

## **Additional DCF First Guidance Regarding Managing Entities/ Provider Networks**

Here are statements about "Operational Considerations" and "Related System Issues" that were distributed at the meeting last week. I don't believe these are in any way final pronouncements, but instead they are questions to be forwarded to the 3 "Teams" which will break out of the Managing Entity work group appointed by DCF.

### "Operational Considerations"

1. Managing Entities utilized by DCF will be competitively procured. Broad parameters (not specifics) of this procurement process must be established by workgroup.
2. What is the organizational model for MEs in Florida and what will be the corporate structure adopted - commercial ASOs, provider networks, some combination of these, others? How will the capacities and expertise needed by MEs be put into place efficiently? (*lucia: and how will communities afford to develop the capacity?*)
3. The form that MEs take will be influenced by the functions of MEs. What functions will MEs have to perform effectively? (*lucia: there was discussion about how MEs with fewer resources, possibly because they have a small service area and fewer service dollars, might be responsible for fewer functions. Also, we discussed the FORD TAURUS vs. YUGO philosophy, what does the state want to buy?*)
4. MEs will establish a Network QI/ Performance Plan (NPP) that details the negotiated areas of mutual interest, performance measurement issues, the source of the data utilized in analysis, the roles of DCF and the ME in monitoring of network providers, corrective actions, focused reviews, services provided to clients, client satisfaction, etc. There should be formal quarterly reviews of the plan performance by SAMH and ME, and other stakeholders as appropriate. The NPP is negotiated and final approval rests with SAMH. The NPP is part of the contract (by reference) and would be discussed in the procurement document. The NPP is a dynamic document that focuses on CQI and facilitates understanding and communication among the stakeholders.
5. Will there be single MEs for SA and MH? If so, how will network operations be established to ensure parity and harmonious working relationships.
6. The responsibilities of MEs will be carefully considered so that MEs support accountability without adding excessive contract management costs at the ME and provider levels.
7. Once desired model for MEs is established by workgroups, is there clear legislative authority for MEs as they are conceived? If not, what statutory changes are needed?

8. Funding for startup of MEs is necessary. How much is needed? Where will this funding come from? Appropriations consequences?

"Related System Issues"

1. Clarity will be achieved in the requirements for financial participation by Counties in financing public SAMH operations.
2. Clarity will be achieved in determining who is eligible for SAMH services paid for by DCF and local funds.
3. Districts will have sufficient resources, including staffing and training, to manage their contracts with MEs.
4. District staff members will work with community stakeholders and services recipients to help districts with their service planning and evaluation functions.