**RFS 24-77045**

**Attachment D**

**Technical Proposal Response Template**

**Instructions:**

Respondents shall use this template Attachment D as part of their Technical Proposals. Respondents must also complete E, F, and G as part of their Technical Proposals. Please note, Attachment J is referenced in Attachment D. Attachment J is not a response template - a Respondent’s acceptance or feedback of this attachment is provided in Attachment D.

In their Technical Proposals, Respondents shall explain how they propose to perform the work, specifically answering the question prompts in the template below.

Respondents should insert their text in the provided boxes which appear below the question/prompts. Respondents may 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.

Respondents are strongly encouraged to submit inventive proposals for addressing the Program’s goals that go beyond the minimum requirements set forth in this RFS.

**Section 1. General Information**

* + - 1. In 2,000 words or less, describe why your organization should be selected as part of the Demonstration.

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| Oaklawn Psychiatric, a leading behavioral health provider serving individuals of all ages with mental health and substance use disorders in north central Indiana, offers a comprehensive spectrum of services, including all nine required CCBHC services. Founded in 1962, Oaklawn has a well-established reputation for delivering evidence-based, trauma informed, and culturally competent person-centered care, delivering care to 18,000 individuals through all programs annually. Oaklawn’s history combined with comprehensive service delivery makes it a safety net in the community, providing quality care to traditionally underserved populations in St Joseph and Elkhart Counties. As evidenced by our community needs assessment, these two counties are two of the most vulnerable within the state, making Oaklawn’s efforts more critical.  Oaklawn has been an early adopter of CCBHC practices and received a SAMSHA expansion grant in 2020 to continue the organizational transformation. Throughout the transformation, Oaklawn has been an engaged and collaborative team member in the State’s movements towards CCBHC status, participating in work groups, collaborating on evidenced based trainings, advocating with legislators, and providing consultation to others. This collaborative approach combined with Oaklawn’s rich history of comprehensive service delivery that meets or exceeds requirements in the outlined 6 key programmatic areas makes Oaklawn an invaluable partner for the demonstration. Oaklawn adds unique contributions that make it a standout choice including, same day access to care, specialized crisis response, broad use of Peer Support Professionals across the organization, a data partnership with Notre Dame, and strong community relationships.  **Promoting Access to Care**  *Availability and Accessibility of Services*  Oaklawn is a leader in the state regarding accessibility to services, operating an open access model to full fidelity five days a week on all three outpatient campuses. Through this approach, Oaklawn has seen a significant and remarkable increase in clients’ access to needed services at the point when people need them. The data underscores Oaklawn’s response to community need more effectively than when assessment appointments were scheduled. In the first 12 months of Open Access, 2,750 more individuals were seen by a therapist for a full assessment and treatment recommendations -- a 55% increase in the number of individuals starting services with Oaklawn. All clients participating in Open Access have an opportunity to provide feedback on the process and 95% report that they left feeling understood, respected, and heard.  Table 1: Number of individuals accessing services in Open Access   |  |  |  |  | | --- | --- | --- | --- | |  | **12 Months Prior to Open Access** |  | **12 Months of Open Access** | | **# Requesting Services**  (# called on phone requesting an appointment) | 9354 | **# Requesting Services**  (# walking in through Open Access) | 8238 | | **# Met with Therapist for Full Assessment**  (# who showed for scheduled appointment) | 4986 | **# Met with Therapist for Full Assessment**  (# who met with therapist same day as walk in) | 7736 | | **Assessment Rate** | **53%** |  | **94%** |     In addition to an increased ability to meet the community’s need with accessibility, Oaklawn has also made key changes leading to an increase in client engagement with ongoing services. Data show a higher percentage of clients attending a second appointment after the assessment, compared to the previous model, and being scheduled for follow-up services in fewer days. Oaklawn continues to monitor the data to identify emerging needs and adapt as required.  *Crisis Services*  Oaklawn made a strategic decision to implement Open Access to services prior to expanding crisis services, understanding that connection to ongoing care is critical to individuals post crisis, and as a preventative measure against future crises. Oaklawn therefore prioritized and created a streamlined pathway for clients for ongoing care post crisis that was evidenced base and targeted varying levels of acuity. This prioritization has proven effective, with 14% of all crisis calls being resolved through linkages to Open Access for ongoing treatment.  Once the foundation of Open Access was in place, Oaklawn expanded crisis response through community partnerships and driven by community need and will finalize the third pillar of a crisis continuum, with a crisis center opening by the end of this year. Community voice is ensured in the planning through engaged steering committees with key stakeholder representation. In collaboration with the robust CIT committees, Oaklawn has worked with 911 dispatch in St Joseph County to create pathways for calls from 911 and 988 calls to be directed to Oaklawn’s mobile crisis team. Currently 5% of all mobile calls come through dispatch and/or law enforcement, and we continue to see numbers increase. Oaklawn’s current team fields 300 calls monthly, with 70% being resolved with resourcing and connection to Oaklawn services, 7% receive dispatch mobile support, and 20% require escalation to a higher level of care. Oaklawn will specifically target the 20% needing escalation through the addition of a crisis center in the coming months.  In addition, Oaklawn was just awarded a 5-year early diversion grant from SAMHSA that will be used to build a specialized, developmentally appropriate youth mobile crisis team. This team will be structured in alignment with SAMHSA’s best practices to build Mobile Response and Stabilization Services (MRSS).  Oaklawn has truly become accessible to clients when and where the need is through targeted and specialized teams, elevating Oaklawn’s ability to respond to community-based crises. Oaklawn’s specialized crisis units include:   * Mobile Opiate Team (Community response to those with an opiate or stimulant crisis) * Hospital Emergency Department Response (Oaklawn clinicians respond overnight and on weekends to EDs to provide risk assessments and safety planning) * Mobile Crisis Teams (Community response to those with behavioral health crisis, Designation Paperwork has been submitted) * Inpatient Discharge (Peer Support Professionals respond to inpatient units for care coordination, linkage to treatment and ongoing support for people with SUD). * Crisis Centers (The first Center will be opened in St Joseph County by end of 2023, providing crisis stabilization and the second Center will open in Elkhart County in the spring of 2024) * Youth Mobile (In development of an MRSS model)   Oaklawn’s community-driven programming matched with specialized crisis response units and same-day accessibility makes Oaklawn a true leader in this domain.  **Staffing**  *Staffing Plan*  Oaklawn’s passionate staff of 822 mission driven individuals are truly the foundation of the work done at Oaklawn. Staff understand the challenges ahead and have demonstrated flexibility and a full commitment to adopting CCBHC requirements. Like all Indiana CMHCs, Oaklawn has been affected by workforce changes and turnover. In response to these challenges, Oaklawn has developed innovative partnerships to improve recruitment and retention, with key positions being added to enhance treatment delivery through engagement specialists and peer support professionals.  Informed by the community needs assessment, Oaklawn has developed a comprehensive workforce plan and received two grants to support the outlined plan and initiatives. Compared to the previous year, key indicators show a net increase of 53 employees, an increase in 396 applications, and an annualized turnover rate improved by 11%. To achieve these positive outcomes Oaklawn added a recruitment position, implemented best practices, developed innovative partnerships, and received grant funding. This funding has included stipends for staff who supervise interns, loan repayment options for staff, and recruitment bonuses for targeted positions. Innovative partnerships have been developed with Indiana University for a “Map the Gap” partnership that provides onsite opportunities for those graduating from high school with options for job shadowing, mentoring, and on campus events. Oaklawn is part of a Healthcare Sector Partnership led by Indiana University South Bend that brings healthcare providers, higher education, business leaders and community partners together to collaborate and innovate. Oaklawn continues to promote behavioral health work in our community through internships and the Behavioral Health Academy and to adapt to the needs of current employees to recruit and retain highly qualified staff.  *Peer Support Professionals*  Recognizing the multi-faceted needs of Oaklawn clients as well as the proven benefits of treatment teams, Oaklawn has added Engagement Specialists, who reach out to clients to minimize barriers to treatment. In addition, Peer Support Professionals (PSP), use their lived experiences to increase motivation for treatment, offer hope and link clients to needed resources. Oaklawn employees over 30 PSPs throughout the organization, with four of those in leadership positions. This commitment to Peer Support Professionals and the ability to embed them in multiple programs throughout the organization makes Oaklawn a leader in peer employment and utilization.  **Care Coordination**  A central emphasis of the CCBHC framework is the strength of multidisciplinary care teams that feature individual and family voices. Oaklawn has embedded processes and language that demonstrate this value: child and family teams, multidisciplinary teams, cross-system care review teams are all familiar terms to our staff. Our care facilitators, navigators, engagement specialists, peer support professionals, nurses, therapists, and prescribers all coordinate internally and externally with community partners to develop robust plans for care. Co-located staff at community partner sites including, the jail and juvenile detention center, schools, EDs, housing sites, and other locations speaks to our commitment to developing cross-system teams. We are also committed to using technology to assist in extending our care coordination efforts, such as the use of IHIE to exchange health information that sends alerts when our clients are admitted to a hospital or inpatient facility allowing us to provide support and input into discharge planning.  **Scope of Services**  Oaklawn provides all nine required services as opposed to models that rely upon designated collaborating organizations. Providing all required services brings some advantages. First, team-based treatment and planning, and timely communication become much easier to accomplish. Second, participation in services is easily tracked, making it less likely that clients will fall through the cracks to referred services. Third, this allows for comprehensive data collection and reporting, with all outcomes coming from one electronic health record. Although Oaklawn does and will continue to collaborate with others, the local unfamiliarity of a DCO model with its resulting expectations of partners will likely not be an immediate transition that will result in the data that is key to this project.  **Quality and Other Reporting**  *Key Data Partnership with Notre Dame*  As CCBHCs make dramatic changes to service delivery and add crisis response services, data is essential to show the effectiveness of treatment and community benefit. This is critical to drive legislative change. Oaklawn wholeheartedly understands the importance of data to demonstrate the effectiveness of the CCBHC model and to document positive client outcomes. Oaklawn is in the process of signing a data management agreement with the Lucy Institute from Notre Dame, who brings expertise in data science, AI, data engineering, and computing with the goal of “using data and innovation as a force for good.” This partnership with world class leaders in data and analytics is a key partnership that sets Oaklawn apart in our ability to demonstrate the community impact of our services.  **Organizational Authority and Governance**  Oaklawn’s commitment to understand community need and promote client voice extends throughout the organization, including Oaklawn’s Board of Directors. Ninety-three percent of Oaklawn’s board reports lived experience that influences their governance. This perspective is further enhanced through Oaklawn’s consumer advisory board, made up of 100% clients who have regular channels to provide feedback and contribute to organizational decisions.  **Why Oaklawn?**  In summary, Oaklawn has a well-established history of providing comprehensive and quality behavioral health services to the residents of Indiana. Its commitment to evidence-based care, cultural competence, crisis intervention, and community engagement make it a strong candidate for inclusion in the Certified Community Behavioral Health Center state demonstration. Oaklawn’s commitment to accessible care through open access and crisis services, a partnership with Notre Dame for data, and the robust use of Peer Support Professionals are just several of the highlights that make Oaklawn unique and a compelling selection.  Oaklawn recognizes and understands that being selected for the state demonstration is an opportunity that comes with significant responsibility. Oaklawn humbly requests the State consider Oaklawn as a continued partner in this endeavor, knowing that Oaklawn takes this seriously and will work tirelessly to represent this model to fidelity and to prove the benefits of this model to our community and the state. |

* + - 1. How many sites or locations is your organization applying for to be a part of the Demonstration Program? Where is each site located? What geographic area(s) does each site serve? As applicable, please propose the service area your site(s) would serve.

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| Oaklawn has three outpatient campuses that will be included as a part of the demonstration that provide all nine services to individuals in north central Indiana. As a CCBHC, Oaklawn serves all, regardless of residence or ability, and is the designated Community Mental Health Center for both Elkhart and St Joseph Counties. Oaklawn’s Campuses are located in the following areas:  **Oaklawn Goshen Campus**  330 Lakeview Dr, Goshen IN 46527  **Oaklawn Elkhart Campus**  2600 Oakland Ave, Elkhart IN 46517  **Oaklawn South Bend Campus**  415 E Madison, South Bend IN 46617 |

**Section 2. Staffing**

2.4.2.1 How many staff are in your total workforce currently? How many vacancies do you presently have? How many vacancies do you project over the next year? What staffing levels or specializations do you have the highest need for?

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| Oaklawn has a staff of 818 mission-driven individuals and is working to fill 175 open positions across the full organization. In the past 2 years Oaklawn has implemented several best practices, as outlined in question 2.4.1.1, and as a result has seen an 11% decrease in turnover and a net gain of 53 employees. Oaklawn will work to continue to implement these initiatives and key partnerships and expects to see the number of vacancies decrease to 150.  As noted in the needs assessment, the 2 counties where Oaklawn operates are the most diverse and the most vulnerable in the county. In recognition of the need, Oaklawn has a significant need for increased master’s level clinicians who are bilingual in English and Spanish to join the 58 current bilingual employees. A particular need is for bilingual therapists who can provide substance use disorder treatment in Spanish.  In addition, Oaklawn has struggled to recruit case manager level positions. These positions are critical for care coordination and central to the CCBHC model. In the past year, Oaklawn raised salaries for these positions and added a dedicated trainer to support recruitment and retention.  Oaklawn has successfully hired Advanced Nurse Practitioners who can prescribe medication and struggles to recruit new Psychiatrists. Oaklawn is looking to partner with schools and residency programs for recruitment efforts. Oaklawn has also received a community grant allocated for a sign on bonus for a new Psychiatrist. |

2.4.2.2 What support do you need for staffing to meet the CCBHC certification requirements by 7/1/24?

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| Oaklawn currently meets the CCBHC certification requirements and could use additional support to enhance the following areas:   * Increased training to support the work of our crisis teams, including streamlined access to Peer Certification and Training. * Technical assistance for our Electronic Medical Record staff to continue to improve our EHR to enhance our ability to document and report easily. * Increased communication around the Navigator role, training and responsibilities include how to differentiate their roles from peers and case managers. |

2.4.2.3 What goals do you have for your workforce capacity for CCBHC?

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| To continue to maintain and enhance CCBHC service delivery, Oaklawn’s goals include the following:  **Staffing Levels:**   * Increase the number of master’s level clinicians to meet Open Access goals of ensuring all clients leave with a completed full assessment in under 150 minutes. * Increase the number of master’s level clinicians and Nurses to provide comprehensive coverage and staffing for crisis services. * Expansion of our engagement specialist role to provide coverage to all outpatient campuses to provide navigation to all clients within the first 30 days of treatment to ensure proper referrals are made and followed up with. * Increase Peer Support Leadership to continue to provide ongoing training and support for our peer support staff.   **Training and Certification:**   * Increased training for staff on EBPs for group and varying levels of acuity. * As identified by the needs assessment, increase the number of Child and Adolescent staff providing substance treatment and expand programming from Elkhart outpatient to the other outpatient campuses.   **Cultural Competence:**   * Increase in outreach efforts to recruit and hire individuals with diverse backgrounds. * Increase the number of master’s level staff and case managers who are bilingual in English and Spanish. * As identified in the Community Needs Assessment, increase training for staff on technology for on-demand interpretation to increase staff feelings of comfort and competence with using the technology. |

**Section 3. Community Needs and Engagement**

2.4.3.1 Please provide a copy of your most recent Community Needs Assessment (CNA). Include all relevant information, including, but not limited to the key steps in a CNA as defined by SAMHSA: goals for the assessment, purpose for the assessment, target populations for the assessment of needs and services, how data was collected, timeline of assessment, geographic area assessed, and the strategic use of the findings.

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| Please read the attached Community Needs Assessment found in the Attachment D-Supporting Document Folder, titled “Oaklawn’s Community Needs Assessment-November 2023.” The document contains all required elements, including the goals for the assessment, the purpose for the assessment, target population, how data was collected, timeline of assessment, the geographic area assessed and how the results will be strategically used. |

2.4.3.2 Please share any lessons learned from your most recent CNA.

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| Oaklawn completed an updated Community Needs Assessment in October, 2023 and has identified the following key findings:   |  |  | | --- | --- | |  | Population to be served and community behavioral health needs | | **Key Findings** | | | Oaklawn strives to meet the cultural and linguistic needs of its clients and community. In addition, services are designed with an understanding of the social determinants of health. There are opportunities to expand language services and improve staff to meet current and anticipated needs. | | | **Considerations** | | | **Program Level** | | | * Increase training and staff competence in using translation services. * Explore how to effectively conduct outreach to groups who have historically been more difficult to reach. * Increase access to substance use treatment services. * When possible, recruit and hire bilingual/bicultural staff. * Continue the support of the DEI Committee and explore ways to encourage more staff to participate in equity work. * Build more programming to support the LGBTQ+ population, particularly teens. | | | **Organization Level** | | | * Develop continuous quality improvement questions that involve monitoring client-level data and quality performance metrics to detect potential disparities in outcomes for subpopulations. * Continue relationships with community partners to link people receiving services to housing and other economic supports. * Monitor changing demographics of the community to inform future outreach and inclusion efforts. * Leverage the staff’s comfort and familiarity with data to routinize the use of demographic data in monitoring disparities in access to inform outreach activities. | |  |  |  | | --- | --- | |  | Workforce Shortages and Needs | | **Key Findings** | | | Workforce shortages and external limits on direct wages are common challenges. | | | **Considerations** | | | **Program Level** | | | * Highlight education and training opportunities to make the overall compensation package more attractive. * Support DEI Committee efforts to ensure more leadership and mentoring opportunities for BIPOC staff. | | | **Organization Level** | | | * Explore approaches for systematically assessing staff wellness needs and establishing wellness strategies (beyond compensation) based on assessment results to maintain or improve retention. * Consider reaching out to online social work graduate school programs to create relationships with the institution and students to build a pipeline for recruitment. * Increase telehealth and telework options where possible to make positions more attractive to the current workforce. | | | **Community/State Level** | | | * Continue advocacy efforts to support Indiana’s CCBHC legislation. Communicate with policymakers and payers—both public and private—to create a rate structure that can support recruiting and retaining a high-quality workforce. * Begin outreach to and presence at career events for students as young as middle school. Emphasize the forecasted need for behavioral health providers and loan forgiveness eligibility. | |  |  |  |  |  | | --- | --- | --- | --- | |  | Addressing Specific Populations and Access – Reducing Barriers | | | | **Key Findings** | | | | | Barriers to treatment include cost, the perception of long wait lists, receiving care from a trusted provider, knowing where and how to access services, and childcare. | | | | | **Considerations** | | | | | **Program Level** | | | | | * Explore using more group therapy for people who are ready to “step down” to less intensive services. * Continue to work to enhance substance use treatment services and services for children and youth. | | | | | **Organization Level** | | | | | * Enhance public communication around Open Access and increase efforts to publicize which day is reserved for Spanish language services. * Enhance public communication around Oaklawn’s Ability to Pay scale to target the perception of high-cost treatment. * Launch communication/education effort to local providers, agencies, and other referral sources to promote awareness of Oaklawn services. | | | | |  |  |  |  |  |  |  | | --- | --- | |  | Connecting People to Services | | **Key Findings** | | | Oaklawn provides a comprehensive array of evidence-based and evidence-informed services across all ages and behavioral health needs. | | | **Considerations** | | | **Program Level** | | | * Increase substance use treatment services in both counties, particularly for children and adolescents and those who need language support (specifically, Spanish). * There is an opportunity to implement Assertive Community Treatment (ACT) programming. | | | **Organization Level** | | | * Continue to develop the Consumer Advisory Council and invite meaningful engagement with agency governance. * Continue to develop the Consumer Advisory Council and invite meaningful engagement with agency governance. | | |

2.4.3.3 The State is focused on the integration and connection between providers and their respective community stakeholders, as well as providers’ ability to appropriately assess and positively impact the needs of their communities served. With which organizations do you currently work? With which organizations do you plan to forge partnerships? Please include a description of any existing designated collaborating organizations (DCO), referral, or other care coordination partnerships with other organizations in your community. If you list an organization as a current or potential partner, if possible, please attach letters of support with your proposal submission. If letters of support are not possible, please include contact information from each organization listed as a partner.

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| Oaklawn has been a strong community partner since its doors opened in 1962. Please find a list of partnering organizations in Attachment E-Supporting Documents titled, “Community Partners-Agreements.” This document highlights the breadth of partnerships that Oaklawn has, as organizations from all the required and recommended care coordination partnerships are listed.  Oaklawn has relationships with entities serving special populations, including the local veteran serving organizations and the Pokagon Band and will continue to work to develop formalized protocols, including having these entities provide ongoing training for CCBHC staff.  In addition, Oaklawn is formalizing partnership to streamline referrals and care coordination with the local FQHCs.  Oaklawn includes letters of support from a sample of diverse partners that highlight Oaklawn's commitment to the community and to partners. Please find these letters in the folder, Attachment D-Supporting Documents titled, “Letter of support-University of Notre, Letter of support-Qualifacts (Carelogic), Letter of support-Community Foundation of Elkhart County, Letter of support |

**Section 4. Financial**

2.4.4.1 The State has selected the daily Prospective Payment System (PPS)-1 Rate as the statewide CCBHC PPS rate. The rate operates on a Medicaid per-encounter basis, determined by a cost report that outlines a clinic’s total annual allowable costs and qualifying patient encounters on a daily basis throughout the year. The costs are divided by the number of qualifying encounters resulting in a single rate which is disbursed to the clinic with each daily encounter, irrespective of the number or intensity of services delivered to a patient. Please confirm that you have reviewed the PPS-1 Rate and understand how your organization will be paid as a CCBHC, if selected to participate in the Demonstration Program.

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| Oaklawn’s Executive Leadership Team has reviewed the PPS-1 Rate. Oaklawn’s Chief Financial Officer reviewed this with more detail and has been part of a State-wide group discussing the transition to a PPS rate for CCBHCs. The CFO understands this model and understands how Oaklawn will be paid under this new system.  In addition, Oaklawn has experience with cost reporting, as Oaklawn operates an inpatient unit and a residential unit that both utilize cost-based reporting. Oaklawn’s Accounting Team, Billing Processes and EHR all have capabilities to support this transition and have experience doing so. |

2.4.4.2 Please review the list of financial documents required for cost reporting and rate setting in Attachment J. For each item on the list, please confirm your organization has the appropriate documentation as of the most recently completed fiscal year period; or, indicate what your organization would need in order to provide said documentation:

1. Working Trial Balance or Financial Record of Expenses during the Cost Reporting Period
2. Crosswalk of Working Trial Balance Expenses to the Direct and Indirect Costs for CCBHC Services and Direct Costs for Non-CCBHC Services listed in the Cost Report
3. Supporting Documentation and Explanation for any Trial Balance Reclassifications or Adjustments of Expenses on the CCBHC Cost Report
4. Supporting Documentation and Explanation for Anticipated Costs of CCBHC Services Not Currently Provided
5. Explanation of Methodologies Used to Allocate Resources to Direct or Indirect Costs for CCBHC Operations
6. Documentation Supporting the Reported Daily Visit Count
7. Documentation of Direct Care Practitioner Full-Time Equivalent (FTE) Amounts

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| Oaklawn has all of the appropriate documentation as of the most recent fiscal year to and is able to provide it.  1.Working Trial Balance or Financial Record of Expenses during the Cost Reporting Period. **CONFIRMED**  2. Crosswalk of Working Trial Balance Expenses to the Direct and Indirect Costs for CCBHC Services and Direct Costs for Non-CCBHC Services listed in the Cost Report. **CONFIRMED**  3. Supporting Documentation and Explanation for any Trial Balance Reclassifications or Adjustments of Expenses on the CCBHC Cost Report. **CONFIRMED**  4. Supporting Documentation and Explanation for Anticipated Costs of CCBHC Services Not Currently Provided. **CONFIRMED**  5. Explanation of Methodologies Used to Allocate Resources to Direct or Indirect Costs for CCBHC Operations. **CONFIRMED**  6. Documentation Supporting the Reported Daily Visit Count. **CONFIRMED**  7. Documentation of Direct Care Practitioner Full-Time Equivalent (FTE) Amounts. **CONFIRMED** |

**Section 5. Quality and Data**

2.4.5.1 Confirm your commitment to meet all reporting requirements, as detailed in Attachment A – Scope of Work and Attachment E – Certification Criteria. Indicate your commitment to reporting on quality metrics detailed in Attachment F and EBPs, assessments, and screening tools detailed in Attachment G. Please confirm you will provide data and information requested by the State, in the format and periodicity required, to meet State and federal reporting requirements.

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| Oaklawn understands and recognizes that being selected as a partner in the demonstration comes with significant responsibility, including additional reporting requirements, quality metrics, implementation of EBPS, and continued new ways of working. While these come with challenges, Oaklawn is wholeheartedly committed to the CCBHC model as the pathway forward for a financial sustainable treatment model that provides comprehensive and high-quality care. Oaklawn believes that this model will change our community and is committed to doing all required to implement this and prove the benefits of this model across the state. In submitting this application, Oaklawn agrees to track and submit all the requirements listed in Attachment A, Attachment E, Attachment F, and Attachment G. Oaklawn will submit these within the format and frequency as defined by the State and within federal guidelines. |