

Request for Proposal BH23-001 & BH23-002

Questions & Answers

Q1. On Page 16 – Program Services 5.3.2.2. Sub 1. – “...outlined in Exhibit A Scope of Work”.

A1. Correction to Page 16 of the RFP – Program Services 5.3.2.2. Sub 1. Should read “...outlined in Exhibit B Scope of Services”

Q2. Is there an opportunity for co-location on the BH campus for short periods of time?

A2. Co-location would be the most efficient and provide consistency for our clients. Behavioral Health will also work collaboratively with the awarded Agency to certify a site within San Benito County to be a Medi-Cal billing site.

Q3. The RFP states that the services would be located at the contractor’s facility. Can you confirm that it will be acceptable to provide these services in the community as appropriate for client needs?

A3. Care within the community can be explored where and when necessary. The goal of Behavioral Health is to ensure easy access to those needing services.

Q4. Will MediCal be leveraged/billed for services?

A4. Yes

Q5. What is the payment structure for these contracts? The RFP reads as if this is a cost reimbursement contract, but it is assumed the awarded Agency would need to leverage Medi-Cal and bill by CPT codes. Should a budget be set by costs, or to establish rates for CPT codes?

A5: A budget should be set by established rates for CPT codes as we continue to work as a County to meet the expectations of payment reform through CalAIM. The County will continue to work with an agencies fiscal department to ensure compliance with upcoming changes. After an awarded Agency has been selected, the terms and conditions of the actual contract can be negotiated and fine-tuned in partnership with the contractor. To assist the awarded Agency in submitting a budget, the RFP states the following:

- All costs incurred and billed to the County, including labor, materials, overhead and profit shall be included within the Agreement Budget, and
- SPECIAL COMPENSATION TERMS: Outpatient Specialty Mental Health Services — CONTRACTOR shall provide an hourly rate of \$XXXX per hour of direct clinical services provided by a licensed or licensed waived clinician. The maximum possible reimbursement fee for this Program component shall be up to XXXX dollars (\$XXXX). For each service provided, the monthly claim shall itemize the type, client, and date of service and any other relevant documentation for COUNTY review (see Attachment A — PERFORMANCE OUTCOME MEASURES). For this program component, the total amounts up to a maximum of \$XXXX shall be based on the actual number of hours of direct clinical services provided for clients of this program.

Q6. How is the case load determined and how will the referral process work?

A6. The County will conduct the initial screening and assessment for services. Once an assessment is completed, the Access Team will determine appropriate level of care. Clients will then be referred to the awarded Agency for continued outpatient services. The County may change this process in the future to meet the needs of the people we serve in the community.

Q7. What would the referral process be? How would clients be identified to come to this program vs. the clinicians working for the County directly?

A7: The County will conduct the initial screening and assessment for services. Once an assessment is completed, the Access Team will determine appropriate level of care. Individuals will then be referred to the awarded Agency or remain with the County for continued outpatient services. The County's goal is to have an awarded Agency be a provider to help the County meet network adequacy to service Medi-Cal recipients of our County. The County may change this process in the future to meet the needs of the people we serve in the community. Any changes will be discussed with the awarded Agency.

Q8: There is no unduplicated client expectation identified, so what is the expected capacity or caseload for the FTEs identified in the RFP?

A8: As a County we have over 20,000 individuals per year that qualify for Medi-Cal services. As such the number of individuals may vary. The County will adhere to Behavioral Health Information Notice 21-023 that states mental health services for adults is up to 1:85 and mental health services for children/youth is up to 1:43. The County will work within these parameters when referring community members for mental health services.

Q9. How will the relationship be defined in terms of CBO/CCP?

A9. The County will work collaboratively with an awarded Agency to ensure the needs of the community are being met. The County will be responsible for sending referrals to the awarded Agency. The awarded Agency will act as a representative of the County regarding their hours of operation, interactions and outreach with the community. It is the goal of the County that the awarded Agency will be a partner in providing mental health care through the development of effective services and that the County and the awarded Agency will have open communication to address any concerns and strategies plans to provide good client care.

Q10. What are the reporting lines between BH and/or EEs?

A10. The County will initially conduct monthly meetings that will be modified once an awarded Agency has been active in the County. The County's expectation is that the awarded Agency will adhere to the policies and procedures of the County and the County's contract with DHCS. The County would expect the awarded Agency to manage their own staff and outpatient programming. The County will conduct periodic auditing to ensure adherence to DHCS mandates. If support is needed from the County, the awarded Agency has the ability to request a meeting at anytime to ensure continued collaboration.

Q11. How will the EHR interface work with MediCal billing?

A11. The County will request an invoice from the awarded Agency along with supportive documentation of services provided. The County will explore the option of the awarded Agency inputting data into our EHR as the County moves to a new EHR system. This can be further explored with the awarded Agency to ensure timely billing and documentation.

Q12. Is the contract for purchasing FTEs (Full Time employees) or direct client time?

A12. This contract will explore the option of FTEs to ensure that the County is able to provide good client care and that the awarded Agency has the means to grow a team to meet the needs of the community.

Q13. If MediCal is being leveraged and reimbursed by CPT how much travel time will be required and what is the rate for this? (What is the split of community work vs. travel time on leverage of Medi-Cal/CPT Codes? They included that documentation and travel times are not covered by CPT codes.)

A13. Due to the changes through CalAIM travel and documentation will not be reimbursed. The County will work with an awarded Agency to address this concern. The hopes are that the County and the awarded Agency will co-locate and there would be a reduced need for travel.

Q14. How will the CalAIM reform impact the contract?

A14. CalAIM will have minimal effect on direct client care and providers meeting with clients. There will be impact once payment reform goes live in July 2023. The County will work collaboratively with the awarded Agency to address any fiscal concerns and work to ensure continued partnership with the awarded Agency and care of those in the community.

Q15. Is the contractor expected to provide psychiatric services?

A15. The County will require outpatient mental health services which could include case management, assessment, plan development, individual, family, or group therapy, IHBS/ICC and additional supports. The County will utilize existing psychiatric services through current County providers.

Q16. Can Rehab be used for outpatients?

A16. The County will allow rehab services to support individuals in meeting their mental health needs.

Q17. Is there documentation on how to bill and what time is to be billed?

A17. The County will work with the awarded Agency on meeting the County's documentation needs and as well work collaboratively with the awarded Agency's fiscal department to ensure billing is completed in a timely manner; the details of which can be negotiated in the final contract with the awarded Agency.

Q18. Is this a standard contracted program where the awarded Agency is providing the management and oversight of the program. How would the awarded Agency submit full client charts to the County monthly as identified in the RFP?

A18. The County will have invoices and supporting documents submitted for review. This can be sent via an encrypted email system or hand delivered. This may change as the County develops their new EHR system.

Q19. In light of ongoing concerns related to COVID-19 and to reduce the risk of transmission, would the County consider amending the submission process to allow for online or digital/emailed submissions, rather than in-person hard copy submission?

A19. The proposals may be submitted online by uploading to Box via the following link:

<https://sbcmh.box.com/s/nybi0ryb7httu53an3pqci8doi077pnu>

Q20. Is there a higher level of care, such as FSP, that outpatient providers can refer up to, or will this outpatient be a catch-all for all levels of client acuity?

A20. The County has other services such as FSP to which the awarded Agency will be able to refer clients for care. The County will work with the awarded Agency to address higher level of care needs.

Q21. Would the County be open to establishing a cost reimbursement contract amount for the proposed services through this RFP?

A21. The County would like to focus on establishing costs by determining hourly rates (per hour) of direct clinical services. The details of which can be negotiated between the awarded Agency and the County.

Q22. Is there an anticipated contract cap or maximum contract amount for the proposed services through this RFP?

A22. Not necessarily. If there is not a contract cap or max amount listed on the RFP, the contract cap is open and the RFP awarded Agency will be selected based on the scoring criteria and stipulations detailed in the RFP package. The final contract max will be established and negotiated between the awarded Agency and the County.

Q23. Can the County please provide additional information about question 7 from section 5.3.2.1 Capacity and Experience (pg. 16 of the RFP) “Demonstrates the ability to apply State training and technical assistance” – what kinds of State training and technical assistance this is referencing and what the ability to apply such training and technical assistance would include?

A23. The County would communicate the need and types of any such trainings to the contractor to ensure compliance with state regulations and best practices.

Q24. Does the County have a preferred budget template or structure for proposers to use in providing the proposed program budget?

A24. The County does not have a preference as long as the budget is detailed and checks off any requirements detailed in the RFP.