

**Outpatient Behavioral Health Services in North Philadelphia Request for Proposal
Questions and Answers
May 18, 2016**

- 1. Section III.C.1. states that the clinic will complete “psychological testing”. What kind of psychological testing is being referred to? Does this include psycho-educational testing that is usually completed by the school district?**

Section III.C.1. refers to psychological testing necessary for the diagnosis and treatment of behavioral health conditions. Psycho-educational testing typically completed by the school district is not within the scope of this requirement.

- 2. In section VII.2.1f.xvi. (page 48) in the D&A section it states, “Describe plans to assure appropriate use of medications.” Is this only applicable to the use of medication in D&A treatment or is this applicable to the mental health outpatient treatment program as well? If so, where do we address and describe it in the mental health section?**

Applicants are expected to describe plans to assure the appropriate use of medications in their responses to providing mental health and/or addictions services. For the mental health response, it should be included in the description of treatment services offered at the mental health outpatient clinic (see section IV.A.2f.vi.)

- 3. Can HEDIS monitoring be completed by a LPN?**

HEDIS is a set of national quality measures which can be tracked through various data sources. It is not specific to a staff position.

- 4. Can you explain what natural community resources are?**

Natural community resources refer to those resources that are non-traditional, and could include but are not limited to spiritual and religious-based self-help groups, informal community organizations, local businesses, and other resources that may not typically appear on a traditional resource list. Peers may be more aware of natural community resources that play a vital role in specific communities.

- 5. Do you have available a list of outcomes tools for outpatient programs?**

It is incumbent on the applicant to identify their own strategy and the associated outcomes tools they plan to implement within the clinic.

- 6. Are there specific standard assessment tools that CBH requires or approves of for this RFP application, and if so, what are the CBH preferred tools for assessment of specific challenges such as trauma, depression, anxiety, etc.?**

CBH will require the use of specific outcomes tools to be identified at a later date. However, it is expected that the applicant will identify the most clinically appropriate, evidenced-based, structured assessment and treatment tools for the population to be served and articulate a plan for their implementation in treatment.

- 7. Page 20 states that successful applicants will be required to complete an outcomes tool selected by CBH. Is this a database or some other kind of tool like an EHR? Can we use our existing EHR?**

CBH expects applicants to utilize an EHR for the provision of mental health or addictions services. The use of an EHR is not an outcomes tool. The mechanism for reporting outcomes to CBH will be identified after the RFP selection process is completed. However, applicants are encouraged to propose a plan for reporting outcomes to CBH.

- 8. On page 25, what does “coordination for admits after business hours (within 24 hours)” mean?**

This statement refers to the need for the applicant to describe a plan for coordinating care with inpatient treatment units and crisis response centers (CRCs) during and after normal business hours.

- 9. Is there a minimum capacity for the clinic along with the maximum capacity of 1500?**

There is no specified minimum capacity for the clinic.

- 10. Is the caseload of 1,500 clients expected to be 1,500 served annually or the caseload of the clinic at any given time?**

The expectation is that no more than 1,500 participants will be admitted to the program at any given time.

- 11. Does the CBE listed in section III.A.3.b. need to be completed by a licensed psychologist or psychiatrist or can it be completed by any qualified MA level staff?**

A Comprehensive Biopsychosocial Evaluation must be completed by a licensed psychiatrist or psychologist, must include at least 1 hour of face-to-face time with the participant, and must include a mental status examination and case formulation.

12. Do you need a full time supervisor and staff from the start of the clinic or can those positions be titrated in as the clinic builds its capacity?

It is expected that the clinic will build capacity over time. For additional information please refer to sections III.C.1 and III.C.2.

13. Is it acceptable for a clinical supervisor to be an LSW?

While a second clinical supervisor could have an LSW, they would not meet the requirement for the program to have at least one clinically licensed supervisor during the first year of operation. For additional information please refer section III.C.2.

14. How are “clinical hours” being defined to determine the hours of supervision?

Clinical hours are direct service time hours. For example, if in a week’s span a mental health professional provided 19 hours of individual psychotherapy, 3 hours of group psychotherapy, and spent 5 hours completing administrative tasks, they would have provided 22 clinical hours.

15. Section III.C.1. indicates that the medical director must be a salaried employee. Does this eliminate independent contractors who contract directly with the agency?

This references the requirement for the medical director to be a salaried employee. Agencies can continue to utilize contracted psychiatrists, provided the medical director is salaried.

16. What is the rationale on requiring at least 50% of peer specialists to be employed full-time?

CBH recognizes and values the importance of the Philadelphia behavioral health workforce obtaining quality employment. Additionally, research indicates that full time staff enhances the operations of outpatient clinics.

17. What is the role of the care coordinator?

The role of the care coordinator is to provide a wide range of care coordination for participants. This should include coordination with other service and resource providers within the community to ensure clinicians are able to focus on clinical treatment. For additional information please refer to section III.C.2.

18. Regarding staffing qualifications and ratios to participants, can you clarify the ratio requirements for each service?

The staffing ratios discussed in sections III.C.2 and VI.C. refer to staff-to-staff relationships, not staff- to- participants. For example, outpatient mental health clinics are to employ 1 care coordinator for every 10 FTE mental health professionals (see PA code 5200.3 for a definition of the title “mental health professional”).

19. Will providers be allowed to utilize graduate students in practicum and internships in the provision of care for the services covered under this RFP?

Providers will have the ability to utilize graduate students in practicum and internships if they meet the state criteria for supervision and oversight.

20. Regarding certificated peer / recovery specialists, does DBH prefer one credential over the other?

There is no preference for one credential over the other. An outpatient mental health clinic will be expected to employ a minimum of two certified peer or recovery specialists and maintain a ratio of one certified peer or recovery specialist for every 15 FTE mental health professionals. The peer or recovery specialist is to have at least 1 year of experience in the mental health treatment field. For additional information please refer to section III.C.2.

For an outpatient addictions clinic, section VI.C states that an outpatient addictions clinic “is to employ a minimum of 2 FTE certified peer or recovery specialists, and maintain a minimum ratio of 1:10 FTE counselors (see PA code 704.7 for a definition of the title). At least 50% certified peer/recovery specialists are required to be full time salaried employees by the end of the second year of operation. A certified peer specialist shall have at least one year of experience in the substance use treatment field. A certified recovery specialist shall have at least one year of experience in the mental health treatment field.”

21. For those who are submitting a combined application (MHOP and Addictions OP), do we submit a single narrative for both programs, distinguishing between the clinics on those topics where they are different (e.g. supervision requirements), or two separate narratives? In short, do we submit a single, combined, 15 page narrative, or two?

Applicants seeking to provide both outpatient mental health and outpatient addictions services should submit a single proposal that includes both services. The page count for a combined proposal shall be no more than 25 pages.

22. For those who are submitting a combined application (MHOP and Addictions OP), much of the supporting documentation will overlap (e.g. financial audit, 1099). Do we need to duplicate those, or may we submit one set for both purposes?

No, duplicates of the supporting documentation are not needed.

23. Can sections IV.A.2.g.i., iv. and v. be addressed as attachments or are they to be included in the proposal narrative?

Section IV.A.2.g.i. should be addressed in an attachment to the proposal, while sections IV.A.2.g.iv. and IV.A.2.g.v. should be included within the narrative of the proposal.

24. Do endnotes/citations count toward the 15-page limit for the narrative?

A citation page will not count towards the 15-page narrative limit.

25. Could CBH permit a second round of questions after providers receive responses to the questions submitted by 5/11/16?

There will be no further question and answer periods following the issuance of this question and answer document.

26. Would CBH consider extending the date to respond to this RFP and extending the time between awarding of the RFP and the start of services?

At this time, CBH will not extend the proposal deadline or anticipated service start timeframe.

27. It is unlikely that providers will be able to hire staff for this new program prior to being awarded the license and having negotiated a budget and rate. Is the list of staff to be a list of the positions? Are job descriptions and qualifications for the positions sufficient as resumes are not available for staff not hired?

Applicants should provide a list of all staff positions within the clinic as well as sample resumes detailing the required qualifications, experience, employment status, and job description of staff persons.

28. Considering that the RFP is due June 10, for a provider that does not currently have a vacant site, is a response rejected for not yet having a site under control and approved by the community? Is documentation of a process to identify and secure an appropriate site sufficient to respond?

Documentation of a specific plan to identify and secure a site is acceptable. This plan will be further expanded upon with awardees during contract negotiations.

29. The insurance requirement states naming the Pennsylvania Department of Public Welfare as an additional insured. Should this be the Pennsylvania Department of Human Services?

Yes, the correct name for the additional insured is the Pennsylvania Department of Human Services.

30. How many providers might be selected?

CBH has not predetermined the number of awardees.

31. Must the new OP location be located in the identified zip codes to serve the needs of persons in the identified zip codes?

Yes, the proposed clinic must be located in one of the identified zip codes.

32. I heard care coordination mentioned as part of the RFP. Will this be restricted to the new sites to be opened, or will agencies that currently provide services within these zip codes be able to add the care coordination component to their current sites' offerings?

Care coordinators will be limited to the clinics developed as a result of this RFP.

33. If an organization has an existing D&A outpatient clinic in one of the identified zip code areas and plans to add mental health at that location, does the organization need to apply for both the mental health outpatient clinic and addictions outpatient facility or only the mental health outpatient because they already have an Outpatient D&A program at the site.

No, these applicants only need to submit one proposal for outpatient services and should describe how they plan to align, coordinate, and integrate services with their pre-existing addictions clinic.

- 34. If you are currently providing service in one of the identified zip code areas, can you apply to use the same site location, but plan to change/enhance the service delivery to be aligned with the RFP?**

This RFP is limited to new site locations only; however, additional opportunities to enhance outpatient clinics may be provided in the future.

- 35. In another outpatient service, we encounter billing problems when a participant needs or utilizes more than one service in a day (i.e. outpatient therapy, a substance use group and then a visit with a Peer Specialist). Will CBH's enhanced rate cover such circumstances?**

The details of the billing structure for the outpatient services will be discussed after awardees are selected.

- 36. The ability to recruit and retain psychiatry and licensed staff and qualified therapists is very difficult. If the new programs receive enhanced rates, how will CBH support existing providers to maintain the quality and level of services being provided?**

This RFP is the first phase of a multi-phase approach to enhance the quality and effectiveness of outpatient behavioral health services throughout the CBH network. It is our intention to ensure programs receive fair compensation for the services provided.

- 37. This RFP requires a training plan to assure evidence based practices (EBPs) are integrated into the clinic. Does this apply to the whole agency or only for the proposed clinic?**

Applicants are expected select at least one evidence-based practice to implement in the proposed outpatient clinic. It is expected that the evidence-based practice/s will function as the foundation of clinical practice for all staff working in the clinic. Please refer to section III.A.3. for additional information.

- 38. For Addictions outpatient services, will the provider be expected to operate both IOP and OP levels of care?**

No, the RFP is soliciting outpatient addictions services only and will not allow providers to contract for intensive outpatient addictions services.

39. Can CBH provide any information at this time about what the “enhanced” rate might be and what would be included?

The reimbursement rate for the services requested in this RFP will support the enhanced standards outlined in the RFP. CBH encourages applicants to develop budgets that support every aspect of the proposed services. For additional information please see section III.G.

40. Is the Line of Credit to be 10% of the proposed program budget or 10% of the corporation budget or 10% of the consolidated reporting entity budget?

The Line of Credit should make available a minimum of 10% of the total program budget. Please see section , IV.A.2i.

41. Is the 10% requirement related to the total Line of Credit facility or only related to the unused availability on the Line of Credit facility?

The 10% requirement requires that 10% of the proposed program budget is presently available through a Line of Credit.

42. To meet this liquidity requirement (see question #41), is a combination of cash or cash equivalents on hand and available Line of Credit acceptable?

There must be a Line of Credit available regardless of cash availability.

43. In section IV.D., by “company”, does the highest position refer to the proposed program, the corporation that includes the program or the consolidated corporate reporting entity?

Company refers to the corporation that holds the Federal Identification Number.

44. The Professional Liability requirement states \$1 million in aggregate and \$3 million per occurrence. Is this correct? IV.A.2.i.

Yes, please see section IV.A.2i. for more detailed information.

45. Will CBH include start up cost funding as a separate funding source or as part of the rate setting?

CBH does not anticipate providing startup costs.

46. Will there be a single rate for both mental health outpatient services and addictions outpatient services or will there be a different rate for each type of service?

Please refer to the response to question #39.

47. Do applicants need to include the audits and 990s in each of the 7 copies of the proposal package? If we are currently a contracted CBH provider, will the agency's financial information already on file with CBH be sufficient?

Each copy of the proposal should contain information identical to the original proposal, including the audits and tax information. Each proposal should include the information requested in the RFP, regardless of whether or not the applicant is a current CBH contracted provider.

48. In developing the budget/rate, are additional staff/resources to conduct outcomes analysis allowable expenses? Would CBH prefer resources to conduct outcomes-based analyses be included in the proposed itemized budget?

Applicants should submit an itemized budget that supports every aspect of the proposed outpatient clinic. Please see question #39 of this Q/A and RFP section III.G.