PART 1: GENERAL INFORMATION

1.1 Purpose of this Request for Information

The Pennsylvania Department of Human Services (“Department” or “DHS”) issues this Request for Information (“RFI”) to gather information on comprehensive models for assisting individuals with obtaining meaningful information and access to the services they need to achieve overall wellbeing, positive health outcomes, and financial self-sufficiency. In particular, DHS seeks to learn more about existing individual or family needs assessments, methods of connecting individuals and families to community resources, and models for providing whole-person or whole-family case management. DHS seeks to utilize this type of information to inform future efforts to develop and improve service provision, coordination, and access to resources for individuals enrolled in DHS programs, and for all the residents of the Commonwealth. DHS is particularly interested in learning about collaborative and digitalized initiatives at the state, county, or local level that have demonstrated success. Lastly, the Department is also interested in learning about best practices and lessons learned on how to help program participants take advantage of services after a referral has been made.

These initiatives may include:

- Coordinated needs assessment or coordinated social service entry systems involving multiple sectors: public, private, non-profits, community action agencies, or faith-based organizations;
- Regional or state-wide resource guides including services provider information websites, mobile phone applications, one-stop-shop model information centers, or information and referral services;
- Closed loop referral mechanisms, that is, mechanisms that enable the tracking of referrals and referral outcomes.

The Department encourages all interested parties to provide feedback in response to this RFI. Respondents may choose to answer all or any of the specific questions or topics included in this RFI to help better inform the Commonwealth.
1.2 Request for Information Timeline. The Department is requesting that all responses to this RFI be submitted by 5:00 p.m. on the due date. Responses must be submitted electronically to the following email account using “Resource Coordination” in the email subject line: PWRFICOMMENTS@PA.GOV. While it is not the Department’s intent to respond to questions or clarifications during the RFI response period, respondents may submit administrative questions related to this RFI electronically to: PWRFICOMMENTS@PA.GOV using “Resource Coordination RFI Question” in the email subject line. The Department may or may not respond based on the nature of the question. The Department will post all responses provided online at www.emarketplace.state.pa.us.

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1.3 Disclaimers. The Department is not liable for any costs or expenses incurred by respondents in the preparation of their responses related to this RFI. This RFI is issued for information and planning purposes only and does not constitute a solicitation for future business, an offer for procurement, or any other type of current or future procurement action, and is only intended to gather information and input from interested parties. The Department will not award an agreement based on this RFI or otherwise pay for any of the information received.

The Department may use the information gathered through this process in the development of future documents; however, the Department does not guarantee that this will occur. Responses to this RFI will not be returned. Respondents will not be notified of the result of the review, nor will they be provided copies of it. If the Department issues a procurement document, no organization will be selected, pre-qualified, or exempted based on its participation in this RFI process.

Respondents should be aware that the responses to this RFI will be public information and that no claims of confidentiality will be honored. The Department is not requesting, and does not require, confidential, proprietary information, or other competitively sensitive information to be included as part of the RFI submission. Ownership of all data, material and documentation originated, prepared, and provided to the Department during this RFI process will belong exclusively to the Department.

PART 2: BACKGROUND

2.1 Overview. DHS is increasingly focused on how it can advance a holistic approach to health and wellbeing throughout its programs. Particularly, the Department is focusing on improving the conditions and circumstances in which its constituents live, as these affect a wide range of health risks and outcomes and overall quality of life. These conditions are known as social determinants of health (“SDOH”) and include elements such as access to food, access to health services, employment, environmental conditions, income, housing, and social cohesion, among others.¹ To comprehensively address individual or family needs, health and social services organizations must develop holistic assessment tools and care coordination

"When medical and social service providers have a care coordination system to which they can refer patients for needed services, it offers an opportunity for communities to address social determinants of health needs more effectively and efficiently.”

Community Care Coordination Systems: Connecting Patients to Community Services. 2018

¹ Office of Disease Prevention & Health Promotion, Social Determinants of Health (October 2018), available at: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources
systems within their communities. Comprehensive case management services are key in connecting individuals to the services they need. Many of the individuals and families served by DHS, however, receive case management services from multiple agencies. This duplication may be counterproductive and frustrating for the individual receiving services, particularly when no or limited communication between service providers exists. Coordination through care systems helps avoid this duplication, track outcomes, and utilize public and private resources in a more efficient manner. Successful approaches may also include an agency that supports, coordinates and tracks outcomes for all the agencies that provide the direct, on-the-ground community-based care coordination.

Individuals also face barriers in accessing information on how to obtain the services they need. Individuals are often provided with a phone number, card, brochure, or website. In many cases, there is no mechanism for follow-up on referrals. Therefore, agencies have no way to track if an individual’s needs were met. DHS is also interested in learning about local or state-wide resource navigation tools designed to help connect individuals in need of assistance to service providers or local organizations that may be able to meet their needs. These could include: comprehensive informational websites (service area-specific or not), searchable local agency databases, smart phone applications to locate services, hard copy resource guides, flyers or brochures.

DHS seeks to learn about existing models already yielding results at the community or health system level, that bring agencies together and have established an information-sharing mechanism to reduce the burden on clients, that allow each partner to provide the services each is best equipped to provide, and that track short- and long-term outcomes for each client.

The Department seeks to learn more about current or potential models that will assist individuals in meeting their service needs in a consumer-friendly manner and that is accessible and easy to navigate for all Pennsylvanians regardless of their economic, educational, or cultural background or geographic location.

2.2 Vision Statement. The Department’s mission is to assist Pennsylvanians in achieving safe, healthy, and productive lives, while being an accountable steward of Commonwealth resources.

Through increased coordination across all entities serving an individual or family, the Department envisions a future in which: individuals’ and families’ needs are clearly and consistently assessed; those needs are met through the delivery of the right service at the right time, regardless of whether the service is provided by a state agency, local government, or community organization; and individuals and families, particularly those who are most vulnerable, have a strong relationship with a person who can help them coordinate across systems and organizations. This increased coordination will improve efficiency both from the perspective of the client, by minimizing the time invested in providing personal information and filling out paperwork, and for the entities delivering services, by increasing the efficiency of human capital, fiscal resources, and time invested in providing services.

2.3 Guiding Principles. A comprehensive, multi-sector resource and service coordination model should be guided by the following principles where possible:

- Person-centered design;
- Multigenerational focus;
- Evidence-based practices;
- Collaboration;
- Open interoperability; and
- Sustainability.
PART 3: REQUEST FOR INFORMATION SUBMISSION FORMAT

As indicated in the Purpose section (Section 1.1), this RFI seeks information to assist the Department in the following:

- Gaining awareness of the presence and scope of existing initiatives and models that are already yielding positive outcomes;
- Obtaining insight on lessons learned through the implementation of these initiatives: successful approaches and significant challenges;
- Learning about the timeframes for implementation, community buy-in, and cost considerations; and
- Assessing local interest in the development of this type of model.

3.1 Response Submission. Please prepare responses simply, providing straightforward and concise language and descriptions. All responses should be produced in 12-point font or larger. Please limit your response to no more than 10 pages, double-sided, single-spaced.

3.2 Cover Letter. Please include a cover letter with the following information:

1. An introduction to the respondent’s organization, background, and interest.
2. General information about the respondent and respondent’s organization, including an address and a point of contact along with a telephone number and an e-mail address.

3.3 Conceptual Solutions and Strategies Response –Organizations and Partners. The following provides a suggested structure for organizations to respond to this section of the RFI. This structure is intended to minimize the effort required to analyze submitted responses.

1. Social Determinants of Health Assessments
   a. Do you have an intake process that evaluates or assesses social determinants of health, such as the client’s housing situation, employment, transportation needs, or food security?
      - If so, please provide an example of the evaluation(s) or assessment tool(s) that you use.
      - Who developed the tool? Is it evidence-based? Is it proprietary?
      - How does the tool integrate into your workflow?
      - If the tool is electronic, is it a stand-alone tool, or is it integrated into an electronic medical records system, case management system, or other system?
      - How do you determine which resources are appropriate for the client?
      - Describe your process to assist clients in setting goals?
      - What is the average length of client involvement with your program?
      - Are the results shared with MCOs or other service providers?

2. Social Services Guides / Information and Referral Resources. Examples include: comprehensive service provider information guides or websites; mobile phone applications; information and referral programs with referral tracking functions; or centers or offices serving as a one-stop source of information.
   a. Describe any local, regional, or state-wide service guides or information resources available through your organization. Please include:
      - Types of services and programs listed;
      - Regional areas covered;
      - The overall procedures to update the information;
• Parties responsible for maintaining and updating the information;
• Cost or budget;
• Data repository tools utilized to track requests and store data from clients served;
• A brief description of the types of entities that use the resource; and
• A brief description of how individuals access information and what happens after they receive the information.

3. Coordinated Care Systems – Service Navigation
   a. Describe the scope of your collaborative efforts (e.g., with what other sectors or organizations do you partner to coordinate services) and service navigation assistance if you provide case-management-type services to assist individuals in navigating services offered by multiple partners. In describing the scope, please address the following aspects:
      • History;
      • Leadership or governance structure;
      • Sectors represented / participating agencies / network of community resources;
      • Staff needs;
      • Goal plans / Care plans;
      • Communication approaches to keep participants engaged; and
      • Referrals: from the warm hand-off to the service delivery.

   b. Is your agency sharing client information through a common database or system? If so, please describe the system, the scope, nature of data collected and shared, how many organizations share the system and the cost.

   c. Do you use a no-wrong-door approach? If so, how is it implemented?

   d. How do you partner with organizations that provide support services to individuals who are working toward self-sufficiency?
      • Do you use a universal intake assessment or evaluation tool? Is this tool utilized by all partners?
         • If so, how do you communicate with one another about clients? For example, do you share a common client data software?
      • How do you obtain the client’s consent to share information?
      • How do you avoid service duplication, particularly around case management functions?
      • How do you address cultural competency and language diversity?

   e. Do you use marketing tools to promote the services provided?
      • If so, please provide examples of your marketing materials specific to the coordinated care system.

   f. How do you measure program and individual outcomes? How is the outcomes assessment data used?

   g. Please describe how your organization uses the information gathered. Do you use the data for resource allocation, strategic planning, programmatic decisions, assessing needs and utilization, or expanding services?
3.4 Resource and Referral Conceptual Solutions and Strategies – Software Vendors

The following provides a suggested structure for vendors to respond to this section of the RFI. This structure is intended to minimize the effort required to develop and analyze submitted responses. Please address the following:

1. Vendor Resource and Referral Solution.
   a. Please describe your resource and referral system. Include any information that you believe the Department would find valuable (i.e., configurability of the solution, utilization and success on a local or state-wide scale, and user population). The Department is interested in receiving responses from a diverse group of resource and referral system vendors.
   b. Please describe your system technology including, but not limited to, whether the solution is custom programmed for each client, commercial off-the-shelf, or software as a service. Describe the web presence, including desktop and mobile presence. What is your largest user base?
   c. Does your product have a Pennsylvania presence? If so, please describe (i.e., number of years working in Pennsylvania, current Pennsylvania contracts, number of users in Pennsylvania, etc.).
   d. Please provide a summary of your past and current experience providing resource and referral solutions for users from multiple sectors including community organizations, state agencies, Medicaid managed care systems, and healthcare plans or providers.
   e. Can your product support a customized screening tool? How does your product tailor resources based on screening tools or other information?
   f. Please describe the types of resources and information that may be included in a statewide database.
   g. Please describe how the resource database is maintained and updated.
   h. Please describe how an organization or individual would search the resource database or access information, and how a referral would be initiated, including any use of eligibility criteria. Include any features that address equal access, cultural considerations, or language access (e.g., assisting those who might be blind or deaf).
   i. Please describe how a community-based organization or MCO receives a referral and how a system avoids referral duplication.
   j. Please describe feedback capability on the outcome of referrals, including the level of detail provided. Include any capabilities to rate the organization providing the services.
   k. Please describe the adaptability of the product and any efficiencies that may be created for individuals and organizations.
   l. Please describe how multiple service providers are able to coordinate services delivered to an individual or family, and the system’s capabilities for goal planning and individual outcomes measurement.
   m. Please describe the supports and training provided to help healthcare providers and community-based organizations join and maintain participation in the resource and referral platform, including organizations who utilize clients’ paper files and have limited access to technology.
   n. Please describe if your system can be integrated into other systems, including existing resource databases, electronic health records, community-based organizations’ client management systems, and healthcare plan and provider care management systems. Please
specify with which products or systems you have already integrated, the cost of integration, and who bore the cost.

1. Please describe the controls vendors should have in place to protect access and transmission of sensitive data regulated by federal and state statutes and policies such as, but not limited to, HIPAA.

2. **Timeline**
   a. Please describe an ideal timeline for implementation of a statewide resource and referral platform, including time for all phases in your implementation approach. Please include suggested milestones for implementation, such as number of community-based organizations using the platform over time. To the extent you base your suggestions on a set of assumptions, please discuss those assumptions in your response.

3. **Potential Challenges and Barriers**
   a. Please describe any potential challenges or barriers the respondent believes may be encountered in the launch of a statewide resource and referral platform.
   b. Please share any lessons learned regarding information sharing and consent forms, including the types of organizations or systems that are typically covered by the consent.

4. **Demonstrations.**
   a. In order to gain a better understanding of the functionality and capabilities in the marketplace, the Department may be interested in demonstrations of solutions, including best-of-breed. What products do you provide that align with the vision outlined in this RFI that you would like the opportunity to demonstrate? Please provide the estimated time required for your demonstration and any specific needs you would require to complete the demonstration.
   b. DHS, in its sole discretion, will initiate the requests for demonstrations and will determine the form of the demonstration and the entities present for the demonstration. Tentatively, DHS has planned for vendor demonstrations to occur from February 4, 2019, through February 15, 2019.