

## **Intensive Behavioral Health Care Services in Philadelphia Request for Proposal**

### **QUESTIONS & ANSWERS**

**January 29, 2016**

- 1. In the Intensive Behavioral Health Care RFP as of January 13, 2016, there are multiple services providers will be applying for. Should we apply to all services in the proposal or we can just apply to one of them - Outpatient and Intensive outpatient substance abuse services for Adults?**

The RFP is all inclusive; therefore the expectation is that Applicants will have the capability to have all of the services outlined in the RFP (Section B; Pages 4-24) operational within 3 months of the award.

- 2. Can you clarify, on page 17, it says that IOP is to be up to 5 hours per week?**

As per the Pennsylvania's Client Placement for Adults (PCPC) (section D.3 Level 1B; page 32) Intensive Outpatient Services are provided according to a planned regimen consisting of regularly scheduled treatment sessions at least 3 days per week for at least 5 hours (but less than 10).

- 3. What is the selected provider's medical liability over and above standard medical services (e.g., basic labs, H&P and general medical consults) for treatment of ongoing medical conditions or needs for specialists, diagnostic procedures or equipment related to this populations medical needs? Will there be opportunity to develop the above linkages with medical insurers of this constituency?**

The selected Applicant would be expected to manage the medical needs of member's, in the same way which "med psych" facilities do. They should be able to monitor sugars monitor blood pressures, use an IV etc. The selected Applicant will not be expected to serve children whose level of medical complexity supersedes their behavioral health needs, but will be expected to be able to manage medical conditions of moderate intensity and/or serve children whose medical conditions have been complicated by behavioral issues (such as children with diabetes who have acted out behaviorally as a way of resisting treatment.). CBH will support and assist in any way collaboration and coordination with HealthChoices Physical Health Managed Care organizations.

**4. Should transportation be factored into the price or will there be third party eligibility to specialists, diagnostic procedures, etc?**

The expectation is that Applicants provide their proposed rate and sufficient information to justify their rate. CBH will develop a comprehensive rate based on negotiation with successful applicants. The Applicant may propose alternative reimbursement methods to be considered during budget negotiations (Section G; page 21).

**5. Can the medically compromised be integrated on the inpatient child and adolescent unit with dedicated staff to assist their needs?**

Yes, the medically compromised may be integrated on the inpatient child and adolescent unit with dedicated staff to assist their needs.

**6. As a starting point, will a small number of identified beds within a current child and adolescent unit be acceptable, considering the identified ASD beds will have separate programming with dedicated staff identified to serve their needs? Can we choose a dedicated age group (e.g., child 4-12 or adolescent 12-17) to start?**

Applicants should describe the proposed inpatient psychiatric services for children, adolescents, adults and older adults. Include number of beds for each unit, admission criteria, and availability of features including 23 hour holding beds. Separately describe the proposed inpatient sub-unit for children and adolescents with ASD. Explain how this unit will be organized and function to meet the individual needs. Describe the capability to serve children and adolescents with medical needs in the inpatient units (Section 1; page 8-9).

**7. Is CBH willing to share its strategic plan for growing the resource to manage/transition children with medically complex issues and children and adolescents with ASD to the next level of care or back into the community?**

CBH is committed to building a robust system of care for its members, including those with medical complexities and those with developmental disorders, and recognizes that successful transition to the community requires community based treatment options. CBH will continue to partner with its stakeholders to work to ensure that such resources are available.

**8. Can the seven bed respite care for adolescents be part of a concurrently being developed support program (CRC) with time frames that extend to 12-18 months from now?**

CBH is willing to consider individual proposals from Applicants regarding integrating a crises residential with a system of care, however it is expected that the Applicant will have these services available in a timely fashion.

**9. We may have additional questions over the next several weeks. Will there be another opportunity to pose questions?**

The question and answer period is from January 11, 2016 – January 29, 2016. There will not be an extension for additional questions.