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| StateSeal.JPG | **Administrative Code Assessment RFP 22-70333**  **Attachment F - Technical Proposal Template** |

**Overview:**

Request for Proposal (RFP) 22-70333 is a solicitation issued by the State of Indiana in which organizations are invited to compete for the contract amongst other respondents in a formal evaluation process. Please be aware that the evaluation of your organization’s proposal will be completed by a team of State of Indiana employees and your organization’s score will be reflective of that evaluation. The evaluation of a proposal can only be based upon the information provided by the Respondent in its proposal submission. Therefore, a competitive proposal will thoroughly address all components of the Scope of Work (SOW) (Attachment K). The Respondent is expected to provide the complete details of its proposed operations, processes, and staffing for the Scope of Work detailed in the RFP document and supplemental attachments.

**Instructions:**

Respondents shall use this template (Attachment F) to prepare their Technical Proposals. In their Technical Proposals, Respondents shall describe their relevant experience and explain how they propose to perform the work, specifically answering the prompts in the template below.

Please review the requirements in Attachment K (Scope of Work) carefully – the requirements in the Scope of Work should inform how Respondents complete their Technical Proposals in this template as the “Sections” referenced below correspond to the sections in the Scope of Work.

Respondents should insert their text in the provided boxes which appear below the question/prompts. Respondents are allowed to reference attachments or exhibits not included in the boxes provided for the responses, so long as those materials are clearly referenced in the boxes in the template. The boxes may be expanded to fit a response.

**For all areas in which subcontractors will be performing a portion of the work (except where prohibited), clearly describe their roles and responsibilities, related qualifications and experience, and how Respondent will maintain oversight of the subcontractors’ activities.**

**SOW Section 1-4 - Overview of Project and Proposed Team**

1. Provide a high-level summary of how you will execute this project and why you are best positioned to conduct the assessment, recommendations report, and promulgation assistance as detailed in the Scope of Work.
2. If applicable, identify subcontractors that will be performing a portion of the work. Be sure to clearly describe their roles and responsibilities, related qualifications and experience, and how the Respondent will maintain oversight of the subcontractors’ activities.
3. Highlight key members of your team who will be involved with this project by briefly describing their relevant experience. Please attach resumes of all proposed team members who will bring the experience and expertise described in Section 5 of the Scope of Work (Attachment K). This is not an exhaustive list, but an opportunity to highlight the experience and expertise of your team.
   1. Identify a possible Project Manager, as described in Section 8.b of the Scope of Work (Attachment K). Please describe their experience with project management and attach their resume to your submission, if applicable.
4. Confirm that you meet the Mandatory Requirement set forth in SOW Section 4.

**Overview of Project and Proposed Team**

For over 25 years, Milliman has been a national leader in state health policy consulting. With contracts in over 20 states and territories, we help government agencies reach their program goals by providing comprehensive and methodical policy analysis and development. Our team has designed and implemented dozens of health program and policy reforms for states across the nation, including significant work supporting critical behavioral health initiatives.

Milliman is particularly excited about the opportunity to work with the Indiana Family and Social Services Administration’s (FSSA) Division of Mental Health and Addiction (DMHA). For this reason, **we have assembled a team specifically for this project composed of both internal Milliman consultants and specialized subcontractors that bring together national behavioral health policy experts and local professionals with years of very specific experience working with the Indiana Administrative Code (IAC) and the FSSA and its divisions and offices, including DMHA.**

As a longstanding consultant to the State of Indiana, Milliman’s consultants bring **deep technical expertise rooted in longstanding local knowledge**, experience partnering with Indiana’s state agencies – including DMHA – and a deep familiarity with the needs of Hoosiers with regards to mental health and addiction services. Our team will include several attorneys with years of experience working with and for the State of Indiana, including direct experience discussing and developing health policy changes and promulgating rules for FSSA and the Office of Medicaid Policy and Planning (OMPP) in the context of health policy, including drafting and promulgating rules implementing the Healthy Indiana Plan, consulting with OMPP to update its Title 405, drafting and analyzing draft social services legislation, and consulting with FSSA regarding federal waivers and waiver programs. We are deeply familiar with the rule promulgation process and our team already has a familiar understanding of FSSA’s leadership structure and its decision-making process.

This technical expertise with Indiana’s rule promulgation process is coupled with **unmatched behavioral health subject matter expertise**. We understand that access to behavioral care is one of the most pressing healthcare challenges faced by the nation today. We also appreciate that the COVID-19 pandemic has only added an increased urgency to this crisis and the demand for these services has escalated quickly. Our consultants’ experience spans direct engagement with behavioral health providers, health plans, regulators, and people with lived experience and includes in-depth knowledge and understanding of the range of pressing topics and issues, such as Certified Community Behavioral Health Centers (CCBHCs), the American Society of Addiction Medicine (ASAM) criteria, Assertive Community Treatment (ACT), crisis intervention, coordinated care, and other evidence-based practices and models relating to coverage of and access to behavioral healthcare. Regardless of the specific context, our subject matter experts’ experience is grounded in crafting policy solutions aimed at increasing timely access to behavioral healthcare in local communities.

**This combination of in-depth subject matter expertise in behavioral health policy and extensive experience with the State of Indiana and its rules promulgation process uniquely positions this team to complete this work in a manner that ensures that Title 440 is updated to reflect the highest standards and practices and increases the availability of behavioral healthcare for all Hoosiers. We are also confident that our analyses of emerging behavioral health issues will enable DMHA to make informed decisions on future programs and initiatives.**

**Our Approach**

1. *Provide a high-level summary of how you will execute this project and why you are best positioned to conduct the assessment, recommendations report, and promulgation assistance as detailed in the Scope of Work.*

Our approach will be firmly grounded in knowledge and first-hand experience with Indiana’s rules promulgation process. We understand that the goal of this project is to meticulously assess and update Title 440 as it pertains to mental health and addiction services in the state. We are confident in our ability to meet the requirements of the RFP, e.g., to conduct an exhaustive assessment of the identified rules and articles in Title 440, pinpoint gaps and areas for improvement, and work with DMHA to modernize the rules relating to availability of and access to mental health and addiction treatment in Indiana.

There are three key aspects to our proposal that differentiate us from other options:

1. ***Local experienced team***. DMHA will have the support of a local Indianapolis based team with decades of combined experience promulgating rules in Indiana combined with the broad and deep subject matter expertise of a nationally recognized consulting firm that has assisted numerous states to improve their behavioral health delivery systems. Milliman’s work has ranged from supporting states on innovative behavioral health program design to effective strategies for integration of behavioral and physical healthcare, from evaluating access to substance abuse and behavioral health treatment options to regulatory analysis of parity laws, and even clinical support for care management and population health programs. At the same time, members of our proposed team have been intricately involved in the development of new state regulations both for the State of Indiana and other states across the country. Our behavioral health and substance abuse treatment subject matter expertise, experience supporting a number of states with a wide variety of behavioral health initiatives, and direct experience working with the FSSA, and its various administrative code provisions provides us with a unique ability to support DMHA through the process to modernize the articles in Title 440 and promulgate new rules to align with the agency’s goals.
2. ***Rigorous project management.*** We understand that the primary outcome measurement of project management is to achieve quality project objectives on time and on budget. With a dedicated and seasoned project manager to support our project team, Milliman will maintain a focus on project rigor and effective client communications. In particular given the nature of this project, we recognize that attention to detail for the many potential changes that will be discussed, as well as tightly managing the iterative process of reviewing Title 440 on a rolling, sequential basis can only be successful with a rigorous and well-defined project management approach. Milliman utilizes proven project management tools and techniques to complete high quality project deliverables and monitor and report progress against milestones. We understand that the primary outcome measurement of project management is to achieve quality project objectives on time and on budget. We will use regular project team meetings to communicate project status and collaboratively address any risks or barriers to the project timeline or overall project success. Particularly in the context of a project that requires a high level of detailed policy and regulatory analysis, we find that ongoing, regular status meetings provide a forum for communication, early identification of potential barriers or concerns and clarification of questions that may arise. This ongoing process supports not only a shared understanding of the project status at any given time, but also allows for the swift resolution of any identified issues to support overall project success.
3. ***Inclusive stakeholder engagement facilitated by local subject matter experts.*** Central to the project’s success will be inclusive and robust outreach and engagement with both internal and external stakeholders. Milliman projects routinely involve conducting and leading individual interviews, focus groups, and ongoing workgroups. As such, our staff has extensive experience working and partnering with a variety of healthcare stakeholders – ranging from consumers and individuals with lived experience to small community providers, advocacy organizations, and leaders of national health systems. We recognize the need to ensure different voices are heard, so a top priority is to obtain feedback from the entire spectrum of invested interests to guarantee we account for all the unique needs and perspectives when developing options and solutions. In all these conversations, our goal is to better understand the different perspectives, identify gaps and misalignments, and to understand the impact and efficacy of any new the rules or policies in promoting access to mental health and addiction services in Indiana. Close collaboration and open, honest discussion with key stakeholders are crucial to informing final recommendations. More details regarding our approach to stakeholder engagement can be found in SOW sections 6 and 7.

Relying on our team’s years of Indiana-specific rule making experience, a strong project management foundation to track and manage the scope of the review, and an unwavering focus on stakeholder engagement to ensure all voices are heard in the process best positions us to conduct the assessment, to draft quality recommendations report, and to provide the rule promulgation assistance as detailed in the Scope of Work.

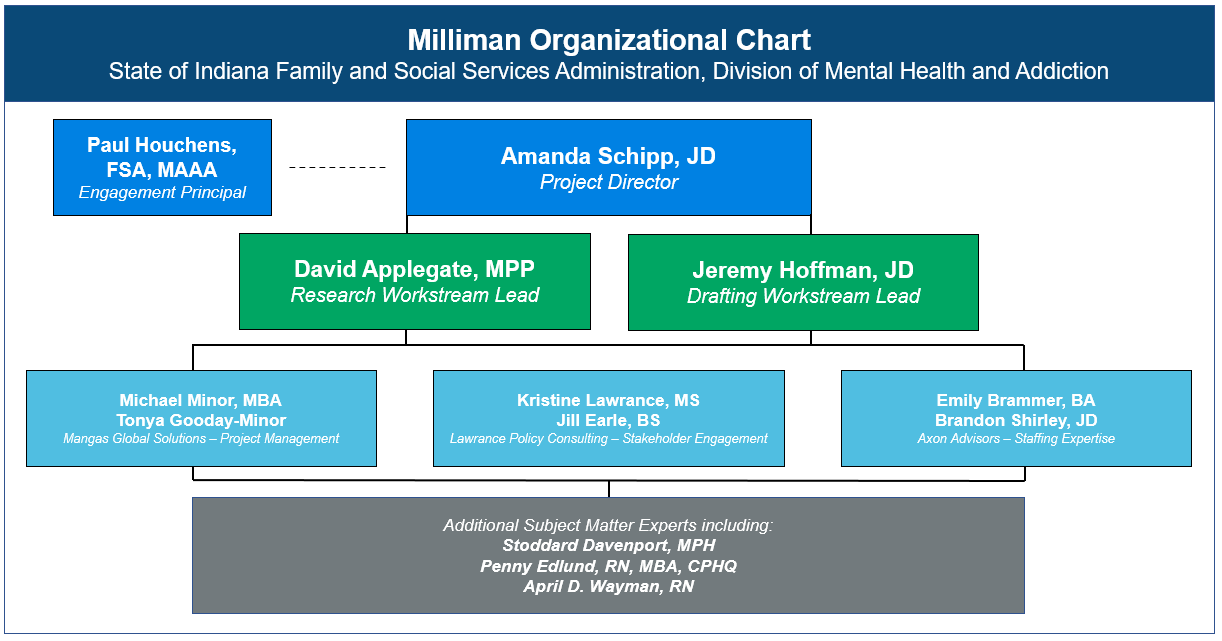
At a high level our general approach to each task is described below:

* ***Assessment.*** Milliman’s consultants take a deliberate and structured approach to policy research and assessment. Our policy experts have extensive experience conducting rigorous policy and legislative analysis – including years of direct experience interpreting, applying, and amending Titles within the IAC governing social service programs. Our team is local to Indiana and possesses strong knowledge of the IAC (specifically Title 440) and the procedural requirements for making changes to the IAC. We also understand the Indiana healthcare landscape and provider community and its strengths and challenges and believe that our experience supporting states in their behavioral health policy initiatives across the country enable us to identify and recommend solutions to those challenges. The combination of this local and national research and assessment experience means we are well positioned to support DMHA as it seeks to modernize its regulatory structure.
* ***Promulgation Assistance.***We will work closely with DMHA using an orderly, methodical, and sequential review process to systematically and individually evaluate each of the articles identified in Title 440. Through this process, we would assess the efficacy of such rules, propose draft revisions and/or new rules to align with current best practices and accurate terminology, or fill identified gaps. Milliman consultants’ recommendations and options shall be based in research and analysis that is deeply grounded in the evidence and reflective of leading standards and practices. For that reason, our assessment would not only involve a thorough review of Title 440 but would also draw on national experience and knowledge of other state administrative codes, national best practices, and federal requirements. More details regarding our approach to the promulgation assistance are located in our responses to SOW sections 6 and 7 of this response.
* ***Recommendations Report.*** As we conduct the rolling, sequential assessment of each Article within Title 440, we will begin preparing a section of the written report detailing the recommendations for that article. By completing this report information alongside the assessment work, it will lead to the production of high-quality and thorough recommendations which is a central element of all Milliman engagements. Each of these “interim report sections” prepared after the completion of work for each Article, will then be compiled together to produce the final Recommendations Report to be delivered to DMHA at the end of the project. We recognize that states need information that is detailed, yet also presented in a manner that is succinct, to make well-informed policy decisions. Accordingly, our work products undergo the most rigorous of internal quality management and control processes. Milliman employs a strong work ethic of peer review in all consulting engagements. This second review of the work deliverable results in objective scrutiny and insights and ensures that our clients receive reviewed and accurate information, that is both free of technical errors and is aligned with the client’s overarching strategic objectives. The review is structured to ensure the information is presented in a logical and complete manner, and to ensure that the overall quality of the work meets Milliman’s highest standards. The quality control process adds on an additional level of security and peace of mind for our clients so they can be assured that the information contained in our consultants’ deliverables is of the highest quality.

**Because of this rigorous process, Milliman will assure that each recommendation report section DMHA receives will not only be thoroughly vetted for accuracy quality but that it also fully considers the issues and truly addresses DMHA’s needs and objectives.** Each recommendation report section will include detailed results from the research and assessment around each rule and will present considerations and options for language that can be removed, added, or modified as well as where there is a potential need for new rules. More details regarding our approach to the recommendations reporting can be found in SOW Sections 6 and 7 of this response.

**Our Team**

As discussed above, the combination of our behavioral health subject matter expertise and extensive experience with the State of Indiana and its administrative code provides us with a unique ability to do this work. The team we have assembled for this project will be able to leverage this advantage to provide DMHA with unparalleled guidance and support and, ultimately, a superior work product. A high-level overview of the team’s experience is described below, with additional detail in the response to SOW Section 5 and individual resumes in Attachment 8 included with our proposal.



***Subcontractors***

1. *If applicable, identify subcontractors that will be performing a portion of the work. Be sure to clearly describe their roles and responsibilities, related qualifications and experience, and how the Respondent will maintain oversight of the subcontractors’ activities.*

Milliman will leverage the skills, knowledge, and expertise of three subcontractors as part of this project. All three of these subcontractors will be vital members of our team who will be fully incorporated into the project. Their work will be seamlessly connected with Milliman staff members’ work to effectively function as part of the Milliman team. We will maintain oversight of each subcontractor through a regular cadence of internal meetings and check-ins to ensure accountability in project progress and budget. Proposed subcontractors and roles are as follows:

**Mangas Global Solutions** will provide administration and project management support for the project. Tonya Gooday-Minor and Michael Minor bring decades of project management experience and expertise to the team. Both have extensive experience providing logistical and operational support for private and public sector clients and, most importantly, are able to draw on their logistics experience as veterans of the United States Army. Michael is a certified project manager and Lean Six Sigma Black Belt.

**Lawrance Policy** **Consulting** will manage the stakeholder engagement and outreach work and conduct focus groups. Kristy Lawrence and her team have significant experience developing and leading stakeholder engagement and outreach, including direct experience conducting interviews and meetings with behavioral health providers across Indiana. Kristy has also worked for FSSA for seven years where she held several roles, including helping implement the Children’s Health Insurance Program (CHIP).

**Axon Advisors** brings its regulatory expertise to support the analysis and rule drafting and promulgation. Axon Advisors has the ability to provide access to seasoned and specific subject matter expertise regarding legal and regulatory drafting, specific to the Indiana Administrative Code, and will provide this staff on an as-needed basis depending on the specific needs that arise during the project. Brandon Shirley is one of the individuals that Axon Advisors has identified for this project. Brandon previously worked for the Indiana FSSA as its Deputy General Counsel and promulgated many rules for the FSSA, including drafting new rules for the Healthy Indiana Plan (HIP 2.0) and worked closely with OMPP to overhaul its Title 405.

Brandon intends to provide drafting expertise for the Title 440 update and rulemaking strategy to guide the rule in the most efficient manner.

In addition to the individuals referenced above, Milliman has a deep bench of experts we are able to call upon throughout the project as needed. Together, the combined experience and expertise of this team is uniquely positioned to work with DMHA to modernize Title 440 and better equip the state to overcome barriers Indiana residents face when attempting to access mental health and substance use disorder care in their local communities. Milliman has a close working relationship with its subcontractors and is confident that each will fulfill their responsibilities. Still, Milliman’s project management team will monitor their activities and contracts to ensure efficiency, to meet timelines, and to timely provide deliverables relating to the project. Milliman will ensure that its contracts with any subcontractors provide for this general oversight.

***Milliman***

1. *Highlight key members of your team who will be involved with this project by briefly describing their relevant experience and expertise described in Section 5 of Scope of Work (Attachment K). This is not an exhaustive list, but an opportunity to highlight the experience and expertise of your team.*
2. *Identify a possible Project Manager, as described in Section 8.b of the Scope of Work (Attachment K). Please describe their experience with project management and attach their resume to your submission if applicable.*

The Milliman Team, described below, brings their history of success to help DMHA accomplish its strategic goals for this project by not only bringing research and analysis of regulatory requirements and lessons learned from other states, but also proactively identifying new opportunities that may support DMHA goals. Our project team is comprised of thought leaders who have extensive experience leading behavioral health initiatives at the state level. This expertise encompasses every aspect of mental health and substance use disorder care ranging from general issues of community access and availability of behavioral healthcare to workforce issues, coverage and parity, and knowledge of different treatment and care delivery models. Additionally, the team staffing this project will include staff who have worked for the State of Indiana and have direct experience working within and amending the IAC.

In accordance with Section 8.b of the Scope of Work, **Amanda Schipp, JD**, will fulfill the role of Project Manager and Lead for this engagement. **Amanda is a licensed attorney who brings over 15 years of health policy and government experience – including work with the FSSA and DMHA.** She has specific expertise in helping clients navigate the complex federal statutory and regulatory landscape of publicly funded behavioral healthcare services. In her Project Manager role, Amanda will be responsible for all day-to-day work under the engagement and will act as the single point of contact for DMHA. Paul Houchens will also act as Project Sponsor (Engagement Principal) and be available for overall contract issues or other matters that may require escalation.

Amanda will be supported on this project by two dedicated workstream leads, whose roles and background are briefly described below.

* **Jeremy Hoffman, JD – Drafting Workstream**: Jeremy is a licensed attorney, has previously worked for the Indiana FSSA as the Medicaid Advisory Attorney within FSSA’s Office of General Counsel (OGC). In that role, Jeremy had hands-on experience interpreting, drafting, and navigating the rule promulgation process on behalf of FSSA and managed the rule process of behalf of the OGC. He personally drafted, assisted, or shepherded over twenty rules through the promulgations process on behalf of FSSA. For this project, Jeremy will be the primary drafter of any changes or new rules for Title 440, conferring with subject matter experts and other team members as needed to complete this work.
* **David Applegate, MPP – Research Workstream**: David is a behavioral health policy specialist with an in-depth knowledge of the challenges faced by communities as they attempt to increase access to mental health and addiction treatment services. He has extensive experience working with the spectrum of stakeholders in the behavioral health space, specifically including both providers and consumers of behavioral healthcare, at both the national and state levels. For this project, David will lead the landscape assessment of leading practices from other states and assist with reviewing Indiana’s current practices against this lens. Again, this work will be conducted in concert with other subject matter experts and team members as needed to complete this work.

Beyond these leaders, the Milliman team will include several subcontractors as described below, as well as accessing our bench of highly-experienced subject matter experts on an as-needed basis. Milliman has numerous professionals across our firm that can support this project, but specific SMEs we may consult with due to their behavioral health and clinical expertise that may be valuable to this project include the following:

* **Stoddard Davenport, MPH – Subject Matter Expert:** Stoddard’s work focuses on the economics of mental health, substance use disorders, and other pressing public health issues. He helps organizations that are working to improve healthcare to design, manage, and evaluate their programs, and is passionate about bringing a focus on public health and health outcomes into the financing and evaluation of care delivery systems. He consults to payers, provider organizations, government agencies, foundations, professional associations, and others. His expertise is in using data to inform-decision making, including policy analysis, development and evaluation of population health strategies and other interventions, and quantification of the impact of important public health issues, like the social determinants of health. Recent projects have involved mental health parity compliance, integration of physical and behavioral healthcare, the economic impact of the opioid crisis, the mental health impacts of the COVID-19 pandemic, social disparities in healthcare access and health outcomes, economic analysis for behavioral health startups and digital solutions, and population health programs for high-risk patients. He is also heavily involved with developing behavioral health cost and utilization benchmarks for Milliman’s Health Cost Guidelines.
* **Penny Edlund**, **RN, MBA, CPHQ – Subject Matter Expert:** Penny has more than 25 years of healthcare leadership experience, which includes acute care, long term, skilled nursing, and subacute care, managed care, medical management, and population health. She has a focus on strategy, innovation, design and implementation, clinical operations, outcomes, and performance management. She has extensive managed care leadership with Medicaid, Medicare, and commercial health insurance populations. She has had both operating and consulting roles in building clinical and managed care programs for safety net populations, including behavioral health, substance use disorders, and child foster care programs, including ACEs. She is a Clinical Assistant Professor at the University of Washington MHA program.

**Mandatory Requirement Affirmation**

1. *Confirm that you meet the Mandatory Requirement set forth in SOW Section 4.*

Milliman affirms that it meets the mandatory requirement set forth in Scope of Work Section 4 stating that respondents must be independent of the entities regulated by Indiana Code Title 12 and Title 16 and IAC Title 440.

**SOW Section 5 – Desired Contractor Experience**

1. Describe any experience analyzing state and local laws and/or rules, identifying the impacts of said laws and/or rules on implementation, and providing recommendations to ensure best practices are achieved. Please describe how you will leverage your assessment and recommendation experience during this project.
2. Describe any experience systematically identifying, analyzing, planning, and implementing actions designed to involve people affected by an organization’s decisions other than your own. Please explain how you will leverage internal and external personnel engagement during this project.
3. Highlight any subject matter expertise you have, especially in mental health, substance disorder treatment, evidence-based research, recovery residencies, clubhouse model, Community Behavioral Health Clinic (CCBHC) model, and legislative codes or rules. Please describe how you will apply all your expertise to this project.
4. Describe any notable accomplishments for your company that you feel would be relevant to this proposal.
5. Describe any promulgation assistance experience you may have. Please explain how you will leverage this promulgation experience during this project. If applicable, provide examples of how you have assisted the development of proposed rules, attainment of necessary approvals, navigation of public hearing and/or comment periods, and finalization and enactment of enforceable rule(s) on similar projects.

**Desired Contractor Experience**

Milliman has a deep bench of behavioral health subject matter experts and healthcare policy analysts to assist with this project work. Our policy team members are accomplished professionals with far-reaching industry knowledge, expertise, and experience with projects that require in-depth, meticulous policy analysis, development, and implementation. These individuals have experience (working with both state and federal agencies) researching, providing analysis, and conducting stakeholder outreach and engagement. This team also possesses significant experience with projects specific to increasing the availability of mental health and addiction services in state and local communities. Specific types of desired experience requested for this project are further described below.

**Experience Analyzing Laws and/or Rules**

1. *Describe any experience analyzing state and local laws and/or rules, identifying the impacts of said laws and/or rules on implementation, and providing recommendations to ensure best practices are achieved. Please describe how you will leverage your assessment and recommendation experience during this project.*

The vast majority of the work completed by our subject matter experts for clients concerns state and federal laws and regulations. As such we have developed significant experience analyzing laws and regulations at every level of government for not only compliance but to also understand the available options for program development as every program and every state is different. Understanding these differences and the legal opportunities or restrictions allows our team to tailor our work to what fits the client best.

One such example of this was a non-emergency transportation program for a state Medicaid program that faced significant legal obstacles and challenges. For that client we reviewed state and federal regulations and provided the client with multiple options for how to proceed while remaining compliant with all applicable regulations and continuing to provide the necessary service to their members.

Milliman’s depth of regulatory analysis experience allows us to provide nimble assistance even in the face of a rapidly changing regulatory environment. For example, at the onset of the COVID-19 pandemic, we provided numerous states with the regulatory framework and applicable federal standards needed to obtain disaster authorities and provide stable ongoing services to their beneficiaries during the public health emergency, while remaining compliant with federal law. This support continued as Congress passed additional new COVID relief legislation and CMS released numerous new sub-regulatory guidance documents. The Milliman team stayed abreast of these unfolding changes and summarized them in an effective way, helping the states to understand evolving program requirements and reporting needs, among other impacts.

Often our work requires us to consider corollary impacts that may not have been the primary question posed by a state client. For instance, a state seeking to design a new behavioral health benefit may not have considered the federal funding implications that one design option may have over another. Likewise, a state seeking to impose new requirements on providers may not have a full understanding of the data sharing needs or reporting burdens that change could create. Because Milliman has a multi-disciplinary team with experience in regulatory analysis, financing considerations, and actuarial services (among other disciplines) that spans a wide variety of states, we are able to draw upon this bench of experts while we perform our regulatory review to assure a broader look at the impacts said laws and/or rules may have upon implementation, and offer additional options that may appropriately maximize financing, produce better outcomes, or simplify compliance.

In addition, the Milliman project team includes individuals with direct experience working with the FSSA. In such capacity, these individuals helped to build new social services programs working closely with office or division staff, as well as developing and promulgating related rules to implement the programs. Our team is intimately aware of the Indiana rulemaking laws and processes, and how to work with DMHA staff to discuss, understand, and carry out its vision. We intend to utilize these individuals and their expertise in lead roles to support the rulemaking strategy and drafting process for the rules to be amended or newly written under this project.

**Experienced Public Policy Consultants**

1. *Describe any experience systematically identifying, analyzing, planning, and implementing actions designed to involve people affected by an organization’s decisions other than your own. Please explain how you will leverage internal and external personnel engagement during this project.*

As experienced public policy consultants, we approach our work with the ever-present understanding that the practical effect of the work can impact many internal and external parties – and we are most mindful in supporting DMHA that this means we must consider impacts not just to state agencies or healthcare providers, but critically, to the state’s most vulnerable populations. And because we are skilled in supporting government agencies, we know that government must always work to identify and plan its actions based upon how its services will affect people outside the organization. Affected parties may include internal government staff, external regulated entities, and most importantly citizens relying on the services and supports provided by the agency.

Accordingly, all of these groups must be afforded a voice in the development process for the end product to produce positive effects, which is why we emphasize stakeholder engagement as a core piece of nearly all our work. Our team has amassed significant experience developing robust and dynamic engagement strategies that carefully consider every element and detail of the stakeholder landscape in the states where we work. Because we have direct experience working with Indiana’s behavioral health delivery system, we can easily help identify key players and accurately assess who is the most likely to be impacted by specific policy changes and who needs to be incorporated in the process to gather needed information and ensure buy-in, including but not limited to other state agencies, CMHCs and other providers, and consumer advocacy groups.

Our work often involves understanding the interactions of regulations amongst and between multiple government agencies. For instance, Milliman was asked by a state to complete a project to better understand the interaction between the child welfare agency and the state Medicaid agency. We created a cross-functional team comprised of policy analysts, actuaries, and data scientists performed a data match between Medicaid and Child Welfare recipients to better understand this intersection. Challenges associated with this project include bringing together two different state agencies and meeting their collective needs to holistically support one service delivery system that provides care for children in

adoption and foster care placements. This required us to assess the program requirements and regulatory structures of each agency to understand the journey of a child through these systems. As part of this work, our policy team developed executive level summaries and the documentation describing the journey of a child through both service delivery systems, as well as facilitating cross-agency discussions regarding policy implications material and future service considerations. Our approach helped educate the two agencies about their respective regulatory and policy realities and spurred constructive dialogue on how to position future service offerings.

The proposed Milliman project team has an abundance of experience conducting both stakeholder interviews and focus groups with a wide range of people and organizations, including patients and consumers of behavioral healthcare, providers, insurers, and regulatory bodies. We have worked in numerous states (including Indiana) conducting intensive stakeholder outreach and engagement on a wide range of behavioral health topics. We understand that the behavioral health issues on which we are engaging stakeholders will range from complex provider rate build-up to direct beneficiary communications in the context of consumer education around mental health and addiction parity and general access to behavioral health care, and we will ensure the interviews include the right individuals to easily pivot across these important topics.

As an example, Milliman was retained by a state to help design and implement a behavioral health managed care program that would support and coordinate care for children and families whose needs span multiple health care delivery systems including child welfare. Our work for this project comprised policy, operational, actuarial, and financial consulting services. While there have been numerous other aspects of this project, stakeholder facilitation activities have been a critical part of the value Milliman has provided to the state for this project. In order to ensure the new program’s rates are reasonable and appropriate for the service and population, Milliman executed an extensive stakeholder engagement process that included arranging and facilitating discussions with existing groups of stakeholders to review the developed rates, assumptions, and consistency with proposed administrative code rules. Facilitation techniques and tools used for this project included:

* Conducting initial meetings with key stakeholders to review the methodology and modeling approach. We prepared a presentation to share with the group providing an overview of the project and allowed time during the session to obtain feedback about the methodology and modeling. Holding this session with a smaller group allowed us to gain greater understanding of potential issues, as well as add clarifications where useful, before the material was shared with a wider group.
* Holding two additional sessions to discuss each of the key services. There were over 100 participants in each of these meetings.Feedback from these stakeholder meetings was robust, which we collected both in meeting notes as well as summarized form. To be fully responsive to comments and questions received during and after the meetings, we worked with the state to prepare and publish a document with answers to frequently asked questions. After all feedback was considered, we worked with the state to finalize the rates, and issued a report outlining the rates, assumptions, data sources, and methodology.
* Concluding the process with a final stakeholder engagement meeting to review the final results. This step was important to showing the stakeholders that their input was heard and to answer any questions about the methodology and modeling that was used.

When pulling together so many different constituencies – sometimes with conflicting interests – there is always the challenge of meetings and conversations getting side-tracked and progress being stalled. We overcome and mitigate such risks by always providing tight meeting agendas and presentations intended to keep the discussions focused and on-point. Milliman leverages our staff’s extensive experience navigating complex political environments to ensure that all voices are heard, and conversations remain productive.

Ultimately, when working with government agencies, we understand it is important to always keep the downstream impact of new policies top of mind. In addition to extensive stakeholder engagement, our project management process, which documents all identified issues and stakeholder comments, includes individual tracking of each item’s alignment with agency goals and impact on consumers, risks, contingencies, and operational feasibility. This documentation approach which takes into consideration the impact on both internal and external stakeholders facilitates efficient decision making with leadership.

**Unmatched Behavioral Health Expertise**

1. *Highlight any subject matter expertise you have, especially in mental health, substance disorder treatment, evidence-based research, recovery residencies, clubhouse model, Community Behavioral Health Clinic (CCBHC) model, and legislative codes or rules. Please describe how you will apply all your expertise to this project.*

The Milliman team is comprised of behavioral health experts with unmatched knowledge and experience with the entire range of issues in the mental health and addiction space and who intimately understand and appreciate the challenges faced by states in our present moment. Specific to the project team for this engagement, our team members have worked with and for a wide range of behavioral health providers, patient and consumer advocates, health plans, and state agencies. Our team will leverage this experience and subject matter expertise to critically analyze the regulations in Title 440, including identifying opportunities to advise on substantive issues in the code related to mental health and substance use disorder treatment.

***Research and thought leadership***

Milliman is an established subject matter expert and has published extensively on mental and behavioral health policy issues. Among the range of our work, we have conducted compliance reviews of laws such as parity (<https://www.milliman.com/-/media/milliman/importedfiles/uploadedfiles/insight/2017/impact-mental-health-parity-act.ashx>) and coverage requirements and have helped numerous states analyze access to services across the continuum of care to support the design of programs to increase access and availability of services (<https://www.milliman.com/en/insight/expansion-of-asd-treatment-to-a-medicaid-epsdt-benefit>). We also have experience assessing social determinants that can exacerbate amental health and substance use challenges. For instance, we have performed research on issues of homelessness and housing stability and innovative programs that states can pursue to address these needs (<https://www.milliman.com/-/media/milliman/pdfs/articles/housing-stability-medicaid.ashx>)

***Mental and substance use disorder treatment expertise***

The Milliman team has extensive experience working directly with state agencies in designing, operationalizing, and evaluating their behavioral health delivery system, including efforts to expand access to critical mental health and substance use disorder treatment. Some of these efforts have included the pursuit of federal 1115 waivers to expand access to Institution for Mental Disease (IMD) services to individuals with substance use disorder (SUD) and serious mental illness (SMI). The Milliman team has supported several states in submitting and receiving approval for these SUD and SMI specific waivers. Our work included the critical analysis of current program offerings and the capacity of the state to increase the availability of SUD and SMI treatments to meet CMS requirements for 1115 waivers.

In addition, our team also has extensive experience with the assessment, development, and implementation of payment rate systems for a wide variety of behavioral health services and programs that underpin service delivery system reforms.

Our team brings decades of experience, gained via stakeholder engagement (providers, MCOs, advocates and individuals with lived experience) and working hand-in-hand with State staff to make sure that their payment systems are able to meet their overall service delivery goals.

Performing this work requires an in-depth understanding of service delivery approaches (e.g., team-based care, use of peer support professionals, the role of case management) and State requirements related to staff types, staff to client ratios, supervision needs, transportation requirements, administrative support, and other program support costs. We have also focused intensively on workforce-related assumptions, including wage levels, training requirements, retention, and employee-related benefits. We have developed payment systems related to behavioral health services such as:

|  |  |  |
| --- | --- | --- |
| Psychiatry/ prescriber services | Assessments and evaluations | Peer services |
| Counseling | Crisis intervention | Partial hospitalization |
| Intensive outpatient | Medication assisted treatment | Intensive in-home supports |
| Children’s residential facilities | Adult residential facilities | PRTFs |
| Community living supports | Supported employments | Case management |
| Behavioral health homes | Assertive community treatment | ASAM levels of care |

***Behavioral health models of care expertise***

Milliman has worked with state governments across the country to increase the availability of and access to mental health and addiction treatment services for their residents. This work has included providing actuarial, financial, policy and operational support in identifying opportunities to strengthen the delivery system. Through our broad policy and actuarial work with states, particularly in work related to rate development for behavioral health services, we have gained broad familiarity with the range of treatment services and models, including options such as recovery residencies, clubhouse model, Community Behavioral Health Clinic (CCBHC) model.

For instance, we worked extensively with one state to implement their Section 223 CCBHC state demonstration. Our work to implement CCBHC for this state included:

* Facilitating stakeholder workgroups,
* Developing provider communications,
* Conducting provider site visits to evaluate operational workflows, processes, and practices, and
* Developing operational plans to support ongoing monitoring.

We are also actively supporting several states in considering behavioral health delivery system reform, with a focus on building upon key components (e.g., quality) of CCBHCs. For example, we are currently working with a state in designing and implementing a statewide CCBHC-like care delivery model. The project includes policy research to identify a path to secure appropriate authorities, and stakeholder engagement activities to ensure mental health and addiction treatment providers, and other important stakeholders are brought in and informed ahead of implementation.

***Statutory, Regulatory, and Program Knowledge***

Our consultants are well versed in the intricacies of mental and behavioral health coverage and legislation and can provide guidance to clients on program options, statutory and regulatory requirements, cost, utilization, and more. This knowledge and experience include a deep familiarity with issues pertaining to topics such as coverage, access and availability, workforce, and different treatment and delivery models. From a program design and evaluation standpoint, we know how to analyze outcomes of population health, disease management, substance use treatment, and other types of behavioral programs with the goal of identifying areas of improvement in program design and delivery.

Specific to the project team for this engagement, our team members have worked with and for a wide range of behavioral health providers, patient and consumer advocates, health plans, and state agencies.

Our team will leverage this experience and subject matter expertise to critically analyze the regulations in Title 440, including identifying opportunities to advise on substantive issues in the code related to mental health and substance use disorder treatment.

**Notable Experience**

1. *Describe any notable accomplishments for your company that you feel would be relevant to this proposal.*

Milliman’s experience working with government healthcare and social services agencies, as well as health plans, healthcare providers, and a wide range of advocacy groups, professional associations, and regulated entities will significantly aid our advice and recommendations. We come to this project with a broad understanding of how behavioral health systems operate and what statutory and regulatory requirements govern them, and we will supplement this industry know-how through the stakeholder engagement and the public comment processes during the rulemaking process. Drawing on past work experience and projects, we have already begun a review of Title 440 and understand both its contents and its structure, as well as the IAC processes that determine how to amend or change these regulations. We likewise come with a strong presence and commitment as a current vendor to the State of Indiana. We know this state and the stakeholders within it, and we understand the landscape within which DMHA operates. At the same time, we come with the singular aim to assist DMHA to achieve its agency goals, and we will continuously align our work on this project to accomplish those goals while incorporating stakeholder inputs to achieve public buy-in for those goals as well.

We have demonstrated this attention to the client’s goals and the need for stakeholder input and buy-in on numerous projects. One such example of this experience involved a state client who asked Milliman for assistance improving a member-focused care management structure for their Medicaid managed care program. In that situation, we discussed the current landscape of the care management work with several stakeholders to understand what was working and what could be improved. By reviewing the current state with organizations and individuals on all sides of the program (agency staff, healthcare providers, managed care plans, and advocacy groups) we were able to help the state synthesize these inputs to identify themes, then compare these findings with the original goals set forth by the state to select policy options that would best meet the strategic goals while solving for certain flaws in the current system. After these discussions, we identified key areas for improvement, and discussed possible options with the client (referencing programs from other states as well as industry best practices). Through this process, we then designed an improved care management structure that was all-encompassing of the members needs while creating greater provider integration and communication between all health care providers for each individual member. The final design was incorporated both into program documents as well as provider certification requirements and managed care plan contracts, aligning all parties toward complementary roles in the new system.

This team brings a breadth of experience conducting in-depth analysis of federal, state, and local rules and laws. We have been trusted policy advisors to dozens of states across the nation for many years and are therefore extremely familiar with national best practices and standards. Elemental to nearly all our engagements is a need to do a comprehensive assessment of the relevant sections of a state’s legislative and administrative codes. We leverage what we have seen in other states, identifying national themes or local best practices, in order to develop options and recommendations that fit the unique and nuanced context of the particular project.

For example, a state tasked Milliman with reviewing its mental health code and corresponding regulations to determine the responsibilities of various agencies providing behavioral health services in the state. Milliman analyzed and summarized the entirety of the code and the regulations, creating a document for the state that organized the provisions by topic. By summarizing and organizing the code, Milliman assisted the state in building its understanding of the code’s content and laid the groundwork for both a contract amendment and change in the cost methodology utilized by the agencies contracted with the state.

The Milliman team later assisted the state with an audit of its behavioral health code sets to better understand what codes and modifiers the state was using, and which providers could bill for them. Milliman assisted the state in updating those codes then based on the state’s service offerings and precedent in other states.

As another example, for another state, we provided technical assistance to interview state behavioral health organizations (BHOs), Managed Care Organizations (MCOs), Behavioral Health Administrative Service Organizations (BH-ASOs), and community providers to collect information and operational processes needed for SAMHSA federal reporting requirements. This work helped the state to be compliant with its reporting requirements, but also provided useful insights into the day-to-day challenges and opportunities in how services are provided.

Lastly, in another instance, we worked with a state to promulgate new policies for required reporting applicable to all behavioral health and substance use disorder providers in the state. For that client, we worked with internal stakeholders and subject matter experts to draft the policies, ensured compliance with all federal and state regulations, and worked with the agency to manage the promulgation process, including summarizing public comments, working with the agency to write responses to those comments, and updating the policy based on feedback prior to publishing the final policy.

**Promulgation Experience**

1. *Describe any promulgation assistance experience you may have. Please explain how you will leverage this promulgation experience during this project. If applicable, provide examples of how you have assisted the development of proposed rules, attainment of necessary approvals, navigation of public hearing and/or comment periods, and finalization and enactment of enforceable rule(s) on similar projects.*

As referenced in other parts of this response, we have multiple team members who have extensive experience with the Indiana rules promulgation process (the Administrative Rules and Procedures Act) through drafting and promulgating rules amending multiple administrative codes for FSSA. Our team is aware of the time and effort needed to amend this state’s administrative code and the multiple steps required to complete this process, which include:

* Working closely with state agency staff to understand their goals and vision for the rule promulgation,
* Drafting proposed rules to meet the requirements of the Indiana Register,
* Assessing and drafting the economic impact analyses for the Office of Management and Budget,
* Seeking approval to promulgate rules,
* Drafting notices for the Indiana Register,
* Scheduling and conducting public hearings,
* Seeking and reviewing public comments, and
* Preparing the final rule for review by the Office of the Attorney General and Governor.

We understand the time necessary to complete these steps, and we will continually reassess and advise DMHA on rule promulgation strategy to make this process as efficient as possible. We will take every opportunity to complete the rule promulgation within the shortest possible time within the statutory limitations. Effective use of decision tools and issue logs will assist with this goal, while we will apply our personal knowledge of Indiana-specific process strategies as well. We wish to emphasize that several our team members have experience working with FSSA to draft rules supporting Indiana’s Medicaid expansion and working with OMPP to overhaul and revise Title 405, including promulgating many other rules. Both Jeremy Hoffman and Amanda Schipp have previous hands-on experience with the rule promulgation process from their time working at FSSA, including experience drafting entirely new sections of code to align with new agency initiatives. Jeremy and Amanda have led and managed the promulgation process dozens of times and are uniquely qualified to assist DMHA with each aspect of the promulgation process from start to finish.

**SOW Section 6 – Assessment Execution and Report**

During part of his time at FSSA, Jeremy served as the Medicaid Advisory Attorney and managed the rule process on behalf of the Office of General Counsel. Jeremy personally drafted, assisted, or shepherded over twenty rules through the promulgation process on behalf of FSSA.

As such, we are keenly aware of the time commitment that rule promulgation can take and how important it is to meet each step. From rule drafting, fiscal document creation, stakeholder meetings, state agency approvals, public notices, and approval from the Office of Attorney General, our team has undertaken this process dozens of times and can be a valuable resource as the state works to update Title 440.

1. Describe your approach to conducting all assessment components as outlined in Section 6.a of the Scope of Work (Attachment K). Be sure to address the factors you will consider, the information you will need, and the safeguards you will include to ensure all components of the assessment are executed with fidelity.
2. Demonstrate how your approach to the assessment will be grounded in the framework of access to, availability of, and timing/timeliness of mental health care and addiction services across the State.
3. Describe how you will collaborate with the State and focus groups to inform your assessment of existing rules and drafting of new rules that address identified gaps in Title 440.
4. Describe how you will work with and assist the Office of Management and Budget in the assessment of existing rules and drafting of new rules.
5. Describe how you will approach developing and submitting each of the Recommendations Report sections as outlined in Section 6.b of the Scope of Work (Attachment K). Be sure to include how each recommendation was reached by addressing the following:
   1. Best Practices, Like Practices, and Possible Practices
   2. Evidence-Based Research
   3. Federal Expectations and Requirements
   4. State Law
   5. Accrediting Body Expectations
6. If applicable, narrate an example of a time you conducted an assessment and developed recommendations for a comparable project or organization. Highlight the lessons you learned from that experience and how those lessons will be applied to this assessment.

**Milliman’s Assessment Approach and Framework**

* + - * 1. *Describe your approach to conducting all assessment components as outlined in Section 6.a of the Scope of Work (Attachment K). Be sure to address the factors you will consider, the information you will need, and the safeguards you will include to ensure all components of the assessment are executed with fidelity.*

Milliman will complete the IAC assessment on a rolling, continuous, and sequential manner. The assessment will begin by meeting with DMHA leadership to understand their goals and objectives for this project, including the scope of desired revisions. We anticipate our assessment to identify opportunities across three categories: 1) technical language corrections to current rules without any programmatic or fiscal impact; 2) updates to current rules to adhere to state and federal regulations as well as current operational practices; and 3) enhancements through new rules to align with best practices and expanding access to quality care.

For each article of Title 440:

* We will begin by performing a **complete initial review** by our team of subject matter experts and attorneys to determine the current state of the Indiana Administrative Code as it compares to best practices, leading terminology, standards of care, and adherence to state and federal regulations.
* This initial review and assessment will then lead to a **regulatory and best practice comparison** to determine viable options for incorporation and amendment into the Indiana Administrative Code.
* We will then conduct a series of **internal and external stakeholder interviews** to validate our initial findings and identify further opportunities for improvements and corrections.

We understand that the development of the administrative code assessment will encompass numerous decisions made across multiple program areas, and over a span of time. Throughout the assessment process we will use a decision log to collect, review, and adjudicate the many changes and ideas that will result from our ongoing discussions with DMHA as well as any potential ideas for consideration that result from the stakeholder input sessions. We will also consider the potential changes for each article and determine, jointly with DMHA, whether the promulgation of the recommended changes should occur one article at a time, or in small groupings as may make sense. Throughout the assessment process we will use a decision log to collect, review, and adjudicate the many changes and ideas that will result from our ongoing discussions with DMHA as well as any potential ideas for consideration that result from the stakeholder input sessions.

The basic elements to be contained in the decision log document include:

* Name and description of the change and whether it is addressing an existing authority or a new rule
* Original source of the proposed change, e.g., DMHA, Provider, Health Plan, Advocate, etc.
* Goal alignment and/or why the change is needed
* Other state experience providing a relevant comparison including regulatory authority
* Fiscal impact
* Analysis of overall viability and alignment with state policy goals and objectives
* Documentation of the final DMHA decision to pursue rule change

This log will periodically be reviewed with DMHA to look for themes, identify additional stakeholder inputs needed, or convene strategic discussions, as appropriate. Decision points will always remain the responsibility of DMHA, but Milliman will serve in a facilitation role to put forth issues for decision and manage the process to assure they are all addressed.

Before drafting begins, our team will identify any requests for data from DMHA and a list of potential stakeholders that will be useful for language development. (However, please note, the drafting process is assumed to happen over the life of the project, both as an efficiency measure as well as in response to DMHA’s direction that it prefers a sequential, rolling review.) As we assess the current and future needs of the mental health and addiction treatment services, we cannot forget the current framework and foundation that the system has been developed on. Gaining a thorough understanding the current landscape for access, availability, eligibility, timeliness, and payors will allow for a more efficient amendment process rather than trying to create an entirely new system when one is not needed.

**An Approach Rooted in Increasing Access to Care**

1. *Demonstrate how your approach to the assessment will be grounded in the framework of access to, availability of, and timing/timeliness of mental health care and addiction services across the State.*

Milliman understands that timely and proximate access to mental health and addiction services is one of the most acute problems faced by communities in this moment – exacerbated in no small part by the wake of the COVID-19 pandemic – and, as such, increasing access, availability, and timeliness must be foundational to the work.

A 2019 report published by Milliman highlighted disparities in access to behavioral healthcare and found that Indiana residents must go out-of-network for behavioral health at a rate 4.18x that of physical healthcare (<https://www.milliman.com/en/insight/addiction-and-mental-health-vs-physical-health-widening-disparities-in-network-use-and-p>). Data from the U.S. Department of Health and Human Services (HHS) shows that 70% of Hoosiers live in communities with a shortage of mental health providers (<https://www.kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas-hpsas/>). We also understand that several efforts have been undertaken in Indiana to better understand access and availability of mental health care and addiction services in the state, with the creation of tools like INCONNECT that make it easier for individuals to find treatment options in their communities. Importantly, we understand that DMHA has stated as its mission that it strives “To champion mental health promotion and substance use disorder prevention, treatment and recovery systems that are high quality, seamlessly integrated and accessible to the people and communities of Indiana” (<https://www.indianacountycommissioners.com/assets/NewsandLinks/2021%20AIC%20County%20Commissioners%20affiliate%20DMHA%20Presentation.pdf>). Support for meaningful access to mental health care and services must underpin any changes to DMHA’s regulatory structure, and will be the foundation for all the work Milliman undertakes on this engagement.

Using the initial assessment and valuable inputs from the stakeholder feedback process, Milliman will have a more complete understanding of gaps, misalignments, and relevance of the current rules to inform a more complete update and amendment process that can be grounded in the framework of access and availability of mental health care and addiction services across Indiana. Pairing these internal reviews and assessments with an understanding of the current best practices, state and federal regulations, accreditation requirements, and updated terminology, Milliman will analyze the current system and create a thorough Recommendations Report containing options for modernization, notation of the need for any updated best practices, and suggestions for changes that will promote overall improved program effectiveness and efficiencies as it applies to each Article of Title 440.

We understand that not every best practice or national trend will work in Indiana. Our team is aware that each state and community is unique and has real challenges that other states may not have. Our team will draw on our broad national experience to help design uniquely Indiana-focused solutions that will work for Hoosiers. At the same time, DMHA may not have the capacity or funding to implement all potential changes or may lack the authority to pursue certain changes. Due to Milliman’s broad experience working in states across the nation, we can offer insights that are not readily available from viewing national trends, and work with DMHA to select options that make sense for DMHA’s policy goals. Our specialty lies in creating state-specific recommendations to uniquely solve that state’s local challenges and policy goals. Using a personalized approach, our team can develop a process and program that addresses DMHAs goals to improve access, availability, and timeliness of mental health care and addiction services across the state within each section of the code as appropriate.

**Structured and Strategic Stakeholder Engagement**

1. *Describe how you will collaborate with the State and focus groups to inform your assessment of existing rules and drafting of new rules that address identified gaps in Title 440.*

We understand that stakeholder engagement has been set forth as a core objective for DMHA on this project. With that aim in mind, Milliman will work in concert with DMHA to develop a stakeholder engagement plan to incorporate inputs from all relevant stakeholder groups – representing consumers, providers, institutions, DMHA personnel, payors, and other state agencies. We will begin our collaboration process by focusing on internal discussions with DMHA to confirm the state’s desired goals and approaches for the assessment. This collaborative approach will continue throughout the life of the process, as we may seek clarifications or state direction on issues that arise. We will make these interactions a regular feature of our standing meetings with the state. In these forums (or through ad hoc meetings, if more extensive discussions are needed), we will present background information, research, policy options, and stakeholder comments as needed to inform DMHA’s decision making. In each case, we will then document the DMHA feedback on the decision log and incorporate the process used in our Recommendations Report.

With DMHA guidance as the framework, we will also develop a plan for seeking input from external stakeholders. Our longstanding knowledge of key parties with an interest Indiana’s behavioral health system will be used to inform this plan. The stakeholder engagement plan will outline the list of potential stakeholders to be engaged, make recommendations, and seek feedback around which stakeholders can be grouped into one session, and identify situations where different meeting formats may be useful (e.g., public meeting presentation vs. a private, structured interview).

Grouping of stakeholders can be an effective mechanism to make the stakeholder engagement process more efficient, while promoting conversation and understanding different perspectives about common issues with similarly situated groups. Examples of how external stakeholders may be grouped for this project are shown below. Groupings and attendance would be developed and confirmed with DMHA to assure adequate participation, both across stakeholder types and from other perspectives like geographic diversity and an equity lens.

|  |  |
| --- | --- |
| **Potential Categories** | **Types of Attendees** |
| Consumers and advocacy groups | Mental Health America of Indiana  National Alliance on Mental Illness (NAMI) Indiana  Individual consumers with lived experience |
| Healthcare providers | Community Mental Health Centers  Substance Use Disorder treatment facilities  Supervised group living facilities |
| Insurers | Medicaid Managed Care Organizations |
| Hospitals | Hospitals  State Psychiatric Hospitals |
| Criminal Justice System | Jails (Department of Corrections)  Courts/Justice System |
| Provider Associations | Mental Health Provider Associations  Substance Use Provider Associations |
| State Agencies | Department of Health  Department of Insurance  Division of Mental Health and Addiction  Office of Medicaid Policy and Planning |

The purpose of these stakeholder meetings will be to hear and understand stakeholder concerns to further determine possible amendments needed for the administrative code. As individuals that are deeply rooted in the DMHA system from multiple perspectives, stakeholder feedback can provide valuable insight that is only known through the hands-on effort of those involved. Furthermore, as this assessment will be completed on a rolling basis, Milliman will be better situated to have pointed conversations with those entities and stakeholders that each individual section is more applicable to. This intentional review process will allow for the greatest feedback and insight for each section of the administrative code. For example, 440 IAC 4.1 outlines the certification process for Community Mental Health Centers and therefore it is less important for other provider types or state hospitals to be present for those discussions as the article’s content is not relevant to those groups. By identifying provider associations, hospitals, state facilities, sister agencies like the Office of Medicaid Policy and Planning, mental health advocacy groups, addiction advocacy groups, and payors, we can create a stakeholder process that is beneficial for everyone involved while still being efficient and pointed in our decision making.

To ensure efficiency and effectiveness, Milliman will utilize a team that includes both seasoned attorneys and subject matter experts to ensure that the impacts of the potential regulations are understood, as well as insuring that the draft meets Indiana Administrative Code standards. Upon drafting each section, Milliman and DMHA may find it useful to proposes a follow-up (second) stakeholder engagement process to allow for an informal review and input process outside of the required comment period during the promulgation process.

This second stakeholder meeting would allow for feedback on the draft rule while ensuring that concerns of each stakeholder were addressed where possible.

**Collaboration with OMB**

1. *Describe how you will work with and assist the Office of Management and Budget in the assessment of existing rules and drafting of new rules.*

We know that the Office of Management and Budget (OMB) is the first reviewer of a draft rule and determines whether or not the draft can proceed with promulgation. As the OMB staff are not have subject matter experts on mental health and addiction, third-party assistance is typically needed to facilitate OMB’s review of the draft rule to allow for a comprehension of the draft rule’s impact on state budgets, program rules, and ultimately, Hoosiers.

We have found it useful to engage the OMB as early as possible to explain significant rule promulgation changes. As OMB does not have a statutory timeline for their review or approval, early engagement can also help facilitate and expedite this review process. Based on our Indiana regulatory experience, we will suggest strategies to break-up the rule promulgation process to navigate this OMB review process more successfully. For example, grouping rule sections that are similar in topics to ensure a complete view of each rule and the intended results of each amendment. Engaging OMB early in the process will help them understand the rulemaking approach and help DMHA to understand what OMB might expect during each stage of the process. We may also recommend taking a similar approach to discussing the rule promulgation intentions and approach with the Office of Attorney General and adjusting as needed to align with their input.

We understand that OMB typically assigns specific analysts to each agency to assist with such reviews. We intend to identify this individual early in the process and to develop a collaborative relationship with him or her to ensure that we meet all their expectations or requirements. We also hope that such engagement cuts down on the time necessary to complete the rulemaking process, particularly where statutory timelines do not exist.

**Analytical and Comprehensive Recommendations Reporting**

1. *Describe how you will approach developing and submitting each of the Recommendations Report sections as outlined in Section 6.b of the Scope of Work (Attachment K). Be sure to include how each recommendation was reached by addressing the following:*
   1. *Best Practices, Like Practices, and Possible Practices*
   2. *Evidence-Based Research*
   3. *Federal Expectations and Requirements*
   4. *State Law*
   5. *Accrediting Body Expectations*

The Recommendations Reports are key deliverables we will use to collect our assessment results and recommendations for the rules in each article. A high level of detail will be utilized to ensure all items needing removal, addition, modification, or continuation are noted in the report, as well as the background material, stakeholder comments, and DMHA inputs that were used to come to the conclusions listed. At the same time, we anticipate providing an overview of the changes in summary format; in this manner, we will provide both the detailed information needed to make promulgation changes as well as higher-level information to assist policymakers in understanding the process and making ultimate decisions about the regulatory changes to be pursued. Following the narrative report, the required elements for each recommendation will be provided in an appendix in table format and may include detail such as:

|  |  |
| --- | --- |
| **Element** | **Possible Details to be Provided** |
| Best Practices, Like Practices, and Possible Practices | * Examples from other states, including outcomes or evaluation results where possible * Notable practices for particular Indiana providers that may be useful to make standard across the stat |
| Evidence-Based Research | * Nationally published journal sources * Expert opinions or studies * Guidance and criteria from national professional societies, such as the American Society of Addiction Medicine (ASAM) or American Association of Community Psychiatrists (AACP). |
| Federal Expectations and Requirements | * Cites for federal statutes or regulations * Federal guidance documents |
| State Law | * Cites for state laws that mandate or may impact options for DMHA |
| Accrediting Body Expectations | * Cites for accreditation standards * Best practices promoted by accrediting bodies |

We recognize that behavioral health, mental health, and addiction medicine are ever changing fields in healthcare, especially as these fields gain more attention and focus. Recognizing that there are Articles within Title 440 which have not been amended in some years, we know that there may be significant state law, federal law, and evidence-based research to be included in this amendment process to bring the Indiana Administrative Code up to date and in compliance.

The report will be based on wide array of sources and information that will help DMHA to identify all potential areas for improvement. We seek to provide a complete and thorough report that presents, where appropriate, multiple options for amendments to give DMHA opportunities and choices where applicable. After Milliman completes an initial review of Title 440, we will begin to develop an assessment tool to track deficiencies, gaps, and terminology changes. This review and assessment will be completed by our subject matter experts and attorneys that can provide helpful insights to compare the current state of the IAC to best practices, leading terminology, standards of care, and adherence to state and federal regulations. This review and assessment will not just seek to replace current standards with national trends or best practices determined by outside organizations but will use an approach reflective of the unique features, gaps, and goals of the state’s current program to meet the needs of DMHA. Additionally, our team will identify data that could be helpful in determining trends for current and future needs of mental health and addiction treatment patients.

Each recommendation will contain an assessment of the current administrative code. This assessment will compare the current state to what the future state could be. Every code section may be different, but this assessment will analyze gaps and deficiencies and the best ways to address necessary amendments. Using DMHA personnel expertise and stakeholder input, the recommendations will identify key pain points that show what is not working in practice. The assessment will use this practical input to determine what updated best practices may work best for Indiana. Not all recommendations or approaches may work in Indiana so having that personal knowledge, expertise, and experience will help Milliman and DMHA distinguish between what may work in theory versus what will work in practice., Next, the recommendations will detail updated legal and regulatory requirements, and updated evidence-based research for each code section as applicable. In addition to these minimum requirements, the recommendation will also contain developing accreditation and licensing standards for each applicable area of Title 440. As each Article focuses on a different topic, the recommendations will also vary. Relevance and alignment will be the goal of each recommendation made to DMHA so that DMHA can offer an integrated program to all Hoosiers.

**SOW Section 7 – Promulgation Assistance**

1. Describe how you will collaboratively work with the State to address changing program needs, if necessary. If applicable, describe any lessons learned from promulgation assistance on similar projects both in Indiana or other states and highlight how those lessons will be applied to this project.
2. Describe any experience you have with promulgation. Describe your proposed approach to assisting the promulgation process for all new or modified rules as finalized and approved by DMHA, including how you will ensure all assistance is in adherence with the Administrative Rules Drafting Manual. Propose the cadence for initiating the promulgation of recommended rules (*i.e.*, on rolling basis or in groupings) and provide your rationale for this cadence.
3. Detail how you will approach the development of the Promulgation Plan, including how you will ensure the Plan reflects State considerations, requirements, and concerns.

**Promulgation Assistance**

1. *Describe how you will collaboratively work with the State to address changing program needs, if necessary. If applicable, describe any lessons learned from promulgation assistance on similar projects both in Indiana or other states and highlight how those lessons will be applied to this project.*

Milliman proposes to meet with DMHA on at least a monthly basis (with more frequent communication at the project onset, as well as during active drafting work) and provide regularly scheduled written updates. As part of these monthly meetings, Milliman will remain in constant contact with DMHA regarding progress and next steps along the project continuum. We are also prepared to adjust our work as needed throughout the project to meet DMHA’s changing needs. Milliman works with a variety of state government clients, and we are familiar with how priorities and pressures can change for agencies, including how pressures such as elections, politics, budgets, and staffing changes can alter the course of a project. Based on the needs of the agency, we are often able to adjust the order of tasks to keep work moving even as the state’s attention is temporarily needed elsewhere. For instance, we may be able to rearrange the cadence of which article is discussed if there is a staffing gap in a particular area.

As an example of our flexible approach, Milliman recently assisted a state client with a new managed care procurement that was delayed due to outside influences and elections. During this delay, we worked with the client to determine what areas of the project should proceed that could still be of a benefit to the state while pausing the work on other portions as new information became available. Similar to this project, with multiple areas of work to be completed, any change in program needs will be addressed and our team is able to pivot to other areas of the scope that can help mitigate any delays in the project outcome.

We will also stay prepared for potential changes or adjustments to the project by remaining proactive and continuously thinking about the steps ahead, so that we can help DMHA manage scheduling of future meetings or regulatory process elements. As previously mentioned, we have multiple team members who are intimately familiar with the Indiana rules promulgation process as a result of years of experience drafting and promulgating multiple administrative codes for divisions and offices within FSSA. Milliman is keenly aware of each individual step in the process and the associated deadlines for each and every part of the promulgation process.

We again highlight our relevant rulemaking expertise specific to this RFP, which we will draw upon to leverage lessons learned and knowledge of key players and ways to smooth the process even when changes may occur.

We have team members with specific experience drafting rules for new state-wide projects and overhauling and updating Title 405, we know how to work within FSSA leadership, how to identify and discuss potential rule changes, and how to navigate Indiana’s complex rulemaking process. One lesson learned on that project was how we gained an understanding of how changing terms and terminology is not always as simple as including a new word. Many terms have specific meanings in government settings as they relate to federal laws, state plans, waivers, or other programs. This reality underscores the importance of close collaboration with DMHA staff, and in some instances, affected stakeholders. Based on our experience, we recognize the importance of engaging reviewers, like OMB and Office of Attorney General in advance to address questions, seek their input, and eliminate questions or concerns in advance. In our experience, such inter-agency collaboration tends to shorten the rule promulgation timeline.

**Extensive Rule Promulgation Experience**

1. *Describe any experience you have with promulgation. Describe your proposed approach to assisting the promulgation process for all new or modified rules as finalized and approved by DMHA, including how you will ensure all assistance is in adherence with the Administrative Rules Drafting Manual. Propose the cadence for initiating the promulgation of recommended rules (i.e., on rolling basis or in groupings) and provide your rationale for this cadence.*

We understand there may be multiple approaches to undertaking a significant review of an entire Title of the IAC. We will begin the project by holding a discussion with DMHA in order to validate our proposed approach and incorporate any desired changes in consultation with DMHA.

One option is that we could employ a strategy to group “like-kind” sections of the Title. This option may enable large sections of Title 440 to be amended together and to limit the number of rule promulgations, but could also result in administrative delays from reviewers such as OMB or the Office of Attorney General as the draft rules will contain many more amendments in each document. At the same time, this approach may result in confusion among providers as different Articles will be amended at different times. These changes could also result in unintended consequences as providers navigate multiple changing rules that may apply to them.

Pending DMHA approval, Milliman would propose another possible option. We believe it would be most efficient to amend Title 440 in two phases by bifurcating the rule promulgation process in order to separate: 1) Rules that merely update Title 440; and 2) Rules to put into effect new policies as follows:

* **Phase 1** could focus exclusively on updating all Articles under Title 440 for technical updates. Specifically, this update could include eliminating unnecessary language, changing terms, and making other changes that do not implement or affect policies. A benefit is that this portion of the work would not require significant fiscal analyses or be likely to generate substantive stakeholder comment, which will minimize the need for public input and stakeholder involvement. However, this phased approach may require additional discussions with the Office of Management and Budget and the Office of the Attorney General to explain the larger policy changes forthcoming in Phase 2.
* **Phase 2** would then address policy decisions that DMHA makes after we have solicited and analyzed stakeholder feedback, and DMHA has made new policy decisions. This portion would require fiscal analyses and generate stakeholder input, but we could maintain efficiency by accomplishing discussion and analysis (at least to some extent) contemporaneously with the analysis and stakeholdering for Phase 1.

Again, Milliman would seek to discuss these options and finalize the selected approach in consult with DMHA before proceeding.

The Milliman team is deeply familiar with the Indiana laws and the rulemaking guidebook. We will continue to review those materials as we proceed with the rulemaking process. We may also seek any templates or other documents that FSSA’s Office of General Counsel has used when requesting advance OMB approval to promulgate a rule and explaining fiscal impacts and small business impacts to maintain consistency. As noted above, we intend to engage individuals at other agencies to discuss this process in advance and address any issues or concerns.

We know that the cadence and duration of rulemaking can vary since some components of the rulemaking process are not governed by law and reviewing agencies can act in their discretion. Based on our Indiana experience, we intend to proceed with all diligence to complete the rulemaking process, which we estimate may take about take 10-12 months to complete. Within that timeframe, we would proceed undertake the following steps:

* Conduct regular DMHA team meetings to discuss and review the proposed rules.
* Prepare the request to proceed with rulemaking and the financial analyses for OMB.
* Prepare the draft proposed rule.
* Prepare the Notice of Intent to adopt a rule.
* Submit the proposed rule and necessary statements to the Indiana Register, including the notice of public hearing, and other agencies regarding the rule’s impact.
* Receive and assess public comments and discuss potential revisions with DMHA.
* Prepare the final rule in conjunction with DMHA staff for adoption.
* Prepare the final rule packet for the Office of Attorney General.

We believe that each of these steps can be accomplished within the estimated 10–12-month timeframe for both rules as the parties work together, and as we identify partnerships outside of DMHA to ensure a smooth review and transition. The “Phase 2” rule process (as described above) may take longer if the policy decisions are controversial or problematic. Any such situations would be identified as soon as possible and discussed with DMHA during regular team meetings or, if needed in ad hoc discussions with leadership or other parties identified by DMHA.

Prior to formal promulgation, Milliman will work with DMHA to receive the necessary prior approvals from the Secretary of FSSA and the Chief Financial Officer in order to submit the “Request to Proceed with Rulemaking” to the Office of Management and Budget. This request also requires three fiscal documents to be completed and the draft rule to be submitted to OMB as well. As FSSA’s actuary, Milliman is uniquely suited to assist in the development of these fiscal documents on behalf of DMHA. The Cost-Benefit Analysis, Fiscal Impact Statement, and Small Business Economic Impact Statement will need to be completed for each separate rule submission and may need actuarial data to complete. While OMB does not have a statutory timeline for granting or denying approval, meeting with OMB to discuss and explain the purpose and goals of the draft rules may help expedite the process and provide OMB with the necessary insight to grant approval.

**An Intentional and Deliberate Approach to Rules Promulgation**

1. *Detail how you will approach the development of the Promulgation Plan, including how you will ensure the Plan reflects State considerations, requirements, and concerns.*

Milliman will commence the project with a kickoff meeting with DMHA to confirm the agency’s goals and vision for the work. In this meeting, Milliman will seek to determine any specific goals, considerations, requirements, or concerns that DMHA may have that are not otherwise mentioned in the Request for Proposals. As the assessment of the current IAC is being completed, we know that the promulgation plan may change as priorities or groupings are developed. Any such changes in strategy will be communicated to DMHA for discussion and approval. To ensure that we meet DMHA’s objectives, we will establish regular touchpoint meetings to go through sections of the code we intend to change and work together to identify the right terms and terminology. We will also use these regular meetings to fully understand DMHA’s concerns, objectives, and to explain our recommendations for various changes. We will offer our expertise and recommendations to DMHA, but ultimately defer to DMHA staff for final approval of any decisions.

As policy recommendations are prepared based on stakeholder engagement and best practice analysis, we intend to have regular touchpoint meetings with DMHA to discuss the language we propose to implement the policy changes. As there may be overlap between subjects or references to other sections of the administrative code, Milliman would propose these submissions are grouped to ensure proper evaluation and continuity throughout the administrative code. Furthermore, we will confirm whether there are any circumstances (topics) where DMHA has interest in delaying the effective date of certain draft rules to allow for a more natural implementation process that may align with other administrative code changes, legislative deadlines, or fiscal years.

We will also discuss with DMHA any known questions or concerns raised by parties outside of DMHA. In addition, we will discuss fiscal statements with OMB, business impact statements with the Economic Development Corporation, parties affected by proposals in stakeholder meetings, and receive and process public comments for internal review and additional rule changes, as necessary. Milliman will be present and available to assist in any discussions or to answer any questions from the Office of Attorney General so that the final rule may be approved and sent to the Governor for final signatures and implementation.

# SOW Section 8 – Project Management

1. Describe your approach to developing a Project Management Plan, including how you will develop a schedule for completing the assessment of and recommendations report section for each article in IAC Title 440 on a rolling, sequential basis. How will you ensure the drafting of new rules to address identified gaps in Title 440 is addressed in your Plan? Be sure to include how your schedule allows for adequate time for the promulgation of recommended rules.
2. Describe your approach to project management. How do you balance flexibility and precision? What project management tools do you use? How will you use the reports and touchpoints described in Section 8 of the Scope of Work (Attachment K) to enhance this project? How will you ensure timely submission and approval of all deliverables?
3. Describe your preferred approach to coordination and collaboration with DMHA and other stakeholders.
4. Provide any relevant example reports and/or project management tools.
5. Confirm your commitment to meet all reporting, meeting, and project management requirements outlined in Section 8 of the Scope of Work (Attachment K).

**Overview**

Infrastructure such as formal project management and progress monitoring are key to successful completion of any project requiring detailed policy analysis and assessment. While Milliman’s policy solutions are always unique to our clients, we have worked to design a framework for our project management plan that assures a sophisticated, time-tested approach. By standardizing our processes and having robust project planning techniques, we create room for creativity while minimizing project risk. We also assure consistent communication to help deepen trust in the process and promote common knowledge and understanding of project activities or issues that may arise.

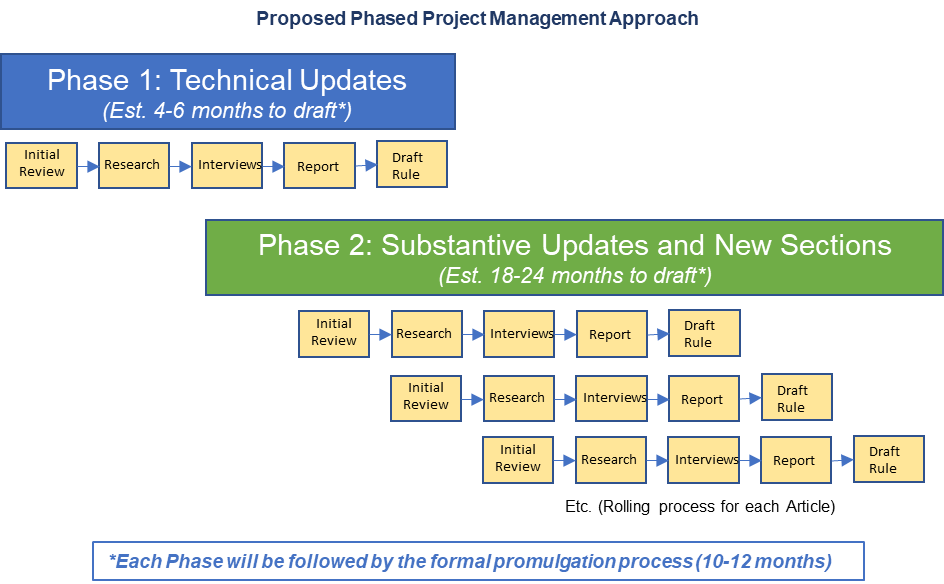
**Project Management Plan**

1. *Describe your approach to developing a Project Management Plan, including how you will develop a schedule for completing the assessment of and recommendations report section for each article in IAC Title 440 on a rolling, sequential basis. How will you ensure the drafting of new rules to address identified gaps in Title 440 is addressed in your Plan? Be sure to include how your schedule allows for adequate time for the promulgation of recommended rules.*

Following project kick-off and within two weeks of project launch, our team will develop a detailed project management plan that outlines key activities, milestones, and deliverables and identifies target dates for each, to ensure we are able to keep the project on schedule and meet DMHA’s desired timelines. The project management plan will also be necessary to assure all parties understand their roles and can work productively to play their respective parts in the sequential assessment of the individual rules and delivery of each progressive step in the plan. Our approach is to draft a detailed project management plan and discuss the approach with DMHA before finalizing and beginning tasks to ensure that expectations are aligned. We will incorporate any feedback from DMHA into a final project management plan and ensure the plan is updated and made available to DMHA ahead of each project management meeting to allow for both the state and Milliman teams to stay up to date on progress.

While the project plan will detail the cadence of the project including the proposed sequential assessment of the regulations, at a high-level, we suggest managing both the policy development and rulemaking functions of this scope of work as two overlapping and staged phases (as highlighted earlier in Section 7.b). We believe this approach would allow DMHA to leverage the project initiative phase to get certain known changes started in the promulgation process in an expedited manner.

A more detailed description of our vision to promulgate the rules in phases is as follows:



These phases are further detailed below.

* ***Phase 1: Technical Updates*.** Phase 1 could focus on identifying administrative code clean-up recommendations along with identifying policy and broader behavioral health initiative research that will be used to categorize potential policy changes that will form the basis for any substantive rule updates required in Phase 2. Since the proposed work in Phase 1 will focus solely on clean-up items, we would recommend including all Articles in Title 440 for Phase 1 promulgation. As we work with DMHA to identify all Phase 1 technical revisions and updates, we will also be developing a deeper knowledge of more substantive areas of the code requiring review. By starting the promulgation process early for changes that do not implement new initiatives or otherwise change policy, critical technical updates can quickly proceed through the formal rule making process creating opportunities for DMHA’s state review partners (e.g., Office of Attorney General, Office of Management and Budget) to also become familiar with not only the articles under review, but the individuals supporting the promulgation process, which would be supportive in anticipation of the more substantive updates that may occur in Phase 2.
* ***Phase 2: Substantive Updates and New Sections*.** We suggest that internal and external stakeholder engagement activities occur simultaneously with the Phase 1 rule promulgation process. Because the Phase 1 rulemaking process may take up to 12 months to complete, we believe that conducting the stakeholder engagement during Phase 1 will give us sufficient time to identify and prepare the policy changes that will be included in Phase 2 of the staged promulgation, including drafting of any applicable new rules to address identified gaps in Title 440. Based on identified DMHA priority areas as well as results of the stakeholder engagement activities, we propose refining the rule promulgation strategy in the project plan at the beginning of Phase 2 to include a comprehensive, rolling schedule for completing the detailed assessment and recommendations report for each section of IAC Title 440. We will base our schedule around the statutory timelines for promulgating rules and attempt to identify opportunities to shorten the timeframe where allowed by Indiana law. The specific cadence of the systematic and sequentially performed assessment of the identified articles would take a triage approach to target updates to substantive sections of the code most in need of revisions.

We intend to work closely with DMHA throughout the entire process and at each phase to ensure that we address all gaps and other issues or concerns as we prioritize our assessments and finalize our reports. We also understand that there are multiple approaches to rulemaking, and while we have proposed one approach here, we expect that any final approach will be developed in consultation with DMHA, informed by the strategy and priorities of the division.

**Approach to Project Management**

1. *Describe your approach to project management. How do you balance flexibility and precision? What project management tools do you use? How will you use the reports and touchpoints described in Section 8 of the Scope of Work (Attachment K) to enhance this project? How will you ensure timely submission and approval of all deliverables?*

Upon launch of the contract, we propose to begin the project by hosting a project kick-off meeting with key DMHA staff to get a comprehensive understanding of the vision, parameters, and goals of the project. While our staff already has a thorough understanding of Indiana’s rules promulgation process that is rooted in years of experience with the IAC and direct engagement with the spectrum of healthcare stakeholders in Indiana, this kick-off meeting would be an opportunity to introduce the team members and their roles and confirm details regarding the project schedule, scope, deliverables, communication, and project plan. In this meeting, we will also come to a consensus on a cadence for regular project management check in meetings for Milliman to provide regular progress updates and to obtain guidance and direction from DMHA to keep the project moving forward.

We realize that the nature of long-term projects involves the need for a certain amount of flexibility. Therefore, our project schedule will be structured to allow for needed adjustments arising out of changed circumstances, while also recognizing that there is need to meet strict deadlines and closely follow the promulgation process. Transparency and communication are the keys to adaptability, and we are committed to meeting DMHA’s goals and deadlines despite any unexpected issues that may arise. We will use the Project Management Plan to adjust timelines for various tasks as needed with an eye toward task dependencies in the overall project plan to prevent delays to the actual promulgation of new rules.

As stated previously in this response, we will be working with Mangas Global Solutions to provide a designated project manager for this project. The project manager will be responsible for developing the detailed project plan, tracking progress against the plan, generating periodic written reports, identifying and documenting questions, concerns, and project risks, and maintaining a cadence of project status meetings and ad hoc meetings as needed. The project manager will use Milliman tools and templates or the state’s templates if preferred.

For this project, in addition to the project management plan that will structure the tasks and timelines associated with this project, we recommend the use of a decision log to organize and facilitate the analysis, discussion, and decision making that will culminate in the development of final recommended rules. We will structure the decision log in a way that lists each article of IAC Title 440 and each identified gap in Title 440, summarize research conducted or local context provided by DMHA, apply a set of decision-making criteria, and document the recommended changes and dates that decisions were made on each item.

**Coordination and Collaboration**

1. *Describe your preferred approach to coordination and collaboration with DMHA and other stakeholders.*

First, with regard to Milliman’s partnership with DMHA, core to every Milliman engagement is consistent communication and collaboration to ensure transparency in progress and consistently dedicated time for discussion and feedback on project progress and deliverables. Whether it is in the context of a routine status meeting or a final deliverable, central to this communication is both formal and informal reporting that conveys the requested information in a manner that is clear, concise, thorough, and of the highest quality. For this project, our team will maintain strong communication channels with the appropriate DMHA staff in the form of regular meeting and email communication, tracking to the project management plan, documenting stakeholder feedback and recommendations via the decision log, and through other requested reports outlined in the RFP. The designated project manager will serve as the key point of contact between the Milliman team and DMHA team in order to streamline communications and ensure that our team is responsive to all questions, follow up items, and requests that may arise outside of the project management plan. We have found biweekly meetings to be an effective cadence for regular project meetings, as it allows our team adequate time to complete tasks and make progress between check-ins. Our team is flexible and happy to establish a meeting cadence that aligns with DMHA’s preferences. We will develop agendas, power point slides, and leverage project management plans and decision logs as appropriate to facilitate productive and efficient check-in meetings with the DMHA team.

With regard to communication and collaboration with external stakeholders, our staff has extensive experience engaging with all types of people and organizations. We would work with DMHA to identify the key stakeholders whose input and participation is essential to the process. As described in our response to Scope of Work Section 6, this would necessarily include both individual meetings and focus groups depending on the particular stakeholder(s). Communication and collaboration with external stakeholders can be ongoing throughout the project but would always be coordinated through DMHA to ensure transparency and alignment.

**Example Reports/ Project Management Tools**

1. *Provide any relevant example reports and/or project management tools.*

As representative examples of the tools we use to manage our work, we have provided two samples of detailed workplans for various projects on which the Milliman project team members have recently worked. Please find the descriptions for each example below:

* *Example 1* (Attachment 12) is a sample project plan from a state Medicaid MLTSS program design project, development, and launch. This sample workplan outlines each individual task, subtask, personnel assigned, and detailed timeline.
* *Example 2* (Attachment 13) is a sample status report we utilized for a Medicaid state directed payment project. This status report accompanies the invoice and is in addition to the detailed project plan. It provides executive-level updates on the overall scope of work.

The samples provided with our response are indicative of how we apply our proven project management toolkits to whatever project our clients need us to complete. In every case, our project management plans provide sufficient detail and accountability to ensure projects stay on target and meet client objectives.

**Commitment to Scope of Work**

1. *Confirm your commitment to meet all reporting, meeting, and project management requirements outlined in Section 8 of the Scope of Work (Attachment K).*

Our team is fully committed to meeting each of the individual project management requirements outlined in Section 8 of the Scope of Work in Attachment K.