers, including physical

accessibility of the provider for the eligible population, for each category of service.

**a. Specialty Networks and providers especially for unusual or low incidence conditions for people with disabilities**

Olmsted is fortunate to have a wide variety of service providers to meet the needs of disabled individuals.

**b. Durable medical equipment (DME) network and home delivery systems**

Olmsted has several access to several DME providers. Challenges in this area are related to the providers navigating and understanding the various payers' requirements for authorization and payment of DME products. Education for providers from the health plans would be strongly encouraged.

While Olmsted has numerous Home Care and PCA agencies, there is an overall shortage of staffing for Home Care, SNF and assisted living facilities as these providers compete not only with each other but other industry for workforce.

**c. Chemical Dependency:**

Olmsted County is experiencing a long wait time for admission to chemical dependency treatment. Wait times can vary and be up to 6 weeks in length, particularly for residential programs. Although Olmsted County has a residential program that serves men, and one that serves women, they are very specialized and not appealing to all individuals seeking treatment. This forces people to look outside of Olmsted County and then wait times can become longer. Services available to individuals during the wait time to enter treatment are limited or not available at all, therefore putting them at further health risk due to continued substance use. Often times, individuals will not follow through with treatment when they need to wait for an extended period of time.

**Chemical Dependency Outpatient Treatment Providers in Olmsted County**

Common Ground  
EmPower CTC  
Zumbro Valley Health Center  
Fountain Centers  
Minnesota Adult and Teen Challenge  
Rochester Metro Treatment Center

**Chemical Dependency Residential Treatment Providers in Olmsted County**

The Gables  
Minnesota Adult and Teen Challenge  
Pathway House

**d. Mental Health:** Olmsted County is experiencing a significant lack of psychiatric prescribers, particularly psychiatrists. There are no clinics in town currently who are taking new patients and access to an individual's own prescriber is limited. People are not able to see their own physician in acute situations, therefore, seeking urgent care through the emergency departments. The Rapid Access Clinic, jointly run by Olmsted County Adult Behavioral Health and Zumbro Valley Health Center, has been on hold since June, 2014 due to lack of psychiatry to staff the clinic. This has been a vital service that offers acute psychiatric care to individuals who do not have a community psychiatrist.

Adequate housing that offers support services and is affordable and safe is another issue that Olmsted County is experiencing.

#### **Adult Mental Health Providers in Olmsted County**

##### Mayo Clinic

- Inpatient and outpatient psychiatric services

##### Olmsted Medical Center

- Outpatient psychiatric services

##### Zumbro Valley Mental Health Center

- Outpatient psychiatric services
- Targeted case management services
- Adult Mental Health Rehabilitation Services (ARMHS)
- Intensive Residential Treatment (IRTS) and crisis beds
- Mobile Crisis Response

##### State Operated Services (SOS) Rochester Community Behavioral Health Hospital

- Inpatient psychiatric services
- Owatonna Community Hospital, Owatonna, MN
- Winona Community Hospital, Winona, MN
- Austin Medical Center, Austin, MN
- Inpatient Psychiatric Care

##### Olmsted County Community Services, Adult Behavioral Health Unit

- Targeted Case Management services
- Assertive Community Treatment
- Rapid Access Clinic
- Dialectical Behavioral Therapy (DBT) treatment

- Adult Rehabilitation Mental Health Services (ARMHS)
- Jail Diversion program
- Reentry Program
- Pre-Petition screening team for civil commitments
- Monitoring of commitments for mentally ill and dangerous and sexually dangerous persons
- Child Adult Relationship Enrichment (CARE) in collaboration with ZVMHC and Olmsted County Child and Family

Private community providers who serve public assistance consumers

- Outpatient psychiatric services

#### **e. Transportation**

Transportation in Olmsted County includes resources from both public and private sources. Public transportation includes Rochester Public Transit which operates bus service and paratransit service across the city of Rochester. The city bus system is available for individuals who can successfully navigate bus routes and maps. Zumbro Independent Passenger Service (ZIPS) is a door to door transportation system for persons who cannot use traditional Rochester Public Transit bus services due to a disability.

Rolling Hills Transit, run by SEMCAC provides fare-based transportation to the general public and provides service to some of the smaller cities surrounding Rochester including St. Charles, Dover, Eyota and Byron.

Yellow Cab and Med-City Taxi offer taxi services throughout the city, including ambulatory transport for medical appointments. Other resources and private sources include Veteran Services using a van to transport veterans to/from Fort Snelling, Olmsted County Volunteer Drivers for clients of the county and PMAP users for medical, dental, visitation and treatment appointments. There are a number of special transportation providers that serve Rochester residents, with R & S Transport and Handi Van being two of the larger volume providers rides for anyone needing special transportation including persons with disabilities or other special needs.

Even with the above mentioned services, there is an inadequacies in the delivery of transportation services. For special transportation (door to door), participants have to call days ahead of time to ensure they have a ride to medical appointments. Last minute medical transportation requests can be very problematic. Hospitals have cited concerns that lack of transportation has delayed hospital discharge.

Other concerns related to transportation include limited service by the bus system on weekends and evenings. Some individuals who might be able to use less public transportation end up having to use taxis and special transportation providers to get to medical appointments because public transit is not

meeting their needs. This puts undue pressure on the medical transportation providers to fill in a gap created by the public transport system.

**f. Describe any additional specific service delivery and access issues pertaining to the population eligible for SNBC**

Access to dental care, especially for specialty care (sedation, complex extractions)

Overall, homecare including PCA, HHA, skilled Nursing and homemaker services are experiencing serious staffing shortages. There are a large number of agencies in the area, but they are all competing for staffing and are competing with other industry (motel/restaurants) as Rochester anticipates growth with Destination Medical Center (DMC).

Affordable housing for low income seniors and persons with disabilities is one of the biggest challenges we face serving this population.

**5. Please describe the services provided by the county for the eligible population in the following categories.**

**a. Mental Health Services**

The adult mental health services within Olmsted County are largely provided by Olmsted County Adult Behavioral Health (ABHU), Zumbro Valley Health Center (ZVHC), Mayo Clinic and Olmsted Medical Center. Olmsted County ABHU and ZVHC have incorporated the Integrated Dual Disorder Treatment (IDDT) evidenced based practice model in all services. There are a few private agencies that provide psychiatric assessment and counseling services to a limited number of public assistance consumers.

Olmsted County Adult Behavioral Health and Zumbro Valley Health Center jointly operate a 12 hour per week Rapid Access Clinic (RAC) in an attempt to address the issues of access to psychiatric services for our consumers who have Serious and Persistent Mentally Illness (SPMI). The RAC serves consumers who need urgent intervention and are unable to access community resources other than the emergency department. The RAC provides psychiatric assessment, crisis intervention, medication management, medication education, and case management services until the consumer's mental health has been stabilized and a referral to a community provider can be arranged. This program is currently on hold due to lack of psychiatry.

Targeted Case Management (TCM) services are available upon request to all adult persons who have a serious and persistent mental illness and meet functional criteria. Olmsted County Adult Behavioral Health, ZVHC, Cultural Behavioral Health, and Family Service Rochester are the current providers of this service. Culturally specific case management is available for the Southeast Asian and Somali cultures at ZVHC, while Cultural Behavioral Health primarily serves the Hmong population. Olmsted County Adult Behavioral Health also has an Assertive Community Treatment (ACT) team which provides intensive case management and treatment services to 63 Olmsted County consumers who have SPMI. In addition, OCCS has a certified Dialectical Behavioral Therapy (DBT) team which provides DBT treatment for up to 30 consumers who have a diagnosis of Borderline Personality Disorder or related symptoms. The

Olmsted County ABHU staff is the designated provider for Pre-Petition Screenings for Mental Health and Substance Abuse Civil Commitments.

Olmsted County Community Services, ZVHC, and Fernbrook Family Services are state certified providers in Olmsted County for Adult Mental Health Rehabilitative Services (ARMHS). These services provide independent living skills training for consumers who have a serious mental illness using both individual and/or group sessions.

In collaboration with the 10 county CREST region, Zumbro Valley Health Center operates our Mobile Crisis Response. The CREST region has contracted with Canvas Health to provide phone crisis services. If the situation requires further intervention, Canvas Health is able to activate the mobile crisis teams through ZVHC to provide in person crisis intervention and stabilization services at home, school, or in the community. The Intensive Residential Treatment Services, operated by ZVHC, has crisis beds available for mental health crisis situations. Mental health consumers who are in a serious crisis situation are referred to the emergency department at St. Mary's Hospital for assessment.

The majority of the mental health outpatient services are contracted through Zumbro Valley Health Center and their community support programs.

The available providers for inpatient mental health treatment includes the state operated Rochester Community Behavioral Health Hospital and Mayo Clinic's St. Mary's Hospital. Zumbro Valley Health Center operates an Intensive Residential Treatment Service (IRTS) for MI/CD integrated treatment for up to 90 days. Private hospitals in Owatonna, Winona, Austin and the metro area are also used for inpatient care if local beds are full.

Olmsted County Adult and Family Services, Olmsted County Child and Family services and ZVHC have collaborated to develop Child Adult Relationship Enrichment (CARE), a program which assists mentally ill parents of small children to increase parenting skills and improve family stability and safety. The program provides training, support and resource assistance to improve the outcomes for the children and their families.

Housing subsidies are provided in partnership with Olmsted County Housing and Redevelopment Authority, working with ZVHC Housing Options staff to promote bridging subsidies and housing support while consumers wait to become eligible for Section 8. Grant subsidies are available for ACT consumers on a limited basis. Board and lodge services are available to individuals who are eligible to receive Group Residential Housing funds.

Employment options include working with Department of Rehabilitation Services to pursue extended, community based or competitive employment or education. Ability Building Center provides employment services for Olmsted County's mental health population.

Olmsted County Adult Behavioral Health and the Olmsted County Adult Detention Center partner to provide a jail diversion program in the effort to divert detainees with SPMI from the criminal justice system. We also partner to provide an intensive Re-Entry program to assist clients with SPMI in the transition from the Adult Detention Center to the community. These efforts are focused on accessing resources, mental health stabilization, and decreased recidivism.



## **b. Chemical Dependency Services**

Olmsted County Community Services (OCCS) works closely with both public and private providers to provide an array of traditional Chemical Health treatment services and is committed to offering innovative treatment alternatives within the network for individuals that have not been successful in the traditional system. The County has also emphasized Integrated Dual Diagnosis Treatment (IDDT) for individuals with co-occurring disorders.

Olmsted County Community Services partner with local community treatment providers to conduct Rule 25 assessments to determine eligibility to access the Consolidated Chemical Dependency Treatment Fund (CCDTF). Olmsted County retains placing authority responsibility and determines level of care needed based upon the Rule 25 assessment. Case management is also available to individuals civilly committed as chemically dependent. Olmsted County has integrated case management services for persons who have co-occurring disorders of mental illness and substance abuse.

Zumbro Valley Health Center operates the Connections and Referral Unit (CRU) and is under contract with Olmsted County to provide detoxification, assessment, and referral for individuals as needed.

Zumbro Valley Health Center also runs the Regional CD Navigator program which provides intensive case management services to individuals with chronic substance use disorders. The service is a harm reduction model focused on support and building internal capacity for independence.

Cronin Home and Minnesota Adult and Teen Challenge both provide sober housing for persons with chronic substance dependence. The facilities are primarily funded with Group Residential Housing resources.

Silver Creek Corner is another Group Residential Housing option for individuals who are homeless and have chronic alcohol dependency. Olmsted County has partnered with Center City Housing to provide a full time case manager to work with those living at Silver Creek Corner.

Olmsted County also refers persons to residential and half-way house placements in programs outside the county. These providers must have contracts with the Department of Human Services to access CCDTF funding for eligible clients.

## **c. Transportation**

A unique transportation service for clients of Olmsted County Social Services, Community Corrections and Family Support and Assistance (FSA) is the availability of volunteer drivers on a somewhat limited basis. Use of the Olmsted County Volunteer Drivers is outlined below:

- Clients with an open case with Social Services, Community Corrections, or FSA.
- Medical Assistance recipients who are ambulatory but are not authorized to utilize a medical cab.
- Clients in need of a medical appointment for Social Security purposes.
- Clients who are enrolled in PMAP and have a request submitted by their plan.

Transportation may be used for a variety of purposes. Most commonly requested are medical appointments, counseling appointments, travel to-from treatment centers, family visitations, and dental appointments. The requests for a volunteer driver need to originate from county staff or health plan staff.

d. **Public Health Services**

**Healthy Children & Families Division**

The Healthy Children and Families (HCF) division at Olmsted County Public Health Services promotes the health of mothers, infants and children in accordance with statewide outcomes and Essential Local Public Health Activities. Services are provided by public health nurses at home visits, classes and/or groups, clinics, schools, and other community settings using best practice principles. Health interventions including assessment, teaching, guidance, referral and case management services to expectant parents and parents with infants and preschool children; and to teens that are at risk for an unplanned pregnancy. Maternal and child health interventions/activities are also conducted as collaborative projects with community partners.

Special HCF Programs:

- Federal Title V (Maternal & Child Health) Block Grant
- Car Seat voucher program
- Blood lead poisoning follow-up education & reduction interventions
- Childhood Injury Prevention
- Teen Pregnancy Prevention
- Newborn & Postpartum
- Children with Special Health Needs
- Family Planning & Pregnancy Testing
- Follow-Along program with questionnaires and social-emotional screening tool
- Start Smart Initiative to promote reading
- Preschool Screening Follow-Up
- Targeted High-Risk Parenting Programs
- Bright Futures Teen Pregnancy & Parenting Services
- Baby Steps Program for first-time at-risk pregnancy & parenting
- Steps-To- Success
- Short-Term Family Home Visiting

Populations served are:

- Communities
- Low income pregnant women
- Families with newborns
- Postpartum women, with a priority on first-time parents and breastfeeding women
- First-time parents with risk factors, over 18 years & their children
- Teens who are pregnant or parenting, & their children

- Low-income parents in need of parenting & child health information, and their preschool children
- Families with children with special health needs - those at increased risk for a chronic, physical, developmental, behavioral, or emotional conditions
- Children in need of immunizations & health screenings
- Families with racial/ethnic disparities, geographic isolation, and socioeconomic risks and other barriers

Public Health staff provides the following services at client's home, clinic settings, school, groups or other community sites:

- Community Awareness & Education through collaborative efforts with the Olmsted County MCH Advisory Committee, the March of Dimes, WIC, the Breastfeeding Coalition, Car Seat Task Force and others, provides displays, classes, education and media campaigns with health messages such as smoking prevention and cessation, injury prevention, preconception health, prenatal health, prematurity, low-birth weight, folic acid, dental health, breastfeeding promotion.
- Information and Referral services
- Preschool Screening Follow-Up visits, by a PHN, to parents of children with identified risk factors, from preschool screening, to promote health for school readiness
- Title V (MCH) Prenatal Care/IPO promotes positive birth outcomes by providing individualized health education/counseling visits which include assessment, identification of risk factors and barriers to compliance, education on healthy pregnancy behaviors, fetal development, information and referral to community resources and addressing barriers, and promoting prenatal care
  - Pregnancy testing, counseling and referral for on-going primary care
  - Preconception/inter-conception counseling at negative pregnancy tests and as part of home visits providing education on risk factors, healthy behaviors and obtaining medical care to address specific risk factors
  - Public Health Nursing Clinics
  - Enhanced Prenatal Care Services
  - Family Planning providing individual and group education on reproductive health, contraceptive methods, Sexually Transmitted Infections (STI) information; and providing over the counter (OTC) foam & condoms
  - Teen Pregnancy Prevention provides presentations & classes and collaborates with the school system on parent seminars
  - Postpartum Visits provide individualized health education/counseling visits providing assessment, identification of risk factors, education on aspects of recovery (physical, psychosocial, nutritional), Edinburgh depression screening tool, information and referral to community resources, facilitating medical follow-up, family planning teaching
- Newborn Visits provide assessment and surveillance of newborn status; and parent education on newborn care, feeding, safety, well-child care, illness care, and referral to community resources
- Injury Prevention:
  - Home Safety Checklist and education

- Car Seat Education & Distribution with demonstration, video, and vouchers
- Blood lead poisoning follow-up to reduce levels and provide education
- Targeted Parenting/Family Health provides individualized visits including assessment, identification of risk factors, and interventions to assist families to improve health status, achieve economic self-sufficiency, improve positive parenting, reduce child maltreatment, achieve goals such as child spacing, education and employment, and establish links to community resources. Issues may involve parent-child attachment, obesity, chemical use, family violence, and new arrival refugees. Visits are also made for child health assessment, growth & development surveillance, education to parents, addressing specific health needs, child protection, facilitating well-child checks and immunizations, and referral to community resources.

Following are descriptions of specific targeted parenting programs:

- Baby Steps - is an early intervention collaborative project that provides integrated, family-centered, multidisciplinary services to first time mothers with identified risk factors. Interventions include individual home visits by a PHN and social worker, and group sessions that begin during the women's pregnancy and continue until the child is 2 years old. The purpose is to help mothers and fathers develop positive interactions and attachment to their child as well as self-sufficiency skills for themselves.
- Steps To Success - provides parenting and child health information through PHN home visits, to parents with identified risk factors who are parenting two or more children; with the youngest child age 6 months or under at time of admission, or one child under 6 months at time of admission and missed enrollment in Baby Steps. The purpose is to improve health, developmental, and social outcomes for children and maximize the ability of parents to protect their children from injury.
- Bright Futures Teen Pregnancy and Parenting Support Services - is a collaborative, early intervention program that provides health teaching, counseling and case management services to teens that are pregnant or parenting. Interventions include home visits from a PHN and social worker, as well as group sessions that continue until the child is 2 years old. A PHN also provides on-site school nursing services and prenatal classes to the CEC and Alternative Schools.
- Short Term Family Home Visiting - provides parenting and child health information through short-term PHN home visits to parents with identified risk factors, who have children birth through preschool age. Home visits focus on family health, safety, and child development. Referrals are made to appropriate community resources.
- Children with Special Health Needs - provides screening activities designed to identify children who may be experiencing delays, failure to thrive, chronic disease, family support activities, educational activities, identification of service needs, arranging for services, on-going service coordination/case management, and participation in the development or implementation of care plans, IFSPs, IIIPs, and IEP.
- Teen Pregnancy Prevention - provides presentations & classes and collaborates with the school system

Other program components that are provided in home visits

- Smoking Cessation - providing individualized counseling for clients, targeting pregnant and postpartum women; and teens in the school setting.
- Breastfeeding promotion - provides education, encouragement, and assistance
- Emergency preparedness - teaching to help families plan ahead
- Education on health risks - from exposure to environmental substances
- Medical home and health insurance
- Nutrition - providing education on recommended foods and serving sizes
- Physical activity with children - child centered play
- Reading to children
- Immunizations

### **Healthy Communities Division**

The Healthy Communities Division provides population-based health promotion and prevention programs that focus on preventing chronic disease (obesity, heart disease, cancers, diabetes, etc.) by promoting healthy living through prevention programs and community groups. We promote a coordinated and cooperative approach among youth and adult-serving professionals and organizations in our community and strive to provide health resources that support healthy behaviors. Primary activities include:

- Health Education: Provides information about helping individuals maintain and enhance their health by making good health choices about nutrition, alcohol, tobacco and other drug use, and exercise.
- Health Promotion: Providing health messages to large, diverse audiences through a variety of avenues including public service announcements, articles and newsletters, health fair participation, displays and posters, along with dissemination brochures and pamphlets.
- School-Based Health Services: School public health nursing services are provided in all Olmsted County schools. Our nurses assist in health assessments, counseling, and referral services for school children in all schools, and provide age-specific health topic teachings to all grade levels.
- Peer Education Programs: Students are trained to teach their peers and younger students about issues of importance to teens and their health.

### **Disease Prevention and Control Division**

The Disease Prevention and Control Division focuses on preventing and reducing the spread of communicable diseases and assuring or providing health screening/care services to special populations. Programs include:

- Refugee Health Services - Complete medical and public health assessments of new refugees according the MDH guidelines. Also provide Civil Surgeon assessment of immunization records for “Green Card” applicants.
- Interpreter Services – Employs or contracts for trained medical interpreters to support public health services to clients needing assistance in communicating with staff for public health activities. Tuberculosis Control – Identifies, treats and case manages persons with active TB. Medical services are provided in collaboration with Mayo Clinic divisions of pulmonary medicine

and infectious disease. Activities include TB screening, case investigation, directly observed therapy, and contact investigation.

- Immunization Services – Provides childhood and adult according to ACIP and MDH recommendations. Also assures that all immunizations are electronically transmitted to the Minnesota Immunization Information Connection (MIIC) registry.
- Child and Teen Check-up Clinic – Provides screening, assessment, referral and follow-up to children and teens aged two months to 20 years by a nurse or nurse practitioner.
- STI/HIV Services – Screens, counsels, and refers for STIs and HIV and treats most STI
- Prenatal Hepatitis B – Provides case management, education, and counseling for pregnant women identified as Hepatitis B carriers. Follows the newborn infant to insure proper treatment, immunization, testing and referral.
- Epidemiology Services – Maintains disease surveillance and reporting network of clinics, hospitals, laboratories, nursing homes, schools and child care. Investigates individual cases and/or outbreaks of communicable diseases. Applies epidemiological methods to other public health problems. Works closely with Environmental Health division to investigate outbreaks in food-service establishments.

### **Preventive Health Services Division:**

The Preventive Health Services (PHS) Division of Olmsted County Public Health provides services to county residents who are, disabled of all ages, and elderly over 65 who are on Medical Assistance and have medical, mental health, and behavioral health needs to enable them to remain living as independent as appropriate. Services provided include MnCHOICES assessment to determine eligibility for Long Term Services and Supports, including waiver funded services and Personal Care Attendant (PCA) assessments, non-waiver Community Well and Nursing Home client programs through MSHO, case management (CM) for all waiver programs, and referrals to other community resources for added quality of services and client choice options as determined appropriate through the assessment process. PHN determination of appropriate level of care services functions to ensure clients receive optimal and cost effective care delivery to meet their needs. Case management is provided for both waiver and community well programs and seeks to coordinate and remove barriers to ensure clients have access to appropriate medical care, to provide client education to address prevention and early intervention to improve client health status and medical stability of chronic and acute health problems as evidenced by the reduction in use of emergency medical services. The division staff, in conjunction with Social Services HACC case management staff, communicates regularly with private home care and skilled facility providers to update them on program changes and work together with them to improve quality of care for clients.

Preventive Health Services include:

- Long Term Service and Support assessment for:
  - AC
  - EW
  - PCA for children, adults and CSG
- Case Management/Care Coordination for all Waiver programs and SNBC:
- Medical care coordination

- Medicare D benefits and medication access
- Medical appointments and medical specialty referrals
- Home care to meet ADL/IADL/Mental health/behavioral health care needs
- Removal of barriers including
  - Transportation
  - Dental care access
  - Social isolation
  - Language/communication
  - Referral for Community Resources
- Work with private providers to increase available services
- Increase the quality of the services available
- Increase number of providers with qualified mental health professionals to meet specific client needs
- Work with the community to address minority cultural issues
- Minority community education of available services
- Interpreter services for home care visits as well as medical appointments

#### WIC Program

- Women, Infants and Children (WIC) are a federal nutrition education program that provides supplemental foods, which promote good health for pregnant, breast-feeding and postpartum women, infants and child up to age 5.

- e. **Home Health Agency Services-** Olmsted County is not an enrolled home health care agency but assessors and case managers partner with licensed home health care agencies. Case managers stay well informed of provider network and service capacity. Supervisors participate in Rochester Home Health Care Consortium meetings in an advisory capacity to the group which is focused on encouraging appropriate use of home care, hospice, DME and Infusion Therapy to reduce hospitalization and support individuals' living in community settings. Additionally, supervisor and staff participate in local provider monthly meetings to stay in touch with changes and trends among local providers including home health care agencies.

#### **6. Identification of Community Health Care Planning Efforts and Other Local Projects**

Olmsted County Community Health Needs Assessment Advisory Group and Sub-Groups

Rochester/Olmsted Fall Prevention Coalition

Rochester Home Health Care Consortium

Senior Provider Meeting

#### **7. Identification of Local Public Health Goals**

Olmsted County Public Health Services (OCPHS) is committed to linking medical and community based care to improve health outcome for local residents. OCPHS works cooperatively and

collaboratively with public and private health, human service, education and business partners to address local health and social needs. Continuous improvement in health status is linked to numerous formal and informal community committees and task forces. OCPHS promotes the health of the community in accordance with state wide outcomes and Essential Local Public Health Activities.

The top Community Health Priorities identified during the 2013 Community Needs Assessment include:

#### Mental Health

- 10% of youth feel sad all or most days.
- Adults average 3 days of mental health issues monthly

#### Obesity

- 64% of adults are overweight ( BMI> 25.0)
- With 28% being obese ( BMI >30.0)

#### Financial Stress/Homelessness

- 26% of adults have had a time in the last year when they have been worried or stressed about having enough money to pay monthly bills

#### Diabetes

- 8% of population currently living with diabetes
- 20% of adults 65 years and older have diabetes

#### Vaccine Preventable Diseases

- 76% of children are up to date with the recommended immunization series
- 60% of residents receive annual flu shot

**The OCPHS Management Team has set the following strategic priorities to assist the department in program development, systems improvement, and community collaboration:**

- Establish baseline capacity to sustain core policy, system, and environmental changes to improve population health.
- Strengthen capacity to promote healthy infant and child development.
- Strengthen capacity for infectious disease surveillance and follow-up.
- Increase capacity to assess environmental public health hazards and evaluate services intended to mitigate the hazards.
- Improve healthcare access, increase service coordination, and reduce expenses for Olmsted County residents, specifically focusing upon minority and underserved sectors in the areas of prevention, primary care, mental health and dental health.



- Strengthen capacity to respond to public health emergencies.
- Improve the use of financial information to help inform cost/benefit of public health services.
- Sustain and enhance community partnerships, coalitions and collaborative that align with the Department's strategic priorities.
- Enhance internal continuous improvement infrastructure. (LEAP, QI Plan)
- Leverage technology and public health informatics to improve organizational performance and population health.
- With community partners, develop a system to identify and address the leading public health issues in the community.
- Enhance staff public health core competencies (self-assessment priority)

**8. Other relevant information related to health care services for people with disabilities in your county.**

**9. Recommended providers of services for people with disabilities in your county.**

**a. Please list the provider type (DME, Transportation, Mental Health, Chemical Dependency, etc.) and provider name.**

Given the short time line for this request, no list is being provided at this time. Olmsted agrees to work with the health plans who are awarded SNBC contracts in Olmsted County to identify local providers for their SNBC networks.

**b. The list should include providers in bordering counties and bordering states, if applicable.**

Given the short time line for this request, no list is being provided at this time. Olmsted agrees to work with the health plans who are awarded SNBC contracts in Olmsted County to identify local providers for their SNBC networks.

## Otter Tail County

### COUNTY SERVICE DEVELOPMENT AND ACCESS ISSUES FOR SNBC RFP

**1. County administration:**

<b>Agency name:</b>	Human Services Department	Public Health Department
<b>Director's Name</b>	Deborah Sjostrom	Diane Thorson
<b>Address:</b>	530 Fir Ave. W. Fergus Falls, MN 56537	560 Fir Ave. W. Fergus Falls, MN 56537
<b>Telephone #:</b>	218-998-8185	218-998-8333
<b>Fax #:</b>	218-998-8213	

**2. County agency contacts:**

Area of Responsibility	Name	Title	Telephone #
<b>Social services - Disability Services Area</b>	Melanie Courier	Social Services Supervisor	218-998-8259
<b>Public Health</b>	Diane Thorson	Director	218-998-8333
<b>Mental Health - Adult</b>	Margaret Williams	Social Services Supervisor	218-998-8170
<b>Chemical dependency</b>	Margaret Williams	"	"
<b>Transportation</b>	Margaret Williams	"	"
<b>MA Eligibility</b>	Stacy Shebeck	Financial Assistance Supervisor	218-998-8239

**3. County Service Delivery and Access Issues**

Please describe any specific service delivery and access issues pertaining to the population eligible for SNBC (People with disabilities, MA eligible, Age 18+) in your county. To the best of your knowledge, identify limited or unavailable services for the eligible population. Be sure to describe the network of providers, including physical accessibility of the provider for the eligible population, for each category of service.

- a. **Specialty Networks and providers especially for unusual or low incidence conditions for people with disabilities**
- b. **Durable medical equipment (DME) network and home delivery systems**
- c. **Chemical Dependency**
- d. **Mental Health**
- e. **Transportation**

- f. Describe any additional specific service delivery and access issues pertaining to the population eligible for SNBC

See below

- 4. Please describe the services provided by the county for the eligible population in the following categories.
  - a. Mental Health Services – Adult
  - b. Chemical Dependency Services
  - c. Transportation
  - d. Public Health Services
  - e. Home Health Agency Services

See below

**5. Identification of Community Health Care Planning Efforts and Other Local Projects**

- a. Target areas are nutrition, physical activity, and tobacco control issues. This year adding Increasing HPV vaccination rates.
- b. Increasing rates of well child and annual wellness exams

**6. Identification of Local Public Health Goals**

Plans and goals listed for item 6 above

**7. Other relevant information related to health care services for people with disabilities in your county.**

**8. Recommended providers of services for people with disabilities in your county.**

- a. Please list the provider type (DME, Transportation, Mental Health, Chemical Dependency, etc.) and provider name.
- b. The list should include providers in bordering counties and bordering states, if applicable.

See attached document from PMAP Re-Procurement – Excel Document

**Otter Tail County Health Care Procurement (updated from PMAP Re-Procurement submitted 2014)**

**Demographics Table 2: Minnesota Population Estimates by Race Alone and Hispanicity By State and County, 2012**

State/County/CHB	One Race					Two or More Races	Ethnicity
	Total	White	Black/ African American	Amer. Indian/ Alaskan Native	Asian/ Pacific Islander		Hispanic/ Latino (any race)
Otter Tail	57,288	55,351	590	353	338	656	1,637

<b>Health Care Service</b>	<b>Challenges with the service</b>
Clinics located in Ashby, Battle Lake, Fergus Falls, Henning, Ottertail (2), New York Mills, Parkers Prairie, Pelican Rapids (2), Perham	Child and Teen Checkup rates <80% Age-appropriate immunizations <90% Lack of billing code for Intensive Behavioral Therapy for obesity, tobacco, and lactation services. Would like to see service available for persons on Medical Assistance and Minnesota Care with BMI > 25 and one or more co-morbidities. Should be no co-pays for preventive services.
Urgent Care Clinics in Fergus Falls & Perham or out of county at Alexandria, Detroit Lakes, or Wadena	Newer service entities-clients may still be using the emergency room rather than urgent care
Hospitals Perham: Perham Health-Critical Access Fergus Falls: Lake Region Healthcare-Regional	Population also seek care at hospitals in Alexandria, Breckenridge, Detroit Lakes, Fargo, and Wadena Tertiary level care accessed at Fargo, Minneapolis/St. Paul, St. Cloud, and Rochester
Cancer Center	Serves a 60 plus radius
Dental providers located in Battle Lake, Fergus Falls, Henning, New York Mills, Parkers Prairie, Pelican Rapids, Perham. Apple Tree Dental in Fergus Falls & Caring Hands in Alexandria are safety net providers.	Long waiting list to access care Limitation of numbers of clients served by private providers
Chiropractic providers located in Battle Lake, Fergus Falls, Henning, New York Mills, Parkers Prairie, Pelican Rapids, Perham.	Providers choosing to not be a part of the network due to reimbursement rates or not being included in the network by the health plan
Vision providers located in Fergus Falls, Henning, Pelican Rapids, Perham	Need to be in the provider network
Public Health Services: Public Health Nurse Clinic Services; Tuberculosis Case Management; Immunizations ; Child & Teen Checkup Outreach ;Lactation Consultant; Car Seat Education; WIC ; Care Coordination for SNBC, MSHO, MSC+, CAC; PHN visits for family home visiting	Language barriers for non-English speaking persons. Interpreter service access limited to telephonic services Safety net provider for immunizations.  Would be interested in exploring an alternate method of reimbursement for intensive family home visiting services. Time spent with these cases exceed reimbursement rates for services.
Community Paramedic	New service beginning in 2015. Travel time not built into the reimbursement rate.
Pharmacy services available in Battle Lake, Fergus Falls, Henning, Ottertail, New York Mills, Parkers Prairie, Pelican Rapids, Perham	Need to keep pharmacy services available in small communities with clinics. Medication denials due to lack of pharmacy understanding billing procedure with Medicare Part D and Health Plan
Home and Community Based Services Continuum of services	Would like to see a basic package of services that includes minimal homemaker and emergency response system without needing to be on a waiver.

Transportation	Access limited to volunteers in most areas of the county. Public transit available in Fergus Falls and Perham
Detox – currently not available in the county	Currently the detox facility is closed in Otter Tail County
Behavioral Health Lakeland Mental Health Center – Clinical and community based services Lake Region HealthCare –Outpatient Psychiatry and Bridgeway Unit inpatient Psychiatric unit Community Behavioral Health Hospital	Transportation for some individuals to access the service. Some seek treatment outside of the county.
Chemical Dependency Lakeland Mental Health Center – outpatient CD Treatment Community Addiction Recovery Enterprise – inpatient care for civil commitment only and outpatient CD Treatment. Rewind – residential treatment for men and women located in Perham MN Stepping Stones – residential Treatment for women Lake Region Halfway House – residential for men	<ol style="list-style-type: none"> <li>1) An assessment may determine a severe use level for marijuana but one health plan does not pay for inpatient treatment for marijuana. I was told by one health plan that marijuana will soon be legal. Example client LB had 3 outpatient attempts and failed each one. The assessment indicated the need for inpatient treatment. Health plan denied inpatient treatment.</li> <li>2) As a county we are expected to provide or authorize the service that the Rule 25 assessment deems appropriate. Health plans have denied treatment if the client has had several other attempts at treatment regardless of the dimension scores on the Rule 25 assessment.</li> </ol>

**General County Service Delivery and Access: Otter Tail County**

Otter Tail County residents have access to health care services in 7 of the 8 communities that have a school district and/or employment centers of the counties. The smaller communities often have a single provider for dental, vision, pharmacy, and chiropractic services. It is critical that provider agreements are made available to these providers to avoid loss of the service in a community and subsequent transportation barriers that could arise. The ethnic makeup of the communities of Fergus Falls and Perham is changing as refugees resettle in these areas. The ethnic makeup of Pelican Rapids has changed over the years and has minority (communities of color) populations. Some are first generation immigrants while others are second and third generation in the community.

Enrollees primarily access services within the community with a primary care clinic closest to where they live. Primary care and hospital services may be accessed within Otter Tail County and the neighboring counties of Becker, Clay, Douglas, Grant, Wadena, or Wilkin. Tertiary care and specialty services are accessed in Fargo, N.D., St. Cloud, Minneapolis/St. Paul, or Rochester. Primary Care Medical Services primary networks are Essentia, Lake Region Healthcare, Sanford, and Tri-County Health Care. Dental, chiropractic, behavioral health, and vision care is provided by independent practitioners.

An Apple Tree Dental Clinic as a safety net provider. Fergus Falls is a regional center for access to state operated services for dental care, chemical addiction, and behavioral health hospitalization. Behavioral health services are available within schools through Lakeland Mental Health Center and Lutheran Social Services.

Issues that exist around health care services include:

- Language barriers which require the use of telephonic interpreter service for as many as twelve languages.
- Transportation barriers for persons that may not require medical transport but do require assistance getting from the house to the source of transportation. Also, providers are unable to be reimbursed for unloaded miles. This can be an issue when clients need assistance getting to specialty care several miles away, then hospitalized, and the driver cannot be reimbursed for their mileage to return home.
- Long wait times for appointments for accessing services for behavioral health, dental care, and preventive exams. Appointments may be as long as 3 months.
- Reimbursement rates for providers who are no longer a part of a network, especially when the provider is a sole provider in a community. Adding costs for transporting clients a greater distance and the challenges of locating volunteer drivers adds to the problem.
- The need to maintain access to pharmacy services within communities with a clinic is critical. These providers support the community in ways “mail order” pharmacies do not. They are there for immediate filling of new prescriptions as well.
- Chemical Dependency Assessments are required for to authorize services that Rule 25 deems appropriate. Staff have experienced health plan denial of the treatment plan if the client has had several other attempts at treatment regardless of the dimension scores on the Rule 25 assessment. There is a major time factor involved between some health plans requiring a new assessment every 6 months when CCDTF allows updates to the assessment every 6 months. Treatment has been denied for inpatient treatment for marijuana addiction,
- In response to the ACA, communities have or are developing urgent care services, community paramedic services. Helping enrollees understand and accessing them will be needed.
- Public Health is working with providers to increase access to intensive behavioral therapy to address issues related to obesity, tobacco use, and promoting

breastfeeding. Billing codes and reimbursement rates for these services should mirror Medicare coverage.

- Age-appropriate immunizations are an ongoing issue as new vaccines are made available. Transportation access: same day service for medical appointments

#### Areas of concern

- Provider network within the geographic area – currently one health plan for PMAP for Otter Tail County does not have Sanford in the provider network – Sanford is a large provider of services to residents of Otter Tail County and this provider needs to be in network.
- Specialty care network for low incidence conditions
- Support for telemedicine support for those in rural areas as well as those who have limited ability to get to a clinic or provider.



Otter Tail County  
2014 (updated) DHS

## Pennington County

### COUNTY SERVICE DEVELOPMENT AND ACCESS ISSUES FOR SNBC RFP

**1. County administration:**

<b>Agency name:</b>	Pennington County Human Services	
<b>Director's Name</b>	Ken Yutrzenka	
<b>Address:</b>	318 Knight Ave. North, Thief River Falls, MN 56701	
<b>Telephone #:</b>	(218) 681-2880	
<b>Fax #:</b>	(218) 683-7013	

**2. County agency contacts:**

Area of Responsibility	Name	Title	Telephone #
<b>Social services - Disability Services Area</b>	Julie Sjostrand	Social Services Supervisor	(218) 681-2880 Ext. 227
<b>Public Health</b>	Anita Cardinal	Director	(218) 681-0876 Ext. 311
<b>Mental Health - Adult</b>	Julie Sjostrand	Social Services Supervisor	(218) 681-2880 (Ext. 227
<b>Chemical dependency</b>	Julie Sjostrand	Social Services Supervisor	(218)681-2880 Ext. 227
<b>Transportation</b>	Ken Yutrzenka	Director	(218) 681-2880 Ext. 224
<b>MA Eligibility</b>	Kathleen Herring	Financial Assistance Supervisor	9218) 681-2880 Ext. 235

**3. County Service Delivery and Access Issues**

Please describe any specific service delivery and access issues pertaining to the population eligible for SNBC (People with disabilities, MA eligible, Age 18+) in your county. To the best of your knowledge, identify limited or unavailable services for the eligible population. Be sure to describe the network of providers, including physical accessibility of the provider for the eligible population, for each category of service.

- a. Specialty Networks and providers especially for unusual or low incidence conditions for people with disabilities:** *Not aware of any specialty networks or service providers for unusual or low incidence conditions operating locally. I would invite health plans to contact us upon their initiative to discuss services which might be considered in the arena of specialty networks.*



- b. **Durable medical equipment (DME) network and home delivery systems:** *These services are available, both within the immediate and regional trade area.*
  - c. **Chemical Dependency:** *Chemical Dependency programming is limited in the immediate area. Outpatient programming is available (limited providers) however individuals must travel regionally or further for detox, residential and half-way house programming.*
  - d. **Mental Health:** *Outpatient, Acute Care, Psychiatric, Residential and community support services are available within the immediate area as well as regionally. The Region 1, AMHI (Adult Mental Health Initiative) counties and providers have been working through the years to develop and maintain an array of mental health services. The AMHI is focusing heavily on development of a comprehensive 24/7 mobile crisis response service system responding to the crisis needs in our region.*
  - e. **Transportation:** *Pennington County is a member of the Rural Transportation Collaborative and relies heavily on the Tri-Valley Heartland Express or T.H.E. Bus. This is operated through Tri-Valley Opportunity Council, headquartered out of Crookston, MN. There is also limited local taxi service as well as volunteer drivers. Other than tax service, THE Bus does operate primarily on scheduled routes and times.*
  - f. **Describe any additional specific service delivery and access issues pertaining to the population eligible for SNBC:** *Pennington County is experiencing a housing shortage, affecting several populations. Work is being undertaken to assist in easing this situation, but additional supportive and affordable housing is needed for the SNBC and other populations.*
4. **Please describe the services provided by the county for the eligible population in the following categories.**
- a. **Mental Health Services – Adult:** *Pennington County Human Services provides mental health case management, information and referral as well as serving as a purchaser of a variety of mental health therapeutic, diagnostic and acute care services.*
  - b. **Chemical Dependency Services:** *Pennington County Human Services provides Rule 25 Chemical Health assessments, Pre-petition Screenings, process applications for CD program funding (Rule 24), assist is arranging programming, information and referral and case management.*
  - c. **Transportation:** *Assist in arranging transportation. We also manage a very limited volunteer driver program.*
  - d. **Public Health Services:** *Public Health services are provided by Inter-County Nursing Services which serves both Red Lake and Pennington Counties.*
  - e. **Home Health Agency Services:** *Home-health care services are purchased through local/regional providers.*

- 5. Identification of Community Health Care Planning Efforts and Other Local Projects:** *This responder is unaware of efforts or projects in place at present.*
- 6. Identification of Local Public Health Goals:** *This responder is unaware of Public Health goals at current time.*
- 7. Other relevant information related to health care services for people with disabilities in your county.** *We do have health care services for people with disabilities in Pennington County, however, most services are limited in the number of providers.*
- 8. Recommended providers of services for people with disabilities in your county.**
- a. Please list the provider type (DME, Transportation, Mental Health, Chemical Dependency, etc.) and provider name.**
- Sanford Health (Primary Clinic, Hospital, Behavioral Health Center)
  - Altru Clinic
  - Sanford Health Accessories (DME)
  - S and S Rehab Products (DME)
  - Occupational Development Center (Supported Employment)
  - Falls DAC (Supported Employment)
  - All local and regional dentists (Separate listing will be provided)
  - All local and regional chiropractic providers.
  - Tri-Valley Heartland Express (Public Transportation)
  - REM-SILS
  - Inter-County Nursing Service (Public Health)
  - All local/regional opticians
- b. The list should include providers in bordering counties and bordering states, if applicable.**

## Pine County

### COUNTY SERVICE DEVELOPMENT AND ACCESS ISSUES FOR SNBC RFP

**1. County administration:**

<b>Agency name:</b>	Pine County Health and Human Services	
<b>Director's Name</b>	Rebecca Foss	
<b>Address:</b>	315 Main Street South, Pine City, MN 55063	
<b>Telephone #:</b>	(320) 591-1570	
<b>Fax #:</b>	(320) 591-1621	

**2. County agency contacts:**

<b>Area of Responsibility</b>	<b>Name</b>	<b>Title</b>	<b>Telephone #</b>
<b>Social services - Disability Services Area</b>	Barbara Schmidt	Social Services Supervisor	(320) 216-4106
<b>Public Health</b>	Lori Fore	Public Health Supervisor	(320) 591-1598
<b>Mental Health - Adult</b>	Barbara Schmidt	See above	See above
<b>Chemical dependency</b>	Contract out for services, contract monitored by Barbara Schmidt	See above	See above
<b>Transportation</b>	Peggy Brackenbury	Fiscal Assistance Sup. II	(320) 216-4107
<b>MA Eligibility</b>	Peggy Brackenbury	See above	See above

**3. County Service Delivery and Access Issues**

Please describe any specific service delivery and access issues pertaining to the population eligible for SNBC (People with disabilities, MA eligible, Age 18+) in your county. To the best of your knowledge, identify limited or unavailable services for the eligible population. Be sure to describe the network of providers, including physical accessibility of the provider for the eligible population, for each category of service.

- a. Specialty Networks and providers especially for unusual or low incidence conditions for people with disabilities-** transportation is a significant concern across the board for low income residents in Pine County.

- b. **Durable medical equipment (DME) network and home delivery systems-**
  - c. **Chemical Dependency-**Pine County HHS contracts for assessment services with Teen Focus. There are a lack of inpatient providers with immediate openings for individuals who are struggling with CD issues; in particular, Pine County is seeing a huge concern with pregnant mothers who are exposing their unborn babies to substances.
  - d. **Mental Health-** Lack of transportation for some of our clientele is a barrier. The regional AMHI continues to work on short term residential crisis stays for those individuals who are in need of that service. In general, there is a lack of housing options for individuals who have mental health issues and there is also a lack of appropriate housing for those with significant mental health issues who cannot live on their own.
  - e. **Transportation-** Arrowhead Transit provides public transportation in Pine County; their routes are limited.
  - f. **Describe any additional specific service delivery and access issues pertaining to the population eligible for SNBC:** Transportation is a significant issue in rural MN, but in Pine County, this issue comes up frequently as a service gap.
4. **Please describe the services provided by the county for the eligible population in the following categories.**
- a. **Mental Health Services – Adult:** We provide mental health case management services; we ensure that individuals have access to mental health providers; we also contract through Lighthouse Child and Family Services to provide CSP services; Also, we have several ARMHS providers in the area who provide services to individuals who qualify
  - b. **Chemical Dependency Services-** There are a few providers in the area, included Teen Focus, who does the majority of our chemical use assessments in Pine County.
  - c. **Transportation-Arrowhead** Transportation in our public transportation service provider that serves most of Pine County. However, there is limited availability for the service.
  - d. **Public Health Services-** Pine County Health and Human Services provides intensive family home visiting, EW/AC assessments and case management services; foot care clinics; WIC; breastfeeding support; TANF, Maternal Child Health; CTC outreach, Community Well visits, etc.
  - e. **Home Health Agency Services-** when clientele are in need of this service, we provide them with a list of area agencies that provide these services to Pine County residents.
5. **Identification of Community Health Care Planning Efforts and Other Local Projects-** Every year, Pine County holds a strategic planning session between Department Heads, the County Administrator and County Board members. Goals noted from HHS include the expansion of mental health providers in the central and northern part of the county. Another goal revolved around being better prepared to serve our aging community.
6. **Identification of Local Public Health Goals-**Please review our public health information located on the Kanabec-Pine Community Health web site.
7. **Other relevant information related to health care services for people with disabilities in your county.**---Transportation and access to non-traditional hours are important. Also, psychiatric

services, similar to the state, could be improved (lack of providers).

- 8. Recommended providers of services for people with disabilities in your county.**
  - a. Please list the provider type (DME, Transportation, Mental Health, Chemical Dependency, etc.) and provider name.**
  - b. The list should include providers in bordering counties and bordering states, if applicable.**

Provider: PHASE- provides employment opportunities for those with disabilities (2 sites within Pine County)

Provider: TSA- mental health services (Pine City and metro area)

Lighthouse Child and Family Services- mental health services; CSP

Human Development Center- based out of Duluth and Cloquet, but serves Pine County residents.

Arrowhead Transit- transportation

Teen Focus- Chemical Dependency (Rush City, MN, but serves Pine County residents)

First Light Health System – serves patients and some practitioners prescribe for our clients; based in Pine City and Hinckley.

Essentia Health Systems in Sandstone, MN- some practitioners prescribe medication to some individuals with mental health concerns.

Greater MN Family Services- provides mental health services and is an in-home provider to families who qualify.

Pine County HHS- Provides SNBC case management; provides mental health case management and waived services case management

Canvas- mobile crisis line; mental health services based in Chisago County, but they serve Pine County residents as well;

## Polk County

### COUNTY SERVICE DEVELOPMENT AND ACCESS ISSUES FOR SNBC RFP

**1. County administration:**

<b>Agency name:</b>	Polk County Social Services	
<b>Director's Name</b>	Kent Johnson	
<b>Address:</b>	612 N. Broadway, Room 302, Crookston, MN 56716	
<b>Telephone #:</b>	218-470-8405	
<b>Fax #:</b>	218-281-3926	

**2. County agency contacts:**

<b>Area of Responsibility</b>	<b>Name</b>	<b>Title</b>	<b>Telephone #</b>
<b>Social services - Disability Services Area</b>	Victoria Ramirez	Social Services Supervisor	218-470-8418
<b>Public Health</b>	Sarah Reese	Public Health Director	218-521-7796
<b>Mental Health - Adult</b>	Karen Watt	Social Services Supervisor	218-470-8482
<b>Chemical dependency</b>	Karen Watt	Social Services Supervisor	218-470-8482
<b>Transportation</b>	LeAnn Holte	Financial Assistance Supervisor II	218-470-8459
<b>MA Eligibility</b>	LeAnn Holte	Financial Assistance Supervisor II	218-470-8459

**3. County Service Delivery and Access Issues**

Please describe any specific service delivery and access issues pertaining to the population eligible for SNBC (People with disabilities, MA eligible, Age 18+) in your county. To the best of your knowledge, identify limited or unavailable services for the eligible population. Be sure to describe the network of providers, including physical accessibility of the provider for the eligible population, for each category of service.

Acute care and related health care services for Polk County revolves around 3 areas of provider concentration serving the east, central and western parts of the county.

The eastern portion of the county is served by Essentia Health of Fosston, an acute care hospital, nursing home, assisted living, and home care programs with an associated medical clinic at Fosston and one at Oklee. Referrals from the Fosston area are primarily to the Altru Health System in Grand Forks, ND, 80 miles to the northwest and the Sanford Hospital in Bemidji, 35 miles to the southeast. Some patients directly seek primary care in Bemidji. One physician group in Fosston is an affiliate of the Essentia Clinic of Fargo, ND; some specialty care referrals access the clinic in Fargo. Primary care physicians staff the Essentia Clinic, in Fosston.

Central Polk County is served through the Riverview Healthcare Association in Crookston, the county seat. Riverview Healthcare Association includes a hospital, outpatient CD, nursing home, clinic, assisted living, home care program, and associated medical clinic. The central Polk area is also served by Altru-Crookston Clinic with primary care physicians, MD specialists, podiatrists and mid-level practitioners. In addition to the clinic in Crookston, these physicians and practitioners also maintain clinics at Fertile, Red Lake Falls East Grand Forks, and Erskine to serve those communities.

With the Altru-Crookston Clinic being a satellite of the Altru Health System in Grand Forks, most referrals are to the Altru Hospital.

East Grand Forks and the western portion of the county receives both primary and specialized care services from the major health care provider in the region, the Altru Hospital/Clinic across the river in Grand Forks, ND. In addition, Sanford operates a clinic in the East Grand Forks community. This clinic has primary care physicians, specialists and mid-level practitioners. As a result, some specialty care referrals may go to Fargo. Additionally, Riverview has an orthopedic clinic in East Grand Forks.

Fertile, in south central Polk County, has a nursing home, and an Altru-Crookston satellite clinic and a Riverview satellite clinic. Erskine, located in the lakes' area of central Polk County also, has an Altru satellite clinic and Essentia satellite clinic. In addition to these service locations, some Polk residents seek primary care services in Warren, Thief River Falls, Red Lake Falls and Ada, and nearby cities with trade areas including parts of Polk County.

Other health care providers such as dentists, chiropractors, optometrists and pharmacists, generally, practice alone or in small group practices throughout the county. Major concentrations of these professionals, however, are in Fosston, Crookston, East Grand Forks, and Grand Forks. Six ambulance services are licensed to serve residents, and three are located within county borders.

The major provider of outpatient mental health services in the region is Northwestern Mental Health Center located in Crookston, with satellite clinics and services throughout northwestern Minnesota. Altru in Grand Forks provides inpatient treatment. Sanford - Thief River Falls provides inpatient treatment and a full range of mental health services.

Providers of chemical dependency services within Polk County are RiverView Health in Crookston and East Grand Forks provide chemical assessment and outpatient treatment; Northwestern Mental Health Center that provides chemical assessment in Crookston and Douglas Place in East Grand forks that provides chemical health assessment, inpatient treatment and outpatient treatment.

Polk County's major provider of transportation services is Tri-Valley Opportunity Council serving clients with bus access and a very successful coordinated volunteer driver program.

Durable medical equipment is available through providers located in surrounding Minnesota counties and North Dakota.

**4. Please describe the services provided by the county for the eligible population in the following categories.**

- a. Mental Health Services – Adult**
- b. Chemical Dependency Services**
- c. Transportation**
- d. Public Health Services**
- e. Home Health Agency Services**

Polk County Social Services provides Targeted Case Management services, chemical health assessments and access to CCDTF funding for chemical dependency treatment to Polk County residents. Polk County Public Health and Polk County Social Services provide MnCHOICES assessments. Polk County provides an array of services to Polk County residents.

**5. Identification of Community Health Care Planning Efforts and Other Local Projects**

Polk County is partnering with area medical professionals to address the sharing of e-health data. Polk County is also partnering with local mental health providers and other regional counties to coordinate mental care. There is a regional county alliance in place to coordinate services to e waived service clients. These are just examples of the cooperative efforts in place in NW Minnesota.

**6. Identification of Local Public Health Goals**

Public Health Goals from Community Health Improvement Plan

The priority areas that Polk will be addressing include:

- DECREASE PERSISTENT POVERTY
- COORDINATION OF BEHAVIORAL AND PHYSICAL HEALTH SERVICES



- POSITIVE SOCIAL CONNECTIONS FOR YOUTH

**List of Local Public Health Goals:**

**a. Infectious Disease**

- ✓ Reduce the incidence of vaccine preventable disease.
- ✓ Reduce the incidence of sexually transmitted disease.
- ✓ Improve our local capacity to address communicable disease problem.
- ✓ Improve Agency capacity to address disasters (whether natural or man-made).

**b. Chronic Noninfectious Disease**

- ✓ Reduce the behavioral risks that are primary contributors to morbidity and mortality.
- ✓ Reduce the most severe complication of diabetes.

**c. Environmental Conditions**

- ✓ Reduce exposure to environmental tobacco smoke in worksites and public buildings.
- ✓ Reduce occupational diseases related to farming.

**d. Alcohol, Tobacco, and Drugs**

- ✓ Reduce usage of alcohol and tobacco by youth and young adults.

**e. Unintended Injuries**

- ✓ Reduce the incidence of death and disability due to unintended injuries.

**f. Violence**

- ✓ Strengthen and support public health activities that move toward a “zero tolerance” of violence; reduce family violence, youth violence, child maltreatment, and abuse of the elderly and those with disabilities.

**g. Unintended Pregnancy**

- ✓ Decrease the rate of unintended pregnancy in adolescents and other women at high risk of unintended pregnancy.

**h. Pregnancy & Birth**

- ✓ Promote optimal birth outcomes for all infants born to adolescents and other women identified as high risk for a problem pregnancy outcome.

**i. Child & Adolescent Growth & Development**

- ✓ Create a healthy supportive community for families by the promotion and provision of prevention programs by focusing on: chronic disease prevention (nutrition and physical activity) and pregnancy, parenting, early childhood and alcohol, tobacco and other drug use among youth.

**j. Disability & Decreased Independence**

- ✓ Assist the ill, the elderly, and those with disabilities in promoting their well-being and maintaining the greatest possible independence in a setting of their own choice.

**k. Service Delivery Systems**

- ✓ Assure access to and improve the quality of health services.
- ✓ Ensure an effective state and local government public health system.

**10 Most Important Community Health Issues:**

1. Decrease persistent poverty
2. Older adults 65+ and living alone
3. Preventing chronic diseases- cancer, diabetes, heart disease
4. Reduce teen pregnancy
5. Reduce children/adolescent obesity
6. Reduce tobacco use
7. Reduce drug abuse
8. Comorbidities of behavioral health and physical health
9. Increased positive role models/relationships early and often for youth
10. Reduce fatal and serious injury motor vehicle crashes

*(Identified in the recent Community Health Assessment and numerically NOT listed in order of importance)*

**7. Other relevant information related to health care services for people with disabilities in your county.**

**Local Public Health Goals.** Polk County proposes that coordination and implementation of mutually agreeable public health goals be carried out collaboratively by Polk County

Public Health, our community partners and health plans. The county will value proposals that use local resources and personnel for such coordination and implementation.

The Public Health Goals for Polk County, as identified in the Community Health Services Plan. The assessment of the health of Polk County residents was accomplished by gathering and reviewing: demographic data, local and state health status data, Minnesota Student Survey data and qualitative data from staff and community partners. A county-wide survey of community health needs was also conducted. Staff and community partners assisted in the prioritization of needs and opportunities based on the size of the problem, the number of people at risk, the economic impact of the problem and the level of public concern. Public health's ability to address the problem, including whether resources already exist within the agency or the community or could be obtained to address the issue, was also considered in determining priorities.

Other goals include developing better employment and independent living opportunities for the disabled living in our county.

**Ramsey County**

No information submitted

**Red Lake County**

No information submitted

**Rice County**

No information submitted

**Roseau County**

No information submitted

## Scott County

### COUNTY SERVICE DEVELOPMENT AND ACCESS ISSUES FOR SNBC RFP

**1. County administration:**

Agency Name: Scott County Health and Human Services  
 Director's Name: Pam Selvig  
 Address: 300 Government Center  
 200 Fourth Avenue West  
 Shakopee, Minnesota 55379  
 Telephone Number: 952-445-7751  
 FAX Number: 952-496-8430

**2. County agency contacts:**

Area of Responsibility	Name	Title	Telephone #
<b>Social services - Disability Services Area</b>	Barb Dahl	Social Services Director	952-496-8151
<b>Public Health</b>	Lisa Brodsky	Public Health Director	952-496-8520
<b>Mental Health - Adult</b>	Barb Dahl	Social Services Director	952-496-8151
<b>Chemical dependency</b>	Suzanne Arntson	Child Welfare Manager	952-496-8212
<b>Transportation</b>	Troy Beam	Transit Manager	952-496-8277
<b>MA Eligibility</b>	Kari Ouimette	Economic Assistance Director	952-496-8540

**3. County Service Delivery and Access Issues**

Please describe any specific service delivery and access issues pertaining to the population eligible for SNBC (People with disabilities, MA eligible, Age 18+) in your county. To the best of your knowledge, identify limited or unavailable services for the eligible population. Be sure to describe the network of providers, including physical accessibility of the provider for the eligible population, for each category of service.

*See below—issues and services are described together.*

**4. Please describe the services provided by the county for the eligible population in the following categories.**



## **Mental Health Services – 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 ARMHS providers in over the past several years. If residents are not eligible for a transportation service with their health plan, 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 lack 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.

## **Chemical Dependency Services**

Recipients insured by a PMAP are referred to that provider for an assessment and chemical dependency services. If recipients have reached the \$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 assist clients 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

### **Transportation**

Mobility Management, 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, ADA, and Medical Assistance service provider for both Scott and Carver counties. One call 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
- Waters Edge Transportation
- Care Cab
- Southwest Metro Transportation
- Twin City Mobility
- Contemporary Transportation
- Discover Ride

### **Public Health Services**

Barriers exist for dental and eye 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

### **Home Health Agency Services and Special Networks**

There are services available in the county and county case managers make referrals as appropriate.

Also available to is Scott County is New Options, a county run DT&H. This provider is able to fill some of our high need medical and Developmental Disability client needs. There might be some need for additional services for those who have a Brian Injury.

Our needs regarding durable medical equipment needs and home delivery systems seem to be met.

### **Identification of Community Health Care Planning Efforts and Other Local Projects**

Scott County offers immunization clinics every other week 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 and St. Mary’s clinics to provide education, resource, and referral into health care system to residents who are uninsured or underinsured.

## **5. Identification of Local Public Health Goals**

Scott County Public Health provides services to promote healthier living for county residents. Public Health Staff includes licensed registered nurses and health educators who provide assessment, teaching, support, and referrals to residents of Scott County. The 2015-2019 Scott County Community Health Improvement Plan which is a plan development in partnership with the Public Health Department and community partners includes goals, measurable objectives, and action steps for the three priority planning areas identified by the Community Health Steering Committee:

- Preventing chronic disease through healthy eating and physical activity,
- Identifying infants and toddlers: Healthy Development
- Promoting mental health: Healthy Communities

**Other relevant information related to health care services for people with disabilities in your county.**

The US Census data indicate that in 2014 Scott County had an estimated population of 139,672 residents. This is an increase of 7.5% from the 2010 figure of 129,928 residents. This makes Scott County one of the fastest growing Counties in the state. It is also estimated that by 2020 the population size will grow by more than 20,000 residents bringing the total population to almost 160,000.

The unemployment rate for Scott County residents has seen a steady drop. In November 2015, the unemployment rate was 2.4% which was slightly below the State of Minnesota's total unemployment percentage of 3.0%. This is the lowest rate of unemployment since 2000. The median household income is \$86,112. This leaves approximately 5.5% of the population living below the poverty level.

The largest obstacle to accessing health care in the county is lack of transportation options. Without access to a car, residents have limited options for getting to or from a health care appointment. SmartLink is the Dial-A-Ride, ADA, and Medical Assistance service provider for both Scott and Carver counties but this is the only public transportation option available. In addition to transportation, there is also a lack of medical resources available to for some services. For example, there are limited choices as it pertains to dental and vision care especially for individuals who are currently on Medical Assistance.

When residents in the county do access health care they do so through the following ways:

- Primary care clinic or physician: Some residents currently have someone who is their primary care physician. This could be someone located in the county or in a different county.
- Urgent Care or Emergency Room Care: For individuals who do not have a primary care physician or clinic they are connected to, some individuals seek out emergency or urgent care services. Urgent care is also sought out for none life threatening illnesses that provide the convince of evening and weekend hours.
- Scott County Mobile Clinic: Residences who are uninsured, underinsured or underserved, receive services via a clinic that goes to various locations in Scott County every two to three weeks. They provide adult and child health screening, preventive care, and health information.
- River Valley Nursing Center: This provider serves uninsured and under-insured people in Scott County by connecting them to local resources and free or low-cost health care services.
- Scott County Public Health: Public Health staff provide immunizations, child and teen checkups, education and referrals to county residents.
- St. Mary's Clinic: St. Mary's provides free health care to low income, uninsured persons residing in the seven county metro.

Scott County has few local providers or clinical systems in the county for an MCO that is not offered in Scott 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. There are also minimum resources for infectious disease. For example, Scott County has a contract with Hennepin County regarding Tuberculosis.

**Recommended providers of services for people with disabilities in your county:**



County Provider  
List\_2016 RFP v2 (2).x

**Sherburne County**

No information submitted

**St. Louis County**

No information submitted

## Stearns County

### COUNTY SERVICE DEVELOPMENT AND ACCESS ISSUES FOR SNBC RFP

**1. County administration:**

<b>Agency name:</b>	<b>Stearns County Human Services</b>
<b>Director's Name</b>	<b>Mark Sizer, Administrator</b>
<b>Address:</b>	<b>705 Courthouse Square, PO Box 1107, St. Cloud, MN 56302</b>
<b>Telephone #:</b>	<b>320-656-6469</b>
<b>Fax #:</b>	<b>320-656-6134</b>

**2. County agency contacts:**

<b>Area of Responsibility</b>	<b>Name</b>	<b>Title</b>	<b>Telephone #</b>
<b>Social services - Disability Services Area</b>	<b>Tim Jeffrey Marissa Bergdahl</b>	<b>Supervisor Supervisor</b>	<b>320-656-6008 320-656-6032</b>
<b>Public Health</b>	<b>Renee Frauendienst</b>	<b>Director</b>	<b>320-656-6284</b>
<b>Mental Health - Adult</b>	<b>Candace Harren</b>	<b>Supervisor</b>	<b>320-656-6080</b>
<b>Chemical dependency</b>	<b>Candace Harren</b>	<b>Supervisor</b>	<b>320-656-6080</b>
<b>Transportation</b>	<b>Janet Goligowski</b>	<b>Director</b>	<b>320-656-6202</b>
<b>MA Eligibility</b>	<b>Janet Goligowski</b>	<b>Director</b>	<b>320-656-6202</b>

**3. County Service Delivery and Access Issues**

Please describe any specific service delivery and access issues pertaining to the population eligible for SNBC (People with disabilities, MA eligible, Age 18+) in your county. To the best of your knowledge, identify limited or unavailable services for the eligible population. Be sure to describe the network of providers, including physical accessibility of the provider for the eligible population, for each category of service.

- a. Specialty Networks and providers especially for unusual or low incidence conditions for people with disabilities**
- b. Durable medical equipment (DME) network and home delivery systems**
- c. Chemical Dependency** - St. Cloud is a regional center and many of the providers accept clients from a much wider reach than Stearns County alone. On several occasions, despite the fact that health providers physically exist in Stearns County, Stearns County enrollees are placed on waiting lists because enrollees from other counties are being served by the provider, especially true for CD and mental health providers. A long term



difficulty has been the lengthy waiting lists for adult and pediatric psychiatrists as well as chemical dependency treatment. There is a need for CD assessments to be completed when enrollees are in the county jail.

- d. **Mental Health** - St. Cloud is a regional center and many of the providers accept clients from a much wider reach than Stearns County alone. On several occasions, despite the fact that health providers physically exist in Stearns County, Stearns County enrollees are placed on waiting lists because enrollees from other counties are being served by the provider, especially true for CD and mental health providers. A long term difficulty has been the lengthy waiting lists for adult and pediatric psychiatrists as well as chemical dependency treatment. There is also a need for increased numbers of providers who are trained in trauma-informed mental health care.
- e. **Transportation** - There are many more transportation options in the St. Cloud area than in the rural part of Stearns County. Even if the health plan is able to pay for transportation, the time that it takes to travel to where the health service is, becomes prohibitive to the enrollee.
- f. **Describe any additional specific service delivery and access issues pertaining to the population eligible for SNBC** - Stearns County has identified an additional barrier in that many of the enrollees are not able to navigate the system and do not receive the care they need because of an inability to understand how to obtain the service they need. Dentistry service continues to be identified as a service that is limited for enrollees. The MCO case managers have not been consistently coordinating service to keep clients utilizing the Elderly Waiver on health plan services (keeping paperwork up to date and consistent); what results from that is the client loses health care coverage, two months later the client is referred back to the county, the provider loses two months' worth of reimbursement, the county gets the client back on the health plan, and then it all starts over several months later.

**4. Please describe the services provided by the county for the eligible population in the following categories.**

- a. **Mental Health Services – Adult**, Stearns County employees do not provide targeted case management services for persons eligible for SNBC. Stearns County Human Services does provide minimal crisis management and civil commitment services.
- b. **Chemical Dependency Services**, Stearns County employees do not provide targeted case management services for persons eligible for SNBC. Stearns County Human Services does provide minimal crisis management and civil commitment services.
- c. **Transportation**, Stearns County Human Services refers clients to their health plan for transportation services.
- d. **Public Health Services**
- e. **Home Health Agency Services**, Stearns County Human Services does not provide home health care services

**5. Identification of Community Health Care Planning Efforts and Other Local Projects**

The top 10 community health issues as identified in the 2014 Community Health planning process were: parenting skills, mental health, lack of physical activity, poor nutrition, tobacco

use by women, alcohol use, integration of newly arrived persons, sexually transmitted infections, financial stress, and dental access. The full Stearns County Human Services Community Health Improvement Plan can be found at:  
<http://co.stearns.mn.us/Government/CountyDepartments/HumanServices/CHIPPlanning>

**6. Identification of Local Public Health Goals**

The top Stearns County Public Health goals include: Parenting/Home Visiting, contributing factors to obesity, mental health, refugee services, and adverse childhood experiences (ACEs)

**7. Other relevant information related to health care services for people with disabilities in your county.**

**8. Recommended providers of services for people with disabilities in your county.**

- a. **Please list the provider type (DME, Transportation, Mental Health, Chemical Dependency, etc.) and provider name.** Stearns County does not maintain a full list of providers used by people with disabilities. We are including a Department of Human Services generated list of managed care providers that were used by persons in Stearns County in 2011.
- b. **The list should include providers in bordering counties and bordering states, if applicable.**



Stearns Health  
Providers.xlsx

## Swift County

### COUNTY SERVICE DEVELOPMENT AND ACCESS ISSUES FOR SNBC RFP

**1. County administration:**

<b>Agency name:</b>	Swift County Human Services	
<b>Director's Name</b>	Deanna Steckman	
<b>Address:</b>	410 21 <sup>st</sup> Street South, Box 208	Benson MN 56215
<b>Telephone #:</b>	320-843-3160	320-843-6301
<b>Fax #:</b>	320-843-4582	

**2. County agency contacts:**

Area of Responsibility	Name	Title	Telephone #
<b>Social services - Disability Services Area</b>	Linda Erhardt	Supervisor	320-843-3160
<b>Public Health</b>	Elizabeth Auch	Administrator	320-843-4546
<b>Mental Health - Adult</b>	Lorri Pederson	Supervisor	320-843-3160
<b>Chemical dependency</b>	Linda Erhardt	Supervisor	320-843-3160
<b>Transportation</b>	Deanna Steckman	Director	320-843-3160
<b>MA Eligibility</b>	Julie Jahn	Supervisor	320-843-3160

**3. County Service Delivery and Access Issues**

Please describe any specific service delivery and access issues pertaining to the population eligible for SNBC (People with disabilities, MA eligible, Age 18+) in your county. To the best of your knowledge, identify limited or unavailable services for the eligible population. Be sure to describe the network of providers, including physical accessibility of the provider for the eligible population, for each category of service.

- a. **Specialty Networks and providers especially for unusual or low incidence conditions for people with disabilities** – limited or unavailable within Swift County
- b. **Durable medical equipment (DME) network and home delivery systems** – limited or unavailable within Swift County
- c. **Chemical Dependency** – limited or unavailable within Swift County
- d. **Mental Health** – Counseling Associates; Woodland Centers; Crossroads Counseling Centers, Inc.; Greater Minnesota

- e. **Transportation** – limited within Swift County – one countywide public transporter, Prairie Five; one Benson city public transporter, City of Benson
  - f. **Describe any additional specific service delivery and access issues pertaining to the population eligible for SNBC**
- 4. Please describe the services provided *by the county* for the eligible population in the following categories.**
- a. Mental Health Services – Adult – case management
  - b. Chemical Dependency Services – Rule 25 assessment
  - c. Transportation – contract with public transportation provider
  - d. Public Health Services
  - e. Home Health Agency Services – county does not have home health agency
- 5. Identification of Community Health Care Planning Efforts and Other Local Projects**
- 6. Identification of Local Public Health Goals**
- 7. Other relevant information related to health care services for people with disabilities in your county.**
- 8. Recommended providers of services for people with disabilities in your county.**
- a. **Please list the provider type (DME, Transportation, Mental Health, Chemical Dependency, etc.) and provider name. The list should include providers in bordering counties and bordering states, if applicable.**  
 Transportation: Prairie Five, DAC (to/from their facility); Mental Health: Counseling Associates, Woodland Centers, Crossroads Counseling Centers, Inc., and Greater Minnesota; DME: Rice Home Medical; Chemical Dependency: CARE, Project Turnabout, New Visions, New Beginnings; Home Health: Swift County Benson Home Health, Divine Home Health

**Washington County**

No information submitted

## Watonwan County

### COUNTY SERVICE DEVELOPMENT AND ACCESS ISSUES FOR SNBC RFP

**1. County administration:**

<b>Agency name:</b>	Watonwan County Human Services	
<b>Director's Name</b>	Naomi Ochsendorf	
<b>Address:</b>	715 2 <sup>nd</sup> Ave SW	St. James MN 56081
<b>Telephone #:</b>	507-375-7825	
<b>Fax #:</b>	507-375-7359	

**2. County agency contacts:**

<b>Area of Responsibility</b>	<b>Name</b>	<b>Title</b>	<b>Telephone #</b>
<b>Social services - Disability Services Area</b>	Amy Pluym	Adult Social Services Sup.	507-375-7840
<b>Public Health</b>	Katie Lohse	Community Public Health Manager	507-375-7863
<b>Mental Health - Adult</b>	Amy Pluym	Adult Social Services Sup.	507-375-7863
<b>Chemical dependency</b>	Kathy Carlson	Child Social Services Sup.	507-375-7839
<b>Transportation</b>	Jodi Halverson	Financial Assistance and Child Support Sup.	507-375-7811
<b>MA Eligibility</b>	Jodi Halverson	Financial Assistance and Child Support Sup.	507-375-7811

**3. County Service Delivery and Access Issues**

Please describe any specific service delivery and access issues pertaining to the population eligible for SNBC (People with disabilities, MA eligible, Age 18+) in your county. To the best of your knowledge, identify limited or unavailable services for the eligible population. Be sure to describe the network of providers, including physical accessibility of the provider for the eligible population, for each category of service.

**a. Specialty Networks and providers especially for unusual or low incidence conditions for people with disabilities**

*i. Access to bi-lingual services*

**b. Durable medical equipment (DME) network and home delivery systems**

*i. Limited number of in county providers*

- c. **Chemical Dependency**
    - i. *Access to bi-lingual services*
    - ii. *All eligible people have access to Rule 25 assessments through the County*
  - d. **Mental Health**
    - i. *Limited number of providers in the area*
    - ii. *Limited number of Psychiatric services in the area*
    - iii. *Access to bi-lingual services*
    - iv. *Access to reliable transportation*
  - e. **Transportation**
    - i. *Limited hours*
    - ii. *High Cost*
  - f. **Describe any additional specific service delivery and access issues pertaining to the population eligible for SNBC**
    - i. *Access to services for individuals with high acuity behaviors*
    - ii. *Limited number of PCA providers in the area*
4. **Please describe the services provided by the county for the eligible population in the following categories.**
- a. **Mental Health Services – Adult**
    - i. *TCM and CSP*
  - b. **Chemical Dependency Services**
    - i. *Assessment and case management*
  - c. **Transportation**
    - i. *TMT and Kato Kab*
  - d. **Public Health Services**
    - i. **WIC, Family Home Visiting, Family Planning Services, Immunizations**
  - e. **Home Health Agency Services**
    - i. *NA*
5. **Identification of Community Health Care Planning Efforts and Other Local Projects**  
 We have ongoing relationships with area providers and health systems to keep each other informed of trends or issues we see in the community or with individuals,. We also have relationships with multiple area organizations with similar objectives.
6. **Identification of Local Public Health Goals**  
 Female youth at risk behaviors, child and adult obesity, teen pregnancy and food access.
7. **Other relevant information related to health care services for people with disabilities in your county.**  
 Close relationships with many if not all of the players in providing services, regular meetings, formal and informal.

- 8. Recommended providers of services for people with disabilities in your county.**
- a. Please list the provider type (DME, Transportation, Mental Health, Chemical Dependency, etc.) and provider name.**
    - i. Mental Health*
      - 1. *Sioux Trails*
      - 2. *Euonia*
      - 3. *Krisma*
    - ii. Transportation*
      - 1. *Kato Kab*
      - 2. *TMT*
  - b. The list should include providers in bordering counties and bordering states, if applicable.**



## Wilkin County

### COUNTY SERVICE DEVELOPMENT AND ACCESS ISSUES FOR SNBC RFP

**1. County administration:**

<b>Agency name:</b>	Wilkin County Public Health	
<b>Director's Name</b>	Debra Jacobs	
<b>Address:</b>	PO Box 127 Breckenridge, MN 56520	
<b>Telephone #:</b>	218-643-7122	
<b>Fax #:</b>	218-643-7166	

**2. County agency contacts:**

<b>Area of Responsibility</b>	<b>Name</b>	<b>Title</b>	<b>Telephone #</b>
<b>Social services - Disability Services Area</b>	David Sayler	Director of Human Services	218-643-7161
<b>Public Health</b>	Debra Jacobs	Director of Public Health	218-643-7122
<b>Mental Health - Adult</b>	Krista Zachmann	Social Worker	218-643-8013
<b>Chemical dependency</b>	In the process of filling the position		
<b>Transportation</b>	Cynthia Sprung	Sr. Aging Coordinator	218-643-7122
<b>MA Eligibility</b>	Sandy Kub	Supervisor of Financial Workers	218-643-7161

**3. County Service Delivery and Access Issues**

Please describe any specific service delivery and access issues pertaining to the population eligible for SNBC (People with disabilities, MA eligible, Age 18+) in your county. To the best of your knowledge, identify limited or unavailable services for the eligible population. Be sure to describe the network of providers, including physical accessibility of the provider for the eligible population, for each category of service.

- a. **Specialty Networks and providers especially for unusual or low incidence conditions for people with disabilities** – must travel to the Fargo/Moorhead area for specialty services
- b. **Durable medical equipment (DME) network and home delivery systems-** services adequate.
- c. **Chemical Dependency** – very limited and must travel for the service.

- d. **Mental Health** – very limited and must travel 30-60 miles or more for the service
  - e. **Transportation** - adequate
  - f. **Describe any additional specific service delivery and access issues pertaining to the population eligible for SNBC** – Chore service is unavailable at present.
- 4. Please describe the services provided by the county for the eligible population in the following categories.**
- a. Mental Health Services – Adult Mental Health Case manager available through the Wilkin County Human Services. The Hope Unit is available but appointment times are months out.
  - b. Chemical Dependency Services-very limited. Must travel. Local providers unable to keep staff.
  - c. Transportation – we have a volunteer driver program which serves the area well.
  - d. Public Health Services – All routine PH services available including but not limited to MCH, MSHO, MSC+ Case Managers, Waiver Assessors, Immunizations, WIC, Rule 25 Assessor, etc
  - e. Home Health Agency Services – available
- 5. Identification of Community Health Care Planning Efforts and Other Local Projects** – Working with area hospital and community partners on the Community Health Improvement Plan.
- 6. Identification of Local Public Health Goals** – Public Health is working with the CHB and community partners on obesity, increasing physical activity, substance abuse and mental health.
- 7. Other relevant information related to health care services for people with disabilities in your county.** Dental care is very limited.
- 8. Recommended providers of services for people with disabilities in your county.**
- a. **Please list the provider type (DME, Transportation, Mental Health, Chemical Dependency, etc.) and provider name.**
  - b. **The list should include providers in bordering counties and bordering states, if applicable.**
  - c.

See attachment for list of providers.



Directory of Support Services.pdf

**Winona County**

No information submitted

## Wright County

### COUNTY SERVICE DEVELOPMENT AND ACCESS ISSUES FOR SNBC RFP

**1. County administration:**

<b>Agency name:</b>	Wright County Health & Human Services	
<b>Director's Name</b>	Jami Goodrum Schwartz	
<b>Address:</b>	1004 Commercial Drive, Buffalo, MN 55313	
<b>Telephone #:</b>	763.682.7400	
<b>Fax #:</b>	763.682.7701	

**2. County agency contacts:**

<b>Area of Responsibility</b>	<b>Name</b>	<b>Title</b>	<b>Telephone #</b>
<b>Social services -</b>	Michelle Miller	Social Services Manager	763.682.7480
<b>Adult Services (Aging, Physical Disabilities)</b>	LeeAnn Thimell	Adult Services Supervisor	763.682.7407
<b>Disability Services Area</b>	Debbra Swanson	DD Supervisor	763.682.3900
<b>Public Health</b>	Carol Schefers	Public Health Director	763.682.7404
<b>Mental Health - Adult</b>	Diane Erkens	MH Supervisor	763.682.7402
<b>Chemical dependency</b>	Jill Marzean	Licensing & Resource Supervisor	763.684.2331
<b>Transportation</b>	Christine Partlow	Fiscal Technology Manager	763.682.7409
<b>MA Eligibility</b>	Kim Johnson	Financial Services Manager	763.682.7411

**3. County Service Delivery and Access Issues**

Please describe any specific service delivery and access issues pertaining to the population eligible for SNBC (People with disabilities, MA eligible, Age 18+) in your county. To the best of your knowledge, identify limited or unavailable services for the eligible population. Be sure to describe the network of providers, including physical accessibility of the provider for the eligible population, for each category of service.

- a. **Specialty Networks and providers especially for unusual or low incidence conditions for people with disabilities**
  - i. Not aware of specialty networks or providers in our area
  - ii. Due to location in “rural” MN, it can be difficult for individuals to obtain care for low incidence conditions. Sometimes the client must travel great distances
  - iii. There are fewer options for our clients, due to the lack of staffing for our heavy utilized providers.
  - iv. We are short on providers doing respite, because of the training requirements for a small return on the investment of money vs. costs.
  - v. Lack of sufficient providers skilled in the area of autism. We have waiting list of 4-6 months for behavior services to assist with highly charged clients.
  - vi. Critical need for crisis providers/homes to meet the needs of clients, resulting in increased hospitalizations, jail, and hotels to keep them safe.
- b. **Durable medical equipment (DME) network and home delivery systems**
  - i. Providers are somewhat limited
  - ii. As waiver providers we use several DME providers in our area. We have had some difficulty with SNBC care coordinator’s being willing to providing supplies when it is MA reimbursable. For persons at times there is role confusion receiving waived services between the waiver case managers responsibility and what is the SNBC care coordinator’s
- c. **Chemical Dependency**

Possible access issues would include:

  - i. Transportation to our agency to complete Rule 25 Assessment (although MA transportation may be an option)
  - ii. If a developmental disability, an issue may be the individual’s ability to understand questions involved with both the Rule 24 Eligibility Determination Assessment as well as the Rule 25 CD Assessment; the meaning of the documents they are signing for informed consent; and what information is needed to verify eligibility for the CCDTF fund. If they have a guardian, this individual would need to be present with them by phone and/or in person.
  - iii. There are very limited CD treatment resources available for individuals who have cognitive difficulties. There is one inpatient CD treatment program available for such services in our general area. There is typically a waiting list for clients to be able to enroll. There may be other similar treatment services throughout the state, but we prefer to utilize services as close to individuals’ home communities as possible.
  - iv. There are many MI/CD dual focus programs available in MN. There are roughly 160 facilities throughout the state including outpatient and residential levels of service.
  - v. Many facilities have criteria regarding what medications they will allow clients to be taking when enrolled in their treatment program. If an individual’s mental health or medical needs are unstable, facilities will often deny admission for

chemical dependency focused treatment until their mental health and medical needs are addressed.

**d. Mental Health**

- i. Development of in-reach (our local hospital) and out-reach (county and PH) workers should assist with this area.
- ii. Psychiatry continues to be difficult to access, although getting easier with tele-med. Waiting times in order to get an appointment continues to be extremely difficult. Many folks access medications through emergency departments. Another difficulty continues to be PMAP's. Adults shift back and forth between PMAP and straight MA. If the adult decides to transition to a PMAP, we refer them to contracted agencies. However, if the member declines PMAP and wishes to remain on straight MA, typically the county loses a month of two of case management funding due to the length of time the process takes with discussing with the client, paperwork, etc. Another difficulty is with inpatient psychiatric beds. We receive reports from local hospitals that patients are waiting in ER's and hospitals are not able to find inpatient beds across the state. There is also a lack of Intensive Residential Treatment Services (IRTS) beds in the area.

**e. Transportation**

- i. Very limited in availability both for locations and time frames needed.
- ii. Transportation is often easier for our SNBC clients to obtain than it is for our fee-for-service MA clients. There is still a shortage of transportation providers however.
- iii. The Wright County Volunteer Transportation program does not serve individuals who have MA insurance coverage. These individuals are referred to MA transportation resources within the community.
- iv. We are struggling with transportation for children needing ABA, speech and OT/PT at providers, such as Fraser. These children need to be present daily, but parents are not able to provide this, since they work.
- v. At times transportation providers decline ride requests.

**f. Describe any additional specific service delivery and access issues pertaining to the population eligible for SNBC**

- i. Not enough ARMHS workers, PCA providers, or Behavioral aided for the demand. Dental care extremely difficult to obtain.
- ii. Although SNBC is a good service for many, it is duplicative for persons with county case managers. We do appreciate them helping with medical issues, but more collaboration is needed than we can do with large caseloads and the numerous meetings that require arranging for all to be present.

**4. Please describe the services provided by the county for the eligible population in the following categories.**

**a. Mental Health Services – Adult**

- i. County provided services include Targeted Case Management, Community Support Program (CSP) Grant – including activities, transportation, etc., Adult

Outreach Worker – to come on board around April 2016, Extended Employment Services, Individual Placement and Supports (IPS) through Functional Industries, Inc.

- ii. Waiver services for those available.

**b. Chemical Dependency Services**

- i. Wright County provides an Eligibility Determination Assessment (Rule 24) to verify that an individual meets requirements to obtain funding from the Consolidated Chemical Dependency Treatment Fund (CCDTF). We also provide Rule 25 Substance Use Assessments to determine what level of chemical dependency treatment may be appropriate for an individual. Should the individual be interested in utilizing treatment services, our agency provides service coordination to assist the individual to enroll in a treatment program. Our agency completes the necessary documentation so the CCDTF may provide funding for these treatment costs. Wright County also offers Rule 25 Substance Use Assessments for a sliding fee for individuals who do not qualify for the CCDTF fund.

**c. Transportation**

- i. Transportation funding may be available through the CSP grant
- ii. Waiver funding can be used for transportation.
- iii. We want to move people from foster homes to allow more integration into the community, but we find there is a lack of transportation to get them to employment and social events, as well as shopping for groceries, etc. We need to have more available to serve the more independent clients.

**d. Public Health Services**

- i. Dental access has already been mentioned. There is a continued need for dentists who accept MA, especially for children.
- ii. Mental Health services for families with young children (both parents and infants/children) is needed.
- iii. Transportation services are sometimes inadequate for the needs of families with young children. For instance, if a mother has 2 children in car seats and attends a medical appointment, the driver may drop her off at the clinic and leave. She needs to remove the car seats and take them with her into the clinic while keeping control of the children. Then, when another car arrives to transport the mother and children back home, she must install the car seats as well as she can in the car to travel home. If the driver would wait so the car seat(s) could remain in the car it would facilitate more timely visits to medical providers.
- iv. Public Health, especially family home visiting programs would like to see coordination with SNBC care coordinators for shared clients

**e. Home Health Agency Services**

The county uses a number of home health agencies within the county in order to access services for waiver clients. Wright County Public Health is no longer a licensed home care agency.

- 5. Identification of Community Health Care Planning Efforts and Other Local Projects**
  - i. Bounce Back Project
  - ii. Public Health would welcome the opportunity to coordinate community health care assessment efforts with health plans
  
- 6. Identification of Local Public Health Goals**
  - a. Development of in-reach and out-reach workers for Adults with mental health challenges
  - b. Improved coordination of services between PH and SS to better serve children and adults with mental health needs
  
- 7. Other relevant information related to health care services for people with disabilities in your county.**
  
- 8. Recommended providers of services for people with disabilities in your county.**
  - a. **Please list the provider type (DME, Transportation, Mental Health, Chemical Dependency, etc.) and provider name.**
    - i. Please see: <http://www.co.wright.mn.us/692/Links-Resources> ,  
<http://www.co.wright.mn.us/456/Mental-Health>,
    - ii. Vinland National Center in Loretto, MN is the only chemical dependency treatment facility willing to accept and work with individuals who have cognitive delays or traumatic brain injuries, etc. in our area.
    - iii. Most CD treatment facilities are able to provide for needs of individuals with physical disabilities. However, some are more willing than others to admit individuals who are elderly or who have significant medical needs. Many facilities have limits regarding what medications they will allow individuals to be taking at their facility.
  
  - b. **The list should include providers in bordering counties and bordering states, if applicable.**



## Yellow Medicine County

### COUNTY SERVICE DEVELOPMENT AND ACCESS ISSUES FOR SNBC RFP

**County administration:**

<b>Agency name:</b>	Yellow Medicine County Family Service Center	
<b>Director's Name</b>	Rae Ann Keeler-Aus	
<b>Address:</b>	930 4 <sup>th</sup> Street, Suite 4	Granite Falls, MN 56241
<b>Telephone #:</b>	320.564.2211	
<b>Fax #:</b>	320.564.4165	

**1. County agency contacts:**

<b>Area of Responsibility</b>	<b>Name</b>	<b>Title</b>	<b>Telephone #</b>
<b>Social services - Disability Services Area</b>	Melissa Helgeson	Supervisor	320.564.2211
<b>Public Health</b>	Liz Auch Countryside Public Health	Director	320.843.4546
<b>Mental Health - Adult</b>	Melissa Helgeson	Supervisor	320.564.2211
<b>Chemical dependency</b>	Melissa Helgeson	Supervisor	320.564.2211
<b>Transportation</b>	Ted Nelson Prairie 5 Community Action	Transportation Mgr.	320.269.6578
<b>MA Eligibility</b>	Robin Schoep	Supervisor	320.564.2211

**2. County Service Delivery and Access Issues**

Please describe any specific service delivery and access issues pertaining to the population eligible for SNBC (People with disabilities, MA eligible, Age 18+) in your county. To the best of your knowledge, identify limited or unavailable services for the eligible population. Be sure to describe the network of providers, including physical accessibility of the provider for the eligible population, for each category of service.

- a. Specialty Networks and providers especially for unusual or low incidence conditions for people with disabilities**
- b. Durable medical equipment (DME) network and home delivery systems:**

- c. **Chemical Dependency**
- d. **Mental Health**
- e. **Transportation:** Transportation services are not available during evening hours or weekends.
- f. **Describe any additional specific service delivery and access issues pertaining to the population eligible for SNBC**

**3. Please describe the services provided by the county for the eligible population in the following categories.**

**A. Mental Health Services – Adult:** Western Mental Health Center has a satellite office in Granite Falls and Canby. AMH case management is provided in our county as is CSP, ACT and ARMHS services. Other services such as IRTS, CBHH and crisis services are offered in adjoining counties.

**B. Chemical Dependency Services:** Yellow Medicine County employs a Rule 25 chemical use assessor. Project Turnabout is a residential facility in Granite Falls that provides detox, inpatient, outpatient and assessment services.

**C. Transportation:** Prairie V Community Action Council, Inc, Montevideo MN serving Yellow Medicine, Big Stone, Chippewa, Swift and Lac Que Parle counties. We use Prairie V transportation services for both bus and cat travel.

**D. Public Health Services:** Countryside Public Health has offices in Granite Falls, Benson, Madison, Ortonville and Montevideo

**E. Home Health Agency Services:** Home health care agencies are located in Granite Falls, Clarkfield and Canby.

**6. Identification of Community Health Care Planning Efforts and Other Local Projects:**

Countryside Public Health is working on Community Health Plans and has been awarded a SHIP grant. In addition, Southern Prairie Community Care is evolving in a 12 county region in southwest Minnesota to include Yellow Medicine County. Our local hospitals have also held Community Health planning sessions.

**7. Identification of Local Public Health Goals:** Contact Liz Auch, Countryside Public Health Nursing at number listed above.

**8. Other relevant information related to health care services for people with disabilities in your county.**

Currently only 8 consumers are being serviced via SNBC services in Yellow Medicine County. Our only provider option at this time is one MCO. We are not contracted with the MCO to provide SNBC services.

- 9. Recommended providers of services for people with disabilities in your county.**
- a. Please list the provider type (DME, Transportation, Mental Health, Chemical Dependency, etc.) and provider name.**
  - b. The list should include providers in bordering counties and bordering states, if applicable.**

**County Provider Network:**

- Avenues for Care, 317 Grove Ave, Montevideo, MN 56265
- Clarkfield Home Care, 805 5<sup>th</sup> Street, Clarkfield, MN 56223
- Clarkfield Home Care, Valhalla, 1012 12<sup>th</sup> Avenue, Clarkfield, MN 56223
- Concerned Care Home Care, Montevideo Hospital, 824 N 11<sup>th</sup> Street, Montevideo, MN 56265
- Countryside Public Health Services, 201-13<sup>th</sup> Street South, Benson, MN 56215
- Granite Falls Home Care, 270 11<sup>th</sup> Avenue, Granite Falls, MN 56241
- Granite Falls Home Care, Henry Hill Apts 270 11<sup>th</sup> Avenue, Granite Falls, MN 56241
- Health Providers, 540 1<sup>st</sup> Street South, Montevideo, MN 56265
- Hendricks Hospital and Home Care, 503 Lincoln Street, Hendricks, MN 56136
- Homefront, Inc, 224 North 19<sup>th</sup> Street, Montevideo, MN 56265
- Johnson Memorial Home Care, 12825 Walnut Street Dawson, MN 56232
- Prairie Five Community Action Agency – Box 695, Montevideo, MN 56256
- Prairie River Home Care, 1411 East College Drive, Marshall, MN 56258
- Project Turnabout Chemical Dependency Treatment, 660 18<sup>th</sup> Street, Granite Falls, MN
- Redwood Area Home Care, 100 Fallwood Road, Redwood Falls, MN 56283
- REM SW, 110 St Olaf Ave SW, Canby, MN 56220
- Rice Home Medical, 1033 19<sup>th</sup> Avenue SW, Willmar, MN 56201
- Serenity House, 310 Haarfager Ave S, Canby, MN 56220
- Sioux Valley Home Care, 112 St Olaf Avenue S, Canby, MN 56220
- Sylvan Place, 112 St Olaf Ave S, Canby MN 56220
- Town & Country Home Care, Minneota, MN 56264

# Appendix I

## Accomplishments

The purpose of this Appendix is for MCOs to report on improvements in outcomes measures or other accomplishments that may be applied to people with disabilities. This may include improvements in areas such as Healthcare Effectiveness Data and Information Set (HEDIS) results, Performance Improvement Programs, Integrated Care System Partnerships, efforts to work with the homeless population, accomplishments in reducing hospitalizations, or other similar measures.

Measure or Accomplishment	Number of Members Impacted	Description of Results	Comments/Explanation

## Appendix J

### Coordination with Certain Entities

1. IMCare is a health care delivery system administered by Itasca County Health & Human Service (ICHHS) that provides health care coverage for people who are eligible for Minnesota Health Care Programs and live within the IMCare service area (Itasca County).

IMCare addresses the goals of improving access to quality care, assuring appropriate utilization of services, enhancing patient and provider satisfaction, and achieving cost efficiencies in the delivery of health care, through the Families and Children (F&C), Minnesota Senior Care + (MSC+), Minnesota Senior Health Options (MSHO), and MinnesotaCare programs.

**All proposals submitted for this RFP that include Itasca County in the proposed service area must include a Letter of Intent to collaborate and coordinate with IMCare, a county-based purchasing program, and Itasca County Health and Human Services. The Letter of Intent must document communication with Brett Skyles, IMCare Division Manager, regarding collaboration and coordination.**

2. DHS is aware of many efforts underway to improve the delivery of human services to our citizens. One of the models is collaboration between several counties in a geographic region of Minnesota, to provide increased specialization and improved access to and delivery of program services, while providing the counties more flexibility to respond to the needs for services within federal and state regulations and funding. This model is known as a regional county health collaborative.

**All proposals submitted for this RFP that include one or more counties in a regional county health collaborative in the proposed SNBC service area, must include a statement that provides assurance that the responder intends to collaborate and coordinate with that regional county health collaborative.**

## Appendix K

### Quality Assessment and Performance Improvement Program

The purpose of this Appendix is to evaluate the MCO's quality assessment and performance improvement abilities with respect to people with disabilities by challenging the MCO to develop a quality improvement and evaluation plan.

The MCO shall propose a dental access quality improvement and evaluation plan that, through ongoing measurements and intervention, results in significant improvement, sustained over time, in administrative management and/or innovations in clinical care that is expected to have a favorable effect on dental access. Proposals submitted will be utilized in a future collaborative MCO intervention implementation workgroup comprised of SNBC MCOs to design and implement an effective dental access quality improvement and evaluation plan.

The proposal shall:

1. Describe at least two effective interventions to improve dental access, utilization and/or oral health for people with disabilities, including a specific plan to coordinate dental referrals to those dental providers that are capable and have the facilities to provide services to the SNBC population's special needs. Responders are encouraged to include strategies such as collaboration with other MCOs providing services to SNBC enrollees, telemedicine, and leveraging of clinics and clinicians experienced behavioral management for people with special needs and providing care under sedation and/or general anesthesia. MCOs should consider approaches that collaborate with the five DHS Dental Clinics.

Additional potential topics for oral health quality improvement and evaluation planning:

1. Care coordination between primary care and dentist.
2. Diverting ED visits for atraumatic dental concerns
3. Outreach to persons with disabilities who have not received a dental evaluation in the last 12 months
4. Person-centered oral health
5. Care giver oral health education and training
6. Peer mentoring program on oral health practices for people with disabilities
7. Plan for dental care as individual transitions for child to adult.
8. Risk based preventive services

#### Required elements of the proposal:

The submission must provide:

1. **Selection of the specific study topic(s) within the larger category of "improving dental access or oral health."**

Explain why topics were selected in terms of demographic characteristics, prevalence of disease, and the potential consequences of the disease.

2. **Definition of the study question(s).**  
The study **question(s) must be clear, concise, and answerable. The study question(s) identifies the focus of** the intervention and sets the framework for data collection, analysis, and interpretation.
3. **Selection of the study variables(s).**  
A study variable is a measurable characteristic, quality, trait, or attribute of a particular individual, object, or situation being studied. Variables may be quantitative or qualitative and continuous or discrete.
4. **Plan for reliable collection of data.**  
Data collection procedures must ensure that the data used to measure an indicator of performance are valid and reliable. A valid measure is one that measures what it intends to measure, while a reliable measure provides consistent results is an indication that the data will produce consistent, repeatable or reproducible measurements.
5. **Plan for implementation of the intervention and improvement strategies.**  
Real, sustained improvements result from a continuous cycle of measuring and analyzing performance, and developing and implementing system-wide improvements. Actual improvements depend on thorough analysis and implementation of appropriate solutions.
6. **Plan for analysis of data and interpretation of study results.**  
Data analysis begins with examining the performance on the selected clinical or non-clinical indicators. The examination should be initiated using statistical analysis techniques defined in the data analysis plan.
7. **Plan to detect “real” improvement.**  
It is important to determine if a reported change represents “real” change or is an artifact of a short-term event unrelated to the intervention, or random chance.
8. **Plan for sustaining any improvement achieved.**
9. Include a statement that the MCO will participate in a collaborative MCO workgroup to design and implement a dental access plan.

Responses will be graded on the strength of the proposed interventions, and the clear presence or absence of documentation of each of the 9 elements listed above. Element #9 will be graded on a pass/fail basis. Responses will get no points if the response fails to include a statement that the MCO will participate in a collaborative MCO work group to design and implement a dental access plan quality improvement and evaluation plan.

## Appendix L

### Case Management/Care Management

#### Care Management and Model of Care

In this section, DHS is interested in:

- a) how the care management/case management system is designed and meets SNBC model contract requirements; and
- b) how the care management/case management system contributes to promoting and assure service accessibility, attention to individual needs, continuity of care, comprehensive and coordinated service delivery, the provision of culturally appropriate care, and fiscal and professional accountability.

The responder must complete and submit detailed responses for each of the Case Management/Care Management questions:

1. For plans who are planning to implement a Dual Special Needs Plan for SNBC, the SNBC Model of Care as submitted to CMS describes how the MCO will provide for comprehensive and coordinated service delivery. Please submit a copy to DHS if you have not already done so. Indicate whether your model of care will be the same for your non-integrated enrollees. If not, follow the directions for non-integrated SNBC below.

For non-integrated SNBC, submit the model of how the MCO will provide for comprehensive and coordinated service delivery including a description of MCO's care management/case management system for enrollees.

- a. Include organizations that will be involved and a brief description of the services provided.
  - b. Include the qualifications of care management/ case management providers,
  - c. the expected ratios of staff to clients, and
  - d. the capacity for implementing care management functions, such as screening for special needs (e.g. mental health and /or chemical dependency problems, developmental disabilities, high risk health problems, difficulty living independently, functional problems, language or comprehension barriers); individual follow-up; monitoring of outcomes; or revision of care plan.
  - e. Include written protocols for accessing case management services.
2. Describe the activities and responsibilities that are part of the care management/case management process including:
    - a. Access to RN call line, 24/7/365.



- b. In addition to member services and care management/case management, describe any additional forms of coordination/navigation provided to enrollees in SNBC.
  - c. Protocols for access to individual intermittent telephonic case management.
  - d. Protocols for access to ongoing intensive care management including face to face assistance.
  - e. The methods for identifying people for care management.
  - f. Triage criteria for access to various case management levels
  - g. The qualifications for case managers
  - h. Contracts or staffing mechanisms for case management (e.g. by plan, care system or contracts with counties)
  - i. How the care management system will coordinate both Medicare and Medicaid service
  - j. How the care management system facilitates communication between physicians, case managers, mental health providers and other medical services provided by the plan
  - k. How the care management system will communicate with social and other services provided outside of the plan.
  - l. How care management functions will meet the special needs of people with mental illness, people with developmental disabilities, and people with physical disabilities
  - m. Describe how care management functions may differ for people in nursing homes, group residential housing or ICFs-DD, people receiving home and community based services, or for people receiving mental health case management services through the county,
3. Describe how the responder will conduct a health risk assessment of each member's health needs upon enrollment and annually thereafter, as described in the SNBC contract, and will enter the ADL information collected into MMIS, or MnCHOICES when that is implemented, as described in the SNBC contract. Please submit a copy of your health risk assessment tool.
4. Describe how the responder will provide, in a manner that accommodates the specific cultural and linguistic needs and disability conditions of the enrollees, an individual needs assessment, diagnostic assessment, an individual treatment plan as needed, the establishment of treatment objectives, the monitoring of outcomes, and a process to ensure that treatment plans are revised as necessary, as described in the SNBC contract.

## Appendix M

### SNBC Assurances

Compliance with these Assurances is required of all SNBC contractors.

**The MCO assures each of the following statements is accurate by initialing in the space to the left of each statement and signing at the end of the list of statements in this Appendix.**

#### Administration, Operations, Compliance, and Quality

\_\_\_\_\_ 1. The responder assures that it is in current compliance with all applicable state and federal statutory and regulatory requirements as identified in the model contract.

\_\_\_\_\_ 2. The MCO assures that its practices will be consistent with the principles for serving people with disabilities, as listed in Appendix R

\_\_\_\_\_ 3. The MCO assures that they will provide the health care services listed in the model contract and the services further negotiated during contract negotiations. Contract language and services may change based on any new legislative or CMS requirements.

\_\_\_\_\_ 4. The MCO assures that it will submit marketing and member materials to the State, and Regional Office if applicable, for review and approval according to the model contract.

\_\_\_\_\_ 5. The MCO assures that it is has safeguards in place regarding conflicts of interest in purchases involving Medicaid funds, as required by Minnesota Statutes, §256B.0914.

\_\_\_\_\_ 6. The MCO assures that it will provide training on differences between Medicare and Medicaid benefits coverage policy, maximization of Medicare, and the enrollee appeals and grievances processes to member services staff.

\_\_\_\_\_ 7. 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.

\_\_\_\_\_ 8. The MCO assures that all incentives must and do comply with the federal managed care incentive arrangement requirements.

\_\_\_\_\_ 9. The MCO assures that it will take reasonable measures to determine third party reimbursement.

\_\_\_\_10. The MCO assures that it will submit encounter data to DHS as outlined in the SNBC contract.

\_\_\_\_11. The MCO assures that it will provide the consumers with timely (prior) notice regarding upcoming changes to their benefits, prior authorization requirements, etc.

\_\_\_\_12. The MCO assures that it will maintain a stakeholders' advisory group and will seek input from members in these counties.

\_\_\_\_13. The MCO assures that it will meet the requirements for delegation for any delegated activities related to quality improvement.

\_\_\_\_14. The MCO assures that it will submit to DHS all practice Guidelines adopted by the MCO upon DHS request.

\_\_\_\_15. The MCO assures that it will participate in collaborative efforts to design Performance Improvement Projects (PIPs) applicable to people with disabilities, taking into consideration DHS priorities and any applicable state and federal regulations.

## **Disability Awareness**

\_\_\_\_16. The MCO assures that it will include specific strategies relevant to people with disabilities in Quality Assurance plans and reports.

## **Working with Counties and Tribes**

\_\_\_\_17. The MCO assures that it will work collaboratively with counties and tribes to ensure enrollees have access to home care services, those provided through the MCO and those provided Fee-For-Service.

\_\_\_\_18. The MCO assures that it will coordinate health plan services with county and tribe home and community-based services (HCBS) case management systems.

\_\_\_\_19. The MCO assures that it will work with the counties and tribes to address the following concerns:

- Meeting the needs of people with disabilities;
- 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 and Tribal Health Services; and

- Improving the availability of psychiatrists and /or psychologists.

\_\_\_\_ 20. The MCO assures that it will coordinate health plan services with county and tribal public health and social services and participate on appropriate committees and subcommittees and through other appropriate means.

\_\_\_\_ 21. The MCO will accept the results of home care assessments, reassessments and the resulting service plans developed by tribal assessors for Tribal Community Members as determined by the tribe. Referrals to nontribal providers for home care services resulting from the assessments must be made to providers within the MCO's network. This applies to home care services requested by Tribal Community Members residing on or off the reservation.

\_\_\_\_ 22. The MCO assures that it will develop effective ways to communicate with the county and tribal staff and providers.

### **Care Management and Model of Care**

\_\_\_\_ 23. The MCO assures that it will develop effective ways to communicate with the a) county staff, b) tribal staff, and c) providers, including the appropriate use of the forms DHS-5841 Managed Care Organization /Lead Agency Communication Form- Recommendation for State Plan Home Care Services and DHS-6037 HCBS Waiver, AC and ECS Case Management Transfer and Communication Form.

\_\_\_\_ 24. The MCO will ensure continuity of health care and care management services for enrollees in transition due to change in residence or change in benefits, as described in the SNBC contract.

\_\_\_\_ 25. The MCO assures that it is responsible for the care management of all enrollees and for developing and following a Model of Care, and will make available a case management system that meets the special needs of SNBC enrollees, including written protocols for accessing case management services, as described in the SNBC contract.

\_\_\_\_ 26. The MCO assures that the care management system is designed according to the SNBC model contract requirements, to coordinate the provision of services to its enrollees and must promote and assure service accessibility, attention to individual needs, continuity of care, comprehensive and coordinated service delivery, the provision of culturally appropriate care, and fiscal and professional accountability.

\_\_\_\_ 27. The MCO assures that it will maintain documentation sufficient to support its care management responsibilities.

\_\_\_\_ 28. The MCO assures that it will conduct a health risk assessment of each member's health needs upon enrollment and annually thereafter, as described in the contract, and will

enter the ADL information collected into MMIS, or into MnCHOICES when that is implemented, as described in the SNBC contract.

\_\_\_\_ 29. The MCO assures that it will evaluate its customer / member services function, provide additional training and enhance it as necessary to accommodate the additional counties.

\_\_\_\_ 30. The MCO assures that it will identify the needs of members and communicate that information to providers in a timely manner.

## **Transitions**

\_\_\_\_ 31. The MCO assures that it will provide transition assistance for any nursing facility resident enrollee who is planning to return to the community

\_\_\_\_ 32. The MCO assures that it will provide services that include promoting rehabilitation of enrollees following acute events, and for ensuring smooth transitions and coordination of information among acute, sub-acute, rehabilitation, home care, and other settings, as described in the SNBC contract.

\_\_\_\_ 33. The MCO assures that will have a transitional plan for providing services that were prior authorized for a Medical Assistance enrollee as reported by DHS including:

- Under fee-for-service by the State prior to the recipient's enrollment in the MCO,
- Services provided by MCOs currently exiting a county, and
- When an enrollee moves out of the MCO service area.

## **Providers**

\_\_\_\_ 34. The MCO assures that it has written and implemented protocols that ensure each Enrollee has an ongoing source of primary care appropriate to his or her needs and a provider formally designated as primarily responsible for coordinating the health services furnished to the enrollee.

\_\_\_\_ 35. The MCO assures that it will work with the counties and tribes to develop and maintain the provider network.

\_\_\_\_ 36. The MCO assures that it has procedures and criteria for making referrals for services outside of the MCO's provider network when providers are unavailable or inadequate within the MCO's provider network to meet an enrollee's needs.

\_\_\_\_\_37. The MCO assures that it will provide provider network updates as required by the State, including deletions from or additions to its network.

\_\_\_\_\_38. The MCO assures that it will ensure that formularies are appropriate to the needs of people with disabilities.

\_\_\_\_\_39. The MCO assures that it will have and maintain primary care and hospital networks that meet network adequacy standards as outlined in the 2016 SNBC model contract.

*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: \_\_\_\_\_

## Appendix N

### SNBC Plan Design

The responder must complete and submit detailed responses for each of the State's SNBC plan design questions. Use the numbering system included here in your Appendix.

### Administration, Operations, Compliance, and Quality

1. Describe how the MCO(s) will enhance its customer/member services function to accommodate people with disabilities. The response must include but not limited to the following:
  - a. Training staff to accommodate special needs of people with disabilities, including understanding speech patterns, use of special communications devices, ASL, communications with authorized representatives and other alternate decision makers,
  - b. Assigning designated trained staff and back up staff to customer service calls from people with disabilities enrolled in this product.
  - c. How the MCO(s) staff will be trained on referring people to services covered by state agencies/counties and information on services not covered by the MCO, including carved out services.

2. If this Proposal includes adding a county or counties to the MCO's service area:

Provide a description of the MCO's involvement and communications during the past year and moving forward with each county and tribe being added to the service area, including:

- a. the number, purpose, and topics of each meeting,
- b. training and consultation sessions and topics, and
- c. discussions around providing services to people with disabilities, including seeking input from members/ potential members, counties, and tribes in the proposed counties, on satisfaction with care, problem identification and suggestions for improving the delivery system.

If this Proposal does not include adding a county or counties to the MCO's service area, mark this question as "Not Applicable."

3. If this Proposal includes Adding a County or Counties to the MCO's Service Area, what policies, procedures, or processes do you have in place to develop the SNBC provider network in each county being added to your service area? Include a description of your activities to contract with and train providers on:
  - a. Providing services to people with disabilities, including having an accessible physical location,

- b. Training staff to accommodate special needs of people with disabilities, including the ability to communicate effectively with individuals with mental health needs,
- c. Determining appropriate services needed to meet the member's needs,
- d. Finding or developing a provider to meet those member needs,
- e. Working with the county to develop and maintain the provider network,
- f. Working with the tribe(s) to develop and maintain the provider network,
- g. Contractual requirements for providers (from DHS and from the MCO),
- h. Vulnerable Adult reporting requirements, and
- i. The MCO's claims system, electronic billing requirements, and how to submit a clean claim.

If this Proposal does not include adding a county or counties to the MCO's service area, mark this question as "Not Applicable."

### **Supplies and Equipment**

- 4. Describe how the MCO will expedite determinations for wheelchair batteries, oxygen and respiratory equipment and other similar essential equipment for members who require them. Response must include:
  - a. Timelines to provide service
  - b. What alternatives are being offered to meet the person's need until the service can be provided.
- 5. Describe how the MCO will provide home delivery options for wheelchair batteries, oxygen and respiratory equipment and other similar essential equipment for members who require them. Response must include:
  - a. Timelines to provide service
  - b. What alternatives are being offered until the service can be provided.

### **Pharmacy**

- 6. Describe the responder's utilization management policies and procedures, clinic, home infusion, and hospital-administered drugs. What role does the responder have in management of clinic, home infusion, and hospital-administered drugs? What role does your PBM have? How does the responder prevent duplication of billing between the pharmacy Point of Sale (POS) claim type and the professional/institutional claim type? What drug utilization review processes are in place for clinic, home infusion, and hospital-administered drugs? How does the plan and/or the Pharmacy Benefit Manager (PBM) identify the use of clinic, home infusion, and hospital-administered drugs for indications or at doses that are outside the evidence base? What actions are taken when potentially inappropriate utilization is identified? This question will be evaluated based on the following criteria:
  - a. Must describe prior authorization program for clinic/hospital administered drugs, including the procedure for requesting and receiving a prior authorization.



- b. Must describe the process for utilization management criteria development. Process must include both plan and PBM.
  - c. The utilization management criteria for drugs administered in a clinic/hospital setting must be equivalent to the criteria used for the same drugs dispensed by a pharmacy.
  - d. Must describe claims information sharing mechanism between the PBM and the health plan.
  - e. Must describe a prospective edit or a retrospective process to identify duplicate claims for drugs between the pharmacy and the medical claims system.
7. Describe the MCO's/participating entity's specialty drug program. What aspects of the specialty drug program are managed by the MCO/participating entity and what aspects are managed by your Pharmacy Benefit Manager (PBM)? If your specialty drug program includes a limited specialty pharmacy network, what criteria does the responder use to select the specialty pharmacy(ies) in the network? If your specialty drug program includes home delivery of specialty medications, how does your specialty pharmacy ensure proper storage and use of home delivered medications? What processes are in place to ensure patients are adhering to therapy? This question will be evaluated based on the following criteria:
- a. Description of specialty drug program must include discussion of utilization management and care/case management.
  - b. Definition of what is included in the specialty drug program should be consistent with definition of specialty in 256B.0625.
  - c. No limited specialty network/open specialty network OR
    - i. Limited specialty network must be selected based on:
    - ii. Case management and outreach capability, including adherence counseling
    - iii. Access to 24/7 pharmacist or nurse services
    - iv. Patient access to medications (rapid delivery times)

## **Transportation**

8. Describe how the MCO(s) will assure that there is a network of specialized transportation providers to meet the needs of people with disabilities. The network needs to include non-emergency medical transportation with wheelchair lift equipped vehicles and emergency transportation. Responses must include but is not limited to addressing the following concerns:
- a. Pick-up wait times,
  - b. Walking distance limitations,
  - c. How far in advance enrollees have to call to make a reservation,
  - d. MCO cancellation policy,
  - e. Back-up transportation for specialty or urgent appointments.

## Mental Health Services

9. Describe responder's established collaborative efforts with the County Adult Mental Health initiatives and Tribal mental health authorities which have improved service access and delivery. How long have the efforts and agreements been in place and how frequently are they updated? Describe the frequency of structured contact and communications between the responder and the County Adult Mental Health Initiatives and the Tribal mental health authorities. Also, describe contractual agreements with community based health providers requiring ongoing collaborative efforts to serve recipients with serious mental illness. Include specific information about collaborative agreements and contracts which include policies and procedures to best serve recipients undergoing civil commitment. Also include specific information about collaborative agreements intended to prevent of unnecessary higher levels of services.

Question will be scored on:

- a. Agreements with tribal authorities and counties are updated at least annually.
  - b. Structured contact and communications with the county and tribal authorities occurs, at a minimum, on a quarterly basis.
  - c. Description of collaborative efforts with providers must discuss viable mechanisms to prevent unnecessary services or levels of services.
  - d. Description of policies regarding recipients undergoing civil commitment must address transitions to care to and from community.
10. Describe the MCOs' process for triggers, scheduling and follow up mechanisms to facilitate annual physician visits for all SNBC members with serious mental health illness. The question will be scored on:
- a. Promotion and monitoring of access to routine and preventative care is proposed and explained. Includes description how the MCO assists the person in selecting a primary care provider.
  - b. Explaining the role of primary care physicians, and the role specialists can play in your model.
11. Describe the MCOs' process for triggers, scheduling and follow up mechanisms to facilitate and monitor continuous treatment for co-occurring chronic health conditions for SNBC members with serious mental illness. Question will be scored on:
- a. Promotion and monitoring of continuous treatment for co-occurring chronic health conditions is proposed and explained. Include description how the MCO assists the person in obtaining continuous treatment for co-occurring chronic health conditions.
  - b. Explain interaction and coordination between primary care physicians, chronic condition specialists and care

## Dental Services

12. Describe the metrics the responder uses to evaluate the adequacy of your dental network. The question will be scored on the following:
- a. Must include an assessment of access to dentists within the geographical area.
  - b. Must provide a percent of enrollees with access to a dentist within a 30 minute and 30 mile radius.
  - c. Must evaluate whether the enrolled dentists are available to serve SNBC recipients.
  - d. Must assess ease in SNBC enrollees scheduling appointments.
  - e. Must evaluate the percentage of enrollees who receive a preventative dental visit each year.

## Chemical Dependency Treatment Services

13. Describe the MCO's/participating entity's proposed process for: providing assessment according to MN Rules, part 9530.6600 through 9530.6655, coordinating care for clients who move between managed care and fee for service, assuring a full range of service options for persons with opiate/opioid addiction and assuring access to and reimbursement for a full range of local in-network continuum of care service. The question will be scored on the following:
- a. Assessment plan meets "Rule 25 assessment" standards in MN Rules, 9530.6600-9530.6655
  - b. Response provides realistic plan to smoothly manage transitions between MCO and CCDTF
  - c. Response plans for evidence-based service options for enrollees with opiate/opioid addiction, including opioid-replacement treatment
  - d. Response describes how applicant will provide enrollees with multiple, in-network options for both non-residential and residential treatment
14. Describe how the responder will address the needs of enrollees who need: co-occurring mental health and SUD services, extended treatment involvement, and long term planning and services to address chronic, relapsing symptoms of chemical dependency. The question will be scored on the following:
- a. Response provides plan for provision of evidence based services for persons with co-occurring disorders
  - b. Response provides plans for addressing needs of persons for who have not yet received sufficient benefit from short-term treatment
  - c. Response provides plans for addressing client relapse

## Appendix O

### County and Tribe Questions

Counties developed their list of county specific questions and issues individually, however the questions are grouped by Minnesota Association of County Social Service Administrators (MACSSA) regions. The responder must complete and submit detailed responses for each question identified by those counties within a specific region **for which the responder is submitting a proposal**. The responses should be focused to specifically address the regional county questions.

The questions listed in this Appendix were drafted by the counties and may reference managed care organizations (MCOs). For purposes of responding to this Appendix, assume that any reference to MCOs pertains to all responders. For questions that include a reference to a specific county, please respond specifically for that county. Where responses are limited to a county or counties in a particular region, please indicate which counties the response covers. If responder is not bidding for a particular county, please respond “not applicable.”

#### **Region 1 - Kittson, Marshall, Norman, Pennington, Polk, Red Lake and Roseau Counties**

1. How will the MCO’s contract with current service providers operating in Pennington County to enhance continuity of service.
2. How will MCO’s ensure access to transportation or become involved in enhancing transportation services?
3. To what degree will MCO’s be involved in the delivery of Mental Health services?
4. How will MCO’s work to improve dental access, locally, for its members?
5. Additional case managers can cause fragmentation of services and not best serve a consumer’s needs. How will you insure that communication and coordination of services is done to best meet the consumer’s needs?

#### **Region 2 - Beltrami, Clearwater, Hubbard, Lake of the Woods and Mahnomen Counties**

1. If the MCO’s are interested in contracting with the county for Care Coordination, would they be willing to train the care coordinators via web based training?
2. Does the MCO have a sufficient network of providers to provide all necessary SNBC related services our consumers?
3. Will the MCO provide the same face-to-face level and quality of services to consumers in Mahnomen that the MCOs consumers in less rural areas receive?

4. To what degree is the MCO anticipating to rely on telemedicine in providing SNBC related supports or services?

**Region 3 - Aitkin, Carlton, Cook, Itasca, Koochiching, Lake and St. Louis Counties**

1. Will you contract with the counties to provide care coordination? This is an important issue due to the fact that many clients have had the same county care coordinator for SNBC for many years and are very comfortable with them; the client trusts that their current care coordinator will get them the services they need.
2. Will you cover the cost of transportation to and from medical appointments for individuals who do not have access to their own vehicle or a friend or relative who can transport them?
3. Will you coordinate transportation to and from medical appointments for individuals who do not have access to their own vehicle or a friend or relative who can transport them?
4. Will you provide coverage of general anesthesia for dental care?
5. Will you provide coverage for monthly gym memberships?
6. What rate would you anticipate paying counties for care coordination?

**Region 4 - Becker, Clay, Douglas, Grant, Otter Tail, Pope, Stevens, Traverse and Wilkin Counties**

1. The hospital serving the area is located on the MN side of the river but the medical clinics are on the ND side of the river. Will they be included as providers?
2. How will you meet dental needs?
3. How will you meet mental health needs?
4. How will you meet chemical dependency needs?

**Region 5 - Cass, Crow Wing, Morrison, Todd and Wadena Counties**

1. Describe how the responder will address gaps between SNBC enrollee needs and local dental provider network minimal services available.
2. Describe how the responder will work with providers in recruiting, training, and retaining staff. Is the responder willing to evaluate reimbursements to encourage retention?
3. Describe how the responder will work with public health and primary care providers to address and manage chronic diseases, mental health & chemical dependency.
4. Describe how the responder will streamline the documentation requirements so all providers require the same documentation (same forms to be filled out regardless of the MCO).

5. Describe how the responder will assure that adequate treatment options will be available at all stages of the treatment continuum for those in need of chemical dependency treatment, regardless of any co-occurring disorders.
6. Describe how the responder will increase the number of local network providers for those providing specialty services-dental, CD, MH, detox, high risk pregnancy.
7. Describe how the responder will increase the availability of health food options and the number of weight loss programs.
8. Describe the SNBC care coordination model that is used.
9. Describe the SNBC plan for collaboration with existing services provided by county services to assure care is coordinated, unduplicated, communicated and effective for SNBC member's continuity of care.
10. How will the SNBC care coordinator be trained in mental health and chemical dependency to assure adequate knowledge of these complete systems and services that integrate with county services?

**Region 6 - Big Stone, Chippewa, Kandiyohi, Lac Qui Parle, McLeod, Meeker, Pipestone, Renville, Swift and Yellow Medicine Counties**

1. Will the MCP pay at least Medical Assistance rates for services such as Home Health, Mental Health, Dental, etc? With our shortage of providers, we cannot afford to services due to inadequate rates. Further, this can increase financial burden on the counties.
2. Does this MCO include Mayo Clinic in its provider network?
3. Will your MCO contract with local providers for special transportation?
4. Describe any wellness or prevention programs you offer, any pre-qualifiers for these programs?
5. Transportation – how can MCO invest to address transportation needs

**Region 7 - Benton, Chisago, Isanti, Kanabec, Mille Lacs, Pine, Sherburne, Stearns and Wright Counties**

1. How much contact should the member and/or county case manager expect from the care coordinator?
2. How will you work with local counties to develop services, such as transportation that are such an incredible need in rural/outstate counties?
3. The service continuum (regardless of type) seems to frequently espouse gaps. What will your organization do to:
  - a. Strengthen and improve current services
  - b. Address the gaps in services

**Region 8 - Cottonwood, Jackson, Lincoln, Lyon, Murray, Nobles, Redwood, and Rock Counties**

No questions were submitted

**Region 9 - Blue Earth, Brown, Faribault, Freeborn, LeSueur, Martin, Nicollet, Sibley, Waseca and Watonwan**

1. What are the benefits of enrolling in a SNBC plan vs straight MA? What are you offering?
2. How will the MCO deal with access issues?

**Region 10 - Dodge, Fillmore, Goodhue, Houston, Mower, Olmsted, Rice, Steele, Wabasha and Winona Counties**

1. How will the health plan increase and ensure access to psychiatry in general and particularly for an urgent need?
2. How would the health plan work with the region to support initiatives, education and information on mental health issues?
3. How will the health plan ensure access to dental care and dental specialty care (i.e. care requiring sedation)?
4. How will the health plan ensure an adequate provider network for home care services?
5. How will the health plan partner with local public transportation providers to ensure access to public transportation services for SNBC members?
6. No-go rides, no-show rides or late cancellations do cost our transportation programs money, how would the health plan do to ease this financial burden?
7. What types of preventative services are covered?
8. Describe Case Management services in detail covered by MCO.

**Region 11 – Anoka, Carver, Dakota, Hennepin, Ramsey, Scott and Washington Counties**

1. Please address your commitment to person centered planning, specifically as it relates to the Olmsted plan.
2. Please address your commitment to work with counties to engage and encourage clients' continuity of care and maintenance of MA status.
3. Please describe the criteria used to identify and promote the SNBC product to potential enrollees when not coordinated with county or state education functions.
4. 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.

5. Describe how the MCO will ensure continuity of care for recipients who are transitioning coverage from one MCO to another.
6. Describe how the MCO will address the lack of transportation in rural areas. Describe how the MCO defines "rural."
7. 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 transportation for ambulatory wheelchair and stretcher capable transports.
8. 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.
9. 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?
10. Describe how the MCO will work with the counties and providers to improve communication for access, advocacy, and dispute resolution.
11. 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.
12. Describe how the MCO will avoid duplication of services.
13. Describe how the MCO will assure access to services if the recipient is unable to pay co-pays or deductibles.
14. How are health plans assisting members with access to safe and supportive housing?
15. How are health plans expanding their network for chemical health?
16. How are health plans expanding networks and working on greater access to mental health services?



## Appendix P

### Provider Network Listing

**Before the State can sign a contract with any responder to serve these populations, the responder must have MDH approval of its service area and network.**

- A. All responders must provide the following:
  - Submit a provider network listing electronically on a CD/DVD using the Provider Network List template (Excel file). If the responder does not follow the specifications, the provider network listing will be returned to the responder, and the responder will be asked to resubmit the provider network listing according to the specifications. It is imperative that the responder follow the specifications for the submission of the network. The provider network list should include up-to-date comprehensive provider information. The State requires that responders submit an “Evidence of Contract” form (see below), and may request additional proof of contract status (e.g., contracts, signature pages, etc.) for any or all provider types.

#### Report Specifications:

A participating Provider Network List template is included below with a Data Dictionary that includes the instructions for completing the provider listing.



provnettemp\_DHS\_R  
FP.xlsx

- Responders may submit the provider network listing as a .Zip file to minimize the file size.
- Responders must submit an “Evidence of Contract” form.



networkevidencefor  
m.docx

- Provider networks must include Essential Community Providers (ECPs) available within the designated service area as required by Minnesota Statutes 62Q.19.
- Responders must submit documents which demonstrate their capacity to serve the anticipated enrollment in the service area covered by this procurement. This includes the following:
  1. Geographic Access Maps (aka, “the Accessibility Report”). The following geographic maps should be submitted:

- A map reflecting all counties to be included in the network service area.

Individual maps should be submitted demonstrating availability from all parts of the service area for the following provider types:

- Mental Health Providers
- Chemical Dependency
- Durable Medical Equipment
- Dental
- Transportation

2. Provide a comparative analysis of network by identifying any gaps in coverage (by county) for the following identified provider types:

- Mental health
- Chemical Dependency services
- Dental Services
- Durable Medical Equipment
- Transportation

Analysis documentation should describe where access is not sufficient, including when geographic mileage access criteria are not met, the reason access is not sufficient and how the responder will ensure access to services covered under the contract. Responders may be asked to submit a “Request for Waiver” documenting the reasons that all access criteria cannot be met. If there are providers located within the time and distance requirement that you have not contracted with, explain in detail why you have not contracted with these providers.

B. The counties are interested in whether their local providers are included in the responder’s network. Therefore, counties will be included in the review of the provider networks. Please submit the following lists of providers by county:

- Dental Providers
- Mental Health
- Chemical Dependency
- Transportation
- Durable Medical Equipment

**INSTRUCTIONS:**

- Use the attached Excel spreadsheet to report the above providers.



County Network  
Template.xlsx

- Click on the tab of the county or counties that the responder will be including in the list of providers and complete the template.

- Include providers in bordering counties and states. Remove the county tabs that are not used or populated.
- Make sure to include each provider type listed above.

**If this information is not submitted, your proposal will not be accepted or scored.**

## Appendix Q

### Sample 2016 SNBC RFP Confidentiality Agreements for County and Tribal Reviewers



2016 SNBC RFP  
Confidentiality Agre

## **Appendix R**

### **SNBC Guiding Principles**

#### **To Design, Implement, Evaluate, And Improve Services For Persons with Disabilities**

##### **RELATIONSHIP**

Relationships are promoted, nurtured and honored so that people with disabilities are able to plan with and be supported by those who know and care about them.

##### **COORDINATION**

Primary and acute healthcare and community supports are provided seamlessly so that the quality of life for people with disabilities is maintained and enhanced.

##### **AUTHORITY AND RESPONSIBILITY**

People with disabilities have control over and accept the consequences of their decisions regarding their support and services so that choice and risk are balanced within their lives.

##### **EQUITY**

A common method is used for assessing needs and assigning resources so that people with disabilities with similar needs have access to comparable resources.

##### **HEALTH AND SAFETY**

Health and safety protections are established to balance each person's vulnerabilities, right to accept reasonable risk, and responsibility to society.

##### **FLEXIBILITY**

System design and funding are flexible so people can develop support in ways that best meet their needs.

##### **CULTURAL DIVERSITY**

Information, communication, support and services are developed and delivered in a culturally relevant context.

##### **TRANSPARENCY**

Service options, outcomes, regulations and funding are understandable so people with disabilities can make informed decisions and the public can evaluate the system.

##### **HEALTHCARE**

Health care is delivered by clinicians with experience serving people with disabilities and the care provided is based on early intervention, prevention and management of chronic conditions.

## Appendix S

### Required Proposal Contents Checklist

Responses to this RFP must consist of all of the following components. Each of these components must be separate from the others and uniquely identified with labeled tabs in your printed copy and bookmarked in your electronic RFP response. Please note that the Proposal is due on March 29, 2016.

- 1. Table of Contents**
- 2. Executive Summary**
- 3. Service Delivery Plan**
- 4. Description of the Applicant Agency (New SNBC MCOs Only)**
- 5. Required Statements**
  - a. Responder Information and Declarations (Appendix A)
  - b. Exceptions to Terms and Conditions (Appendix B)
    - Affidavit of Noncollusion
    - Trade Secret/Confidential Data Notification
  - c. Submission of Certified Financial Audit, IRS Form 990, or Most Recent Board-Reviewed Financial Statements (Appendix C)
  - d. Disclosure of Funding Form (Appendix D)
  - e. Disclosure of Ownership (Appendix E)
  - f. Professional Responsibility Disclosure (Appendix H)
  - g. Affirmative Action Data Page (Appendix G)
    - Certification and Restriction on Lobbying
- 6. Accomplishments**
- 7. Coordination with Certain Entities**
- 8. Quality Assessment and Performance Improvement Program**
- 9. Care Management/Case Management**
- 10. SNBC Assurances**
- 11. Plan Design for SNBC**
- 12. Answers to County and Tribe Questions for SNBC**
- 13. Provider Network Listing**
- 14. Required Proposal Contents Checklist**