



RFP Name: Mobile Crisis Services and Supports – Manchester and Surrounding Towns

**OFFICIAL RESPONSES TO VENDOR QUESTIONS
RFP #17-DHHS-DCBCS-BBH-01**

No.	Question	Answer
1.	Section 1.1: A. Can you expand on the technical requirements of the phone triage system? B. Are there requirements for the triage center to be located within NH?	A. See Section 3.2.1 for central phone triage system requirements. B. There are not any specific requirements for the phone triage center to be located within the state of New Hampshire. However, the individuals answering the phone need to be familiar with the area and services available in the triage area.
2.	Section 1.3: What is the expected start date of this program taking into account approval by Governor and Executive Council?	The expected start date will be the date of Governor and Executive Council approval.
3.	Section 3.1: A. Can you provide an estimated number of people projected to be served in this region? B. Can you provide expected percentage of participants with substance abuse disorder or other diagnosis?	A. In FY 15, there were 7487 billable and non-billable ES services. B. 95% of individuals will have an AXIS I diagnosis which may or may not include co-occurring disorders.
4.	Section 3.2.1.3: A. How will this system incorporate with the current community mental health system?	A. Mobile Crisis Services are part of the continuum of services based on what an individual requires and desires at that point of service. Mobile Crisis would be anticipated and expected to follow crisis plans that are already designed to prevent further decompensation and to be preventative for individuals who are not currently engaged in mental health services. Memorandum of Understanding (MOUs) would need to be developed for any service that is not currently part of the Community Mental Health Center (CMHC).



RFP Name: Mobile Crisis Services and Supports – Manchester and Surrounding Towns

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	B. How will this program align with current or developing programs aimed at addressing the Opioid issue?	B. Mobile Crisis is expected to align with all community programs in making referrals for services that are not provided by Mobile Crisis and/or the CMHC. This would include substance misuse programs. Staff working in Mobile Crisis, are expected to be familiar with treatment involving co-morbidity issues, which would include substance misuse.
5.	Section 3.2.1.13: A. Are there existing crisis programs within the region with which the vendor is expected to collaborate? B. How will this program collaborate with the Mental Health Center and its existing programs? C. Are there areas of this program that will run separate of the Mental Health Center of Greater Manchester?	A. Yes, CMHCs, Peer Support Agencies. B. MOUs, frequent communication with providers. C. Crisis apartments and the majority of Mobile Crisis services are separate from the CMHC, but are also expected to augment the services and be part of the continuum of care.
6.	Section 3.2.1.8: Can you provide baseline data on current ER or inpatient utilization?	Not at this time.
7.	Section 3.2.2: A. Is there any additional licensure required for the community crisis apartments beyond the administrative rule He-M 102 certification? B. Is it permissible to obtain a license concurrent with the award of the contract?	A. Each two-bed apartment must be certified in accordance with He-M 1002. There are no additional state licensure requirements. B. Certification does not need to be obtained prior to the contract award.



RFP Name: Mobile Crisis Services and Supports – Manchester and Surrounding Towns

8.	<p>Section 3.2.3:</p> <p>A. Are there requirements on the location of the crisis beds or apartments?</p> <p>B. Is it permissible to access a crisis bed outside the region area?</p>	<p>A. Yes, they must be in compliance with He-M 1002 and be within the Mental Health region (see Appendix F).</p> <p>B. No, see above.</p>
9.	<p>Section 3.2.5</p> <p>Can you provide more detail on the transportation of individuals such as:</p> <p>A. What are the safety requirements?</p> <p>B. What are the staffing requirements?</p> <p>C. What are vehicle requirements?</p> <p>D. When transporting someone to the hospital, how long must staff stay with the individual?</p>	<p>A. See Section 3.2.5 of the RFP.</p> <p>B. See Section 3.2.3 of the RFP.</p> <p>C. All vehicles must be insured and inspected in accordance with State of NH Statute Chapter 266 Equipment of Vehicles.</p> <p>D. Transporter must remain with the person until a disposition is found and/or accepted by another treatment provider.</p>
10.	<p>Section 3.3, Staffing:</p> <p>When there is a crisis bed in use, is the expectation that clinical staff be present 24 hours, 7 days a week, or is the expectation that they be accessible 24 hours, 7 days per week?</p>	<p>Yes, it is the expectation that clinical staff be present 24 hours, 7 days a week (see section 3.2.3. of the RFP)</p>
11.	<p>Section 3.3, Staffing:</p> <p>In addition to the required 1 clinician, 1 peer specialist, and 1 APRN, are there any educational or experience requirements for additional staff?</p>	<p>See Section 3.3.1 and section 3.3.2 of the RFP.</p>



RFP Name: Mobile Crisis Services and Supports – Manchester and Surrounding Towns

12.	<p>Section 3.4</p> <p>A. How are documentation, reporting and outcomes provided to the Department?</p> <p>B. Are there reporting measures or electronic systems the vendor should be aware of?</p>	<p>A. See Section 3.4 and 3.4.1 of the RFP.</p> <p>B. See Section 3.4 and 3.4.1 of the RFP for reporting requirements.</p>
13.	<p>Section 4, Finance:</p> <p>A. Will there be start-up funding approval for the development of the crisis beds, inclusive of costs associated with securing and furnishing the residences prior to any crisis placement?</p> <p>B. Will there be start-up funding approval for the hiring and training of clinical staff prior to providing mobile crisis services?</p> <p>C. Will there be funding approval for mileage related to mobile crisis response?</p> <p>D. What is the expected budget range for this project?</p> <p>E. If a crisis bed is not filled for a period of time, will there be approval for state funding to cover the costs associated with rent, staffing, etc. when the bed is not in use?</p>	<p>A. There is a budget of \$5,000 per apartment for start-up costs including furnishings.</p> <p>B. No.</p> <p>C. No.</p> <p>D. FY16 Mobile Crisis Response Maximum: Non-Medicaid-\$88,500, Medicaid-\$120,600 FY17 Mobile Crisis Response Maximum: Non-Medicaid-\$335,750, Medicaid-\$489,100 FY18 Mobile Crisis Response Maximum: Non-Medicaid-\$355,750, Medicaid-\$489,100</p> <p>FY16 Crisis Apts Maximum: Non-Medicaid-\$256,950, Medicaid-\$54,6000 FY17 Crisis Apts Maximum: Non-Medicaid-\$987,900, Medicaid-\$219,000 FY18 Crisis Apts Maximum: Non-Medicaid-\$987,900, Medicaid-\$219,000</p> <p>E. As long as there is non-Medicaid monies available.</p>



RFP Name: Mobile Crisis Services and Supports – Manchester and Surrounding Towns

14.	<p>Section 4.1.1.1:</p> <ul style="list-style-type: none">A. Will the total available funding be limited exclusively to MCO and/or Medicaid FFS reimbursement on a fee per service basis?B. Will DHHS supplement these services?C. Do you expect any commercial funding for this RFP?D. Is there DHHS funding available for staffing and maintaining the apartments?E. Are Crisis services currently covered with MCO's? If so what is the current billing code for these services?F. Can you provide a rate sheet or link to a rate sheet on expected Medicaid rates that will be reimbursable for this project?G. If an individual has a payor source for services but the crisis services are not covered, will it be necessary to bill the MCO and receive a denial before DHHS funds can be applied to the service for that episode of care?H. In terms of funding for uninsured, will it be a 1/12th billing throughout the year?	<ul style="list-style-type: none">A. There is non-Medicaid funding available for both the MCR and Crisis Apt. initiatives.B. Refer to the answer of 14A.C. Vendors are expected to pursue all manner of reimbursement including commercial insurance.D. There is funding for staffing, rent, utilities, food and transportation.E. Mobile Crisis teams may deliver a combination of services covered under the community mental health benefit. The same community mental health services are covered by the NH Medicaid Managed Care Program.F. See attached – Addendum #1.G. The primary payer must be billed before submitting a claim to Medicaid.H. No, it will be on a cost reimbursement basis.
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RFP Name: Mobile Crisis Services and Supports – Manchester and Surrounding Towns

15.	<p>General:</p> <p>A. When do you anticipate this program expanding beyond this region?</p> <p>B. How would you anticipate this program to incorporate with other regions?</p> <p>C. Is telepsychiatry permissible?</p>	<p>A. There is currently a Mobile Crisis Services and Support in NH Community Mental Health Region IV covering the following towns: Allenstown, Andover, Boscawen, Bow, Bradford, Canterbury, Chichester, Concord, Danbury, Deering, Dunbarton, Epsom, Franklin, Henniker, Hill, Hillsborough, Hopkinton, Loudon, New London, Newbury, Northfield, Pembroke, Pittsfield, Salisbury, Sutton, Warner, Weare, Webster, Wilmot, and Windsor.</p> <p>The Nashua area is expected to be in effect in 2017.</p> <p>B. If the individual resides in another region, but used Mobile Crisis services in the Manchester area, that information should be shared (with the individual's consent) with the provider in the other region. If the individual resides in another region, but doesn't have services in place, then a referral is made in the region in which he/she resides.</p> <p>C. Not at this time.</p>
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