

July 22, 2022

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Indiana Department of Administration

Procurement Division

402 W. Washington St., Room W468

Indianapolis, IN 46204

Response to Questions RE: Request for Proposal (RFP) 22-70333 Administrative Code Assessment

Dear Ms. Teresa Deaton-Reese,

Thank you for giving our team the opportunity to give an oral presentation regarding Milliman's qualifications and approach to performing the Administrative Code Assessment described in the RFP(22-70333). We are excited to undertake the opportunity to assist the Indiana Division of Mental Health and Addiction if ultimately selected. As requested, our written responses to the questions asked during the oral presentation are included below. Additionally, we have attached a copy of our oral presentation to this response.

1. What is the basis for your behavioral health expertise, is it based on research or as practitioners?

Our expertise is based in practical and research expertise, which, as we describe more fully below, we believe is the foundation of our success on this and other similar projects. Still, we also intended to use one or more clinical staff for consultation on this project. And, while clinically-based expertise is not a requirement of this RFP, we will use Axon Advisors to identify individuals with clinical expertise as may be determined necessary.

Our behavioral health expertise is rooted in years of policy research, hands-on program development on behalf of state government clients, and advocacy experience on behalf of behavioral health providers and consumer associations. We help states across the nation to develop their behavioral health programs, assist with understanding regulatory requirements and obtaining federal approvals needed to launch these initiatives, and work with states to develop implementation roadmaps that recognize clinical, operational, and system needs. The team we assembled for this RFP is well equipped with both legal and practical behavioral health experience. It includes several individuals who have focused their careers on public policy solutions to address behavioral health and addictions, including licensed attorneys with prior experience assisting behavioral health providers navigate the very regulations DMHA is proposing to update. Such experience is essential to successfully identifying and navigating all the issues that arise through a project of this scope.

Behavioral health topics for which our team members have developed specific expertise include expanded coverage of behavioral health services, increased access across the continuum of care, protections for mental health and addiction parity, solutions to address challenges in the child welfare system, development of reimbursement rates for behavioral health providers, and substance use

disorder and serious mental illness Medicaid waiver programs, as well as advocacy on behalf of psychiatric hospitals and other behavioral health providers.

We note that clinical expertise is not a specific requirement in the RFP. Still, we understand the importance of policy solutions being informed by clinical expertise. In building our coalition and approach, we intend to use the stakeholder meetings and other opportunities to receive input from many provider types as we develop recommendations for DMHA. Additionally, we had proposed to augment our policy and program expertise with several clinicians (i.e., registered nurses) with experience in medical/behavioral care integration, government health care programs, and public health, among other clinical background to advise the project team. However, if DMHA wishes to require direct behavioral health clinical expertise on the project staff beyond the registered nurses proposed, we will utilize our WBE vendor Axon Advisors to identify behavioral health clinician(s) as needed as a subject matter expert(s) for the engagement under this RFP.

We again highlight our stakeholdering experience and its role in the ultimate success of this project. As an Indiana-based project team, we understand this state's behavioral health industry and we know the behavioral health providers who practice here. Additionally, based on our broad program development experience (both in Indiana and other states), we know which stakeholders are most critical and what issues or concerns we can anticipate. We will work with DMHA to assure that the right voices are heard, including those representing behavioral health clinical expertise with a variety of credentials and from a variety of settings whose operations are impacted by the proposed codes to be updated. We have developed a proposed project timeline that has these engagement activities as foundational aspects of the work, creating ample time in the process to gather the expertise of all impacted parties.

Critically, we will also assure that the voices of consumers and consumer advocates are included in the stakeholdering process (ensuring equity and diversity as well), so that the regulatory changes proposed are well-poised to support the needs of the individuals to be served by DMHA. While no single individual has enough expertise to encompass all of Title 440, our process for facilitating stakeholder input will encompass experts from all relevant perspectives, as it relates to Title 440. This process allows for a creative and collaborative solution-driven experience utilizing both policy and clinical expertise, as well as lived experience, to drive results.

2. Is your research going to be based on what other states are doing?

Yes. Our research will include an evaluation of leading practices by other states (informed wherever possible by available outcomes data), as well as a review of grey and peer-reviewed literature, research and other materials from leading organizations, stakeholder input, and hands-on policy development in other states. In reviewing examples, we intend to apply this knowledge to Indiana's behavioral health landscape so that the DMHA can decide what is best for Indiana. We are committed to using our research and stakeholder engagement to present only those strategies that are most likely to address DMHA goals and the needs of Hoosiers, and to structure these options in a way that gives them the best chance of being accepted and legally supported.

Our proposed team has a breadth of experience not only in behavioral health research but also program implementation. Our hands-on experience with other states not only allows us to be personally familiar with many leading best practices nationally, but also to understand the practical implications and behind-the-scenes challenges and opportunities that these states had to address as they developed and implemented their programs and underlying administrative rules.



Ms. Teresa Deaton-Reese
RFP 22-70333
7/22/2022

Please do not hesitate to get in touch with us if you have any questions or would like to discuss any aspect of this submission. I am the principal contact for the proposal and may be reached at the contact information below:

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Best regards,

An electronic signature of Paul R. Houchens, featuring a stylized cursive script. The word "Electronic" is written in a light blue font above the signature, and "Signature" is written in a light blue font below it.

Paul R. Houchens, FSA, MAAA
Principal and Consulting Actuary