

Lucas County Crisis Services

Questions and Answers (December 2020)

General

Q: Is MHR SB looking for the winner of the RFP to have the best overall response or is it a possibility that the services be distributed between several bidders?

A: Subcontractors are allowed. MHR SB expects collaborations to be established beforehand and indicated in the RFP.

Q: Does the C.A.R.E. Center stand for Crisis, Access, Recovery, and Emergency; or Crisis, Access, Recovery, and Engagement?

A: C.A.R.E. stands for "Crisis, Access, Recovery, and Engagement." The typo in the acronym on page 3 will be updated to reflect the correct name.

Cost Proposal

Q: If Administrative rate is capped at 10%, is this separate from the indirect costs section, indicated to be: Rent/Lease, Fleet, Maintenance/Repair, Insurance, Phone Bill/Utilities?

A: Any administrative overhead costs should be noted separately within the indirect costs section, but only the administrative overhead costs are capped at 10%.

Q: Attachment B includes multiple services in the template. Is the expectation that we submit a standalone budget for each of the following: Call Center, CSU, C.A.R.E. Center, Mobile Crisis?

A: Bidders should submit a standalone budget for each of the listed services in the RFP, with shared staffing, shared costs, co-location, and other efficiencies noted.

Q: For the summary is the expectation to also use Attachment B format and include all fiscal years through 5/31/24?

A: Attachment B should be used for cost proposals for each year through 5/31/24.

Q: Is the expectation that the budgets go through 5/31/24? Do they need to be broken out by year?

A: Annual cost proposals should be separated by year and include costs through 5/31/24.

Q: For start-up costs, do you simply want that noted in the Narrative column on Attachment B?

A: Start-up costs can be noted in the Narrative column on Attachment B.

Q: Attachment B indicates "Wellness & Recovery" in the personnel section. Can you please provide a description of what is to be included?

A: "Wellness & Recovery" was inadvertently included in Attachment B: Cost Proposal and will be removed in the next iteration of the RFP.

Q: The cost proposal in Attachment B does not request a breakout of costs by service line. Our organization would like to verify that the MHR SB is looking for a rolled- up cost proposal that includes all services without detail by service type.

Does the MHR SB wish to see projected POS income on these services?

A: MHR SB expects, at minimum, the details as outlined in Attachment B. Bidders are welcome to provide additional details by service line if the bidder believes this level of detail results in a clearer and more informative budget proposal.

Cost proposals must adhere to the 4-page limit as outlined on page 12 of the RFP.

Clarification Q: Is the narrative included in that 4-page limit? Should this be submitted in Excel format? Should the narrative be included in the Excel document?

Clarification A: The cost proposal template included in Attachment B is adopted from the Ohio Department of Mental Health and Addiction Services and is intended to be used as a guide to inform the Cost Proposal according to Proposal Format Requirement 2.5.9. Cost proposals may be submitted using the provided template, as a table embedded into the response, or as an attachment formatted as a spreadsheet, as long as they contain the necessary information listed in Attachment B.

Narrative may be included in the document or in a spreadsheet, whichever the bidder believes provides the most clear and concise form of communication. The narrative and budget numbers should not exceed four combined pages.

Q: If services provided are a Medicaid covered service and would also be a covered service as part of the Purchase of Service structure for Board Eligible clients, should that expected revenue be considered (using current GOSH claim processing format) as part of the agency Purchase of Service contract and not part of the Crisis Contract?

A: Bidder should identify all sources of revenue as it relates to their proposed service models.

Q: Does the MHR SB want costs broken out by year?

A: Costs may be broken down annually, with indicators for startup costs and general operations between Year 1 and additional year.

Q: Are there any guidelines on expected cost increases year over year, especially for salaries?

A: While cost increases may likely follow the historical trends of other contracted behavioral health providers, it is not yet been determined what the cost increases will be.

Bidders are invited to submit a cost proposal with proposed cost increases that balance sustainability with a competitive bid.

Funding

Q: What is the anticipated financial model, anticipated funding amount, and will there be Capital Funds?

A: MHR SB purposefully did not provide guidance on this point. The answer is largely dependent on the proposed model. Bidders should look to maximize other payer sources such as Medicaid and third-party insurance. The RFP outlines a Jail Diversion Grant from the Department of Justice that will be funding a portion of the overall project

Q: What will be the role of 3rd party payers? Does MHR SB have revenue data to share?

A: MHR SB will collaborate with the awarded party to determine the best model for funding. Bidders may reference any national funding model in their proposal that would benefit both the bidder and the county

Q: Can services be billed to the board for reimbursement if not reimbursed by Medicaid?

A: MHR SB envisions the selected provider will seek reimbursement from Medicaid and private insurance carriers where available. The MHR SB anticipates providing additional funding to assure the goals of the RFP can be accomplished. The manner by which MHR SB funds are drawn may include a combination of direct service billing, grant and incentive payments.

Q: Are there any limits to [reimbursement requests]?

A: This has been answered in the FAQs.

Q: What is the process for submitting reimbursements?

A: Reimbursement methodology includes billing for direct service utilizing the MHR SB's electronic enrollment and claims processing system, and bi-monthly grant payments.

Q: What is the timeline for payments?

A: Payment timelines range from 10 to 30 days on average.

Service Delivery

Q: Must the services be provided in the manner outlined in the RFP?

A: MHR SB is seeking a comprehensive bid accounting for all services identified in the RFP.

Q: What services that must happen at the C.A.R.E. Center versus being provided elsewhere?

A: MHR SB recognizes that there is a national trend of co-located services with benefits of better care coordination and warm handoffs. Alternatively, some crisis services are intended to be provided in a residential or homelike environment. The bidder's response should include justification of service location based on research and best practices. MHR SB is seeking to extrapolate the bidder's vision for what services look like in a well-designed, functioning system for Lucas County.

Q: What is the vision of the county in terms of the 23-hour crisis center? How many beds? How many units for adult and youth?

A: MHR SB is open to bidder suggestions on bed numbers for the 23-hour crisis center.

Q: How will juvenile diversion services function?

A: The C.A.R.E. facility is intended to serve both adults and youth.

Q: Is there a Certificate of Need process where the state dictates the necessary volume required for any of the services?

A: No

Q: How does the board/TBD Solutions envision the involuntary process for individuals at the CARES center? Specifically, in the psych observation unit and the sobering center.

A: The C.A.R.E. Center will receive involuntary admissions from law enforcement and referring clinicians. The Bidder's approach to accepting both voluntary and involuntary admissions should be a person-centered and recovery focused. MHR SB is open to hear models on how to serve both voluntary and involuntary clients through the C.A.R.E. Center.

Clarification Q: How is the MHR SB defining "involuntary?" For example, is the MHR SB looking for the C.A.R.E. Center to accept a person on a pink slip? Or is "involuntary" referring to the C.A.R.E. Center

accepting a person who is mandated into care from law enforcement in lieu of the person being arrested and booked in the jail?

Clarification A: The question did not seek information necessary to respond to the RFP.

Q: As indicated in the RFP, this is a comprehensive continuum of services. Is the expectation that all services are operational by 5/31/24?

A: Currently existing services outlined in the RFP should be operational by 6/1/21. New services outlined in the RFP, such as the C.A.R.E. Center, should be operational by 1/1/22.

Clarification Q: On pg. 10 of the original and updated RFP, the Anticipated Contract Beginning states "To Be Determined" and on pg. 9 of the Amendment it states "MHR SB has discussed potential transitions from current providers to a selected award winner. There will be a process to partner with the selected bidder to assure smooth transition, quality service delivery, and feasible change processes. MHR SB requests that bidders include information on how they wish to approach the transition". Please clarify the expectation for a start date for services.

Clarification A: The question did not seek information necessary to respond to the RFP.

Clarification Q: The following requirement was not stated in the original or updated RFP: MHR SB requests that bidders include information on how they wish to approach the transition. Where should bidding agencies include this information in the narrative response?

Clarification A: The question did not seek information necessary to respond to the RFP.

Q: Is there a distance cut-off for transporting out of county individuals to Lucas County for assessment? If so, what is the distance cut-off?

A: Transportation for Lucas County residents experiencing a crisis out of county will be handled on a case-by-case basis. The selected bidder will work with MHR SB to establish a policy that best serves the needs of Lucas County residents.

Q: On page 16, the RFP asks for a description of post-discharge support and the proposed timeline and frequency for follow up support for many of the service lines. The RFP also requests organizational support for Postvention services. Does the MHR SB want bidders to include follow up support revenue and costs in the financial models? Or is that considered outside the scope of this RFP?

A: Post-discharge support and postvention following a crisis service encounter are considered a best practice and should be included in the cost proposal. Bidders should include information about the staff assigned to perform these functions.

Q: Is there any expected change in service volume as a result of the restructuring of the care continuum and the establishment of the Care Center? Does the MHR SB want marketing costs included in the proposal to create awareness and advertise the crisis 24/7 phone number?

A: Service volumes may change as the result of the implementation of procured services within this RFP. Bidders are invited to use relevant sources of data, such as county crisis utilization data or utilization projection calculators, to estimate service utilization. Crisis services utilization may increase or decrease based on performance of each service within the crisis care continuum. The winning bidder is expected to promote and market crisis services, and any subsequent marketing and advertising costs should be included in the proposal.

Q: On page 19 of the RFP, it is written that the "Psychiatric Urgent Care will provide services 7 days a week, at least 12 hours per day." However, in the narrative section on page 20 for Psychiatric Urgent

Care, the request is for the bidding organization to operate a psychiatric urgent care 24/7. Please clarify this discrepancy.

A: The winning bidder is expected to operate the C.A.R.E. Center 24 hours per day, with the embedded Psychiatric Urgent Care Center operating at least 12 hours per day. Decisions around the availability and scheduling of select staff such as prescribers will be made to optimize access to care while remaining cost-efficient and feasible for the workforce.

Q: On page 19 of the RFP, in the grid below the Psychiatric Urgent Care section, the “Target Time from Request to Service” states 8 hours. However, in the narrative section for Psychiatric Urgent Care, the required timeline read as follows: “screenings within an average of 15 minutes of presentation, psychosocial assessments within 2 hours, and psychiatric consultation within 4 hours.” There is a discrepancy in the target times for service delivery. For purposes of structuring programming and outlining our service delivery in the proposal response, please clarify expectations.

A: Target time from request to service is 4 hours. Bidders are welcome to propose a more timely response based on best practices. This correction will be reflected in an updated version of the RFP.

Metrics

Q: Looking for a response on; “critical success factors” or “key performance indicators” in how to judge responses to that expectation. Service volumes in the RFP: How were those volumes determined? Is it possible to get a histogram on the trends?

A: The Ohio Crisis Services Compendium published by Ohio MHAS includes adequate service definitions: ([link](#)). Volume was estimated using the Crisis Now Calculator and reasonable expectations and approximations based on utilization data. Historical trends and Ohio MHAS data may provide information, but MHRSB prefers expected utilization.

Q: Page 9 includes utilization rates for FY 2019 but these do not include number of clients that are expected to be diverted from hospital ER’s. Would you supply that information?

A: Crisis service data included in the table on page 9 of the RFP reflects the available data in the current crisis system. Expected client diversion counts have not been estimated. Bidders are invited to project diversion rates based on proposed highly effective crisis service designs and national best practice guides such as the *Crisis Now* calculator referenced on page 18 of the RFP.

Submission of Documents

Q: The extension for the letter of intent indicates that an extension is being granted to allow time for partnerships to be identified. If we have already submitted a letter of intent, do we need to submit a new letter of intent?

A: Bidders who have already submitted a Letter of Intent need not submit any additional information such as an updated letter.

Q: Does the letter need to reflect any partnerships that may be established?

A: ~~The Letter of Intent must indicate any subcontractor relationships in which an additional organization will be providing one or more of the services outlined in the RFP.~~ (Information that has “strikethrough” formatting has been removed as it is incorrect, per clarification posted on 12/23/2020. See the following clarification for correct information.) The Letter of Intent is not required to include

any subcontractor relationship, but subcontractors must be explicitly referenced in the RFP according to Section 4.10 “Subcontractors” and Attachment C: “Subcontractor Information Form”.

Clarification Q: The requirement of including subcontractor information in the Letter of Intent is not written in the original or updated RFP, Amendment, or in the email notification sent to all who attended the Bidder’s Conference. Can you clarify that our Letter of Intent must include a list of subcontractors and/or if the partnering agencies must provide a supplemental Letter of Intent to provide the subcontracted service? If subcontractors must be listed, can we resubmit our Letter of Intent?

Clarification A: The Letter of Intent is not required to include any subcontractor relationship, but subcontractors must be explicitly referenced in the RFP according to Section 4.10 “Subcontractors” and Attachment C: “Subcontractor Information Form”.

The answer to the original question will be modified to reflect this clarification.

Q: On page 11, it is indicated that maximum number of pages for this submission is 60 total pages, excluding attachments and/or appendices. On page 13 the “complete proposal” column indicates the maximum to be a total of 87 pages, including the appendixes. Please clarify the maximum application pages.

A: The maximum page limit is 97 total pages, including appendixes. The maximum page limit for the narrative responses (Sections 3-4) is 60 pages. This correction will be reflected in an updated version of the RFP on page 11.

Accreditation

Q: I saw in the RFP that all applicants must be accredited by CARF, Joint Commission, or the like. Since we are brand new, I wanted to double check that we would not be eligible.

A: Organizations bidding on this proposal are expected be accredited in the crisis services they currently provide as outlined in the RFP. If bidders are not currently accredited for specific services outlined in the RFP, they must demonstrate their ability to become accredited by a national organization AND by the Ohio Department of Mental Health and Addiction Services within 9 months of contract commencement.

Timeline

Q: This is a large RFP with many services listed. Will there be any consideration for a phased-in approach to provide a smooth transition and development of excellent services?

A: MHRSB has discussed potential transitions from current providers to a selected award winner. There will be a process to partner with the selected bidder to assure smooth transition, quality service delivery, and feasible change processes. MHRSB requests that bidders include information on how they wish to approach the transition.

Q: Should the awarded organization assume a full 12 months of operations in year 1? Should Finance detail startup costs, prior to the commencement of services separately?

A: MHRSB of Lucas County will negotiate a contract with the selected bidder that includes development of new crisis services as well as the operation of currently offered crisis services. It is unlikely that C.A.R.E. Center services will be delivered for all 12 months of the first contract year. Startup costs should be included as part of the cost proposal.

Unanswered

Q: Has any thought been given to a delay in the timing for the RFP? We are having a significant COVID spike in Lucas County and this is a quite challenging time for our health care systems.

A: The question did not seek information necessary to respond to the RFP.

Q: Why was the letter of intent extended to 12/31?

A: The question did not seek information necessary to respond to the RFP.

Q: On what date was the letter of intent extended to 12/31?

A: The question did not seek information necessary to respond to the RFP.

Q: When the decision was made to extend the letter of intent, how was it communicated?

A: The question did not seek information necessary to respond to the RFP.

Q: How many respondents met the original deadline of 12/7 to submit letter of intent?

A: The question did not seek information necessary to respond to the RFP.

Q: Service Description criteria identifies scoring will be based on outcomes, but there is no designated section for outcome measurements or no indication to include with any section's narration. Outcome measures are only mentioned as an attestation. Can you clarify how outcome measures intend to be scored as apart of service description or can you indicate where outcome measures are to be included?

A: The question did not seek information necessary to respond to the RFP.

Q: Section 2.9 describes the matrix scoring that will be used but section 4.4 suggests that contract award is at the sole discretion of the MHR SB. This suggests that a respondent with the highest score may not receive a contract based on other subjective criteria. Please describe the criteria that would be used to determine, "the best interest of the MHR SB"?

A: The question did not seek information necessary to respond to the RFP.

"Q: The BHDC is referenced as being a part of the Observation Unit. In the explanation of the BHDC under the Jail Diversion section on page 17, it is written that the BHDC is for voluntary and involuntary treatment for up to 23 hours. On page 46, written in the Justice and Mental Health Collaborative Grant, it states "Participation in the services provided by the BHDC will be voluntary. Once an individual agrees to participate, they may stay up to 23 hours..."

i. Questions: Are bidders structuring the BHDC to serve voluntary and involuntary individuals?

1. What is the MHR SB definition of "involuntary" as it refers to the BHDC?"

A: The question did not seek information necessary to respond to the RFP.

Q: Section 2.9 Proposal Review Matrix indicates that the proposal is "within project budget". Can you please provide the project budget?

A: The question did not seek information necessary to respond to the RFP.

Q: Section 3.1.2.2.3 Jail Diversion: If the plan is to utilize the DOJ grant for the development of this service within the C.A.R.E. Center, what is the maximum amount available? Should that be indicated as "Other" revenue or as MHR SB?

A: The question did not seek information necessary to respond to the RFP.

Q: Section 3.1.4 Crisis Call Center: RFP indicates that appointments must be offered with a community mental health agency within 48 hours of connecting with the call center. Will MHRSLC include in their contracts with the community providers that they must accommodate such appointments?

A: The question did not seek information necessary to respond to the RFP.

Q: Will a list of providers who submitted a Letter of Intent be communicated to those who have submitted and/or posted on the website?

A: The question did not seek information necessary to respond to the RFP.

Q: Will TBD Solutions/MHRSLC identify potential partnerships or suggest partnerships based on submitted letters of intent?

A: The question did not seek information necessary to respond to the RFP.

Q: Is there an expectation as to how often these trainings are to be offered? In addition, is there any data available as to how many current health officers are trained in the community?

A: The question did not seek information necessary to respond to the RFP.

Q: Does MHRSLC currently have any MOUs with other counties for courtesy crisis screening, intervention, and coordination?

A: The question did not seek information necessary to respond to the RFP.

Q: What is the turnaround expectation time for these assessments/pre-screens to take place?

A: The question did not seek information necessary to respond to the RFP.

Q: Who are the bidders for the RFP that submitted their bids as of 5:00 12/7/2020?

A: The question did not seek information necessary to respond to the RFP.

Q: During TBD's review of the current state of the Lucas County Behavioral Crisis Continuum which identified many opportunities for system wide improvements why were only services provided by Rescue written into the RFP?

A: The question did not seek information necessary to respond to the RFP.

Q: Why did the deadline for the Letter of Intent get extended and when was that determination made?

A: The question did not seek information necessary to respond to the RFP.

Q: For those submitting a Letter of Intent after the deadline for submission of questions, will they still be able to submit questions?

A: The question did not seek information necessary to respond to the RFP.

Q: Are there any other parts of the RFP document that have been changed?

A: The question did not seek information necessary to respond to the RFP.

Q: Who specifically is on the Review Committee?

A: The question did not seek information necessary to respond to the RFP.

Q: Will the scores of the proposals be released?

A: The question did not seek information necessary to respond to the RFP.

Q: The estimates noted in the RFP for the CSU/CACSU come out to be roughly an average of 7.5-8 days length of stay per individual. The current average for Rescue's CSUs is roughly 3-3.5 days. Is the MHRBLC advocating for longer lengths of stay in the CSUs?

A: The question did not seek information necessary to respond to the RFP.