

Questions & Answers

Q	Bidder Question	DHS Answer	Section	Pg.
1.	Is the maximum award after Medicaid billing of \$1,443,557 per agency?	<i>The total maximum annualized ceiling funding from DMHAS is approximately \$1,443,557 for the combined CSC and CSC-CI program (subject to Federal appropriations), which does not include Medicaid revenue.</i>	I. Purpose of Intent	3
2.	Is the maximum award amount covering the contract period from March 15, 2024 to September 30, 2025 (18.5 months)?	<i>The maximum annualized ceiling is reflected above covering the contract period 3/15/2024 to 9/30/25 and excludes Medicaid revenue. Additionally, one-time funds will be made available to each of the six provider agencies upon request not to exceed \$40,000. Additionally, one-time funds in the amount of \$10,000 will be available for recruitment costs and incentives.</i>	I. Purpose and Intent	3
3.	Does the staffing have to include an APN or can it be a psychiatrist?	<i>Yes, staffing may include a psychiatrist</i>	IV. Contract Scope of Work	11
4.	Are collaborations with other organizations encouraged? For example, is the bidder allowed to purchase the supported employment services from another agency?	<i>Providers are encouraged to collaborate with system partners to ensure coordination, equity, and inclusion of care. Providers are also encouraged to collaborate with community providers for referrals, linkages and continuity of care i.e., coordination of care with primary care providers.</i>	IV. Contract Scope of Work	14
5.	Can the Outreach and Referral Clinician have LAC or LSW credentials instead of LPC or LCSW?	<i>The hiring of a LAC and/or LSW will be considered provided there are alternate staff to serve as a team leader that are authorized to provide clinical supervision.</i>	IV. Contract Scope of Work	10
6.	Is the total maximum annualized ceiling funding of \$1,443,557 per award or is it the combined contract amount for all regions?	<i>The total maximum annualized ceiling funding from DMHAS is approximately \$1,443,557 for the combined CSC and CSC-CI program (subject to Federal appropriations), per award.</i>	I. Purpose of Intent	3
7.	Considering the National and Statewide staffing shortage, will there be any consideration for allowing non-fully licensed/credentialed staff?	<i>The hiring of a LAC and/or LSW will be considered provided there are alternate staff to serve as a team leader that are authorized to provide clinical supervision.</i>	IV. Contract Scope of Work	10

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8.	For current CSC contracted agencies, will there be consideration for existing staff, who do not meet new licensure/credential requirements, to be grandfathered into the new contract if awarded?	<i>Agencies are not grandfathered into a new contract award. The hiring of a LAC and/or LSW will be considered provided there are alternate staff to serve as a team leader that are authorized to provide clinical supervision.</i>	IV. Contract Scope of Work	11
9.	Does the State anticipate services performed by clinicians to be delivered in an outpatient setting or in-home?	<i>Please refer to the Recovery After an Initial Schizophrenia Episode (RAISE) Manuals referenced in the RFP for activities inside and outside of the clinical setting.</i> <u>RAISE Manual II</u>	III. Who Can Apply IV. Contract Scope of Work	6 10
10.	What are the anticipated billing codes for this program?	<i>Successful bidders shall bill all applicable Outpatient codes as permitted by Medicaid.</i>	IV. Contract Scope of Work	8
11.	Does the State anticipate new billing codes to be specifically utilized by this program?	<i>Successful bidders shall bill all applicable Outpatient codes as permitted by Medicaid. DMHAS cannot anticipate new or updated billing codes. However, successful bidders are obligated to seek Medicaid reimbursement whenever available, and utilize all applicable billing codes, including any new or updated codes if they become available during the contract term.</i>	IV. Contract Scope of Work	8
12.	Will providers be able to bill for in-community therapy and counseling, case management, supportive housing, etc.?	<i>With respect to reimbursement, please refer to the responses to Questions 10 and 11.</i>	IV. Contract Scope of Work	10-11
13.	The regions are smaller than current CSC contracts yet the anticipated level of service is significantly higher. What are the State's anticipated entities and services that will act as natural referral sources for this program?	<i>The successful bidder should describe how they will serve the population in its proposed program.</i>	IV. Contract Scope of Work	7
14.	If operating using the RAISE model, how does the state anticipate maintaining the RAISE caseload cap given the staffing identified and the numbers of individuals to be served in this program?	<i>The RAISE model allows for staff to provide intensive services to individuals admitted to the Coordinated Specialty Care (CSC) program and follow them through as they transition to the Community Integration (CI) step-down program. Individuals in the CI program need less intensive services and will have a reduced frequency of visits from team members within the month.</i>	IV. Contract Scope of Work	10

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15.	Is the provider agency permitted to apply for more than 1 sub-region?	<p><i>An application is required for each sub-region. Successful bidders must provide a detailed description in the application as to how they intend to outreach and serve counties in each sub-region.</i></p> <p><i>Proposals must also be submitted to the County Mental Health Administrators for the county(ies) they intend to propose the service by the submission deadline . Please refer to the Attachment regarding the submission deadline and preference for each of the County Mental Health Administrators, as some require hard copies while others prefer an electronic version or both methods. For those counties requiring postal mail submission, submit four (4) copies.</i></p>	IV. Contract Scope of Work VIII. Submission of Proposal Requirements	9 24
16.	Are we permitted to retain tangible assets from our existing CSC Program such as vehicles?	<p><i>Bidders must refer to their existing program contracts.</i></p>	VII. Required Proposal Content	20
17.	3. On Page 15 of the RFP, it states "The contract awarded as a result of this RFP is anticipated to have an initial term from March 15, 2023 through September 30, 2025, and may be renewable annually under the existing terms for an additional three (3) years at DMHAS' sole discretion and with the agreement of the successful bidder." Please clarify if the underlined date is a typo with regard to the year. It is our understanding it should be 2024.	<p><i>Yes, that it is a typographical error. Please see page with 4, I. Purpose and Intent with the anticipated contract start date of March 15, 2024.</i></p>	I. Purpose and Intent	4
18.	The RFP states that it is mandatory for all clinicians to be certified as a LCSW or LPC. May the LMFT credential also be considered?	<p><i>Yes, the clinician may be an LMFT.</i></p>	IV. Contract Scope of Work	11