DISTRICT OF COLUMBIA DEPARTMENT OF MENTAL HEALTH
CONTRACTS AND PROCUREMENT ADMINISTRATION

August 20, 2008

INTEGRATED COMMUNITY CARE
REQUEST FOR PROPOSALS AMENDMENT NUMBER ONE (1)
RM-08-RFP-054-BY4-CPA

TO ALL PROSPECTIVE OFFERORS:

This Amendment extends the Submission Due Date, along with providing Answers to Questions submitted by Prospective Offerors.

THE CLOSING DATE AND TIME FOR THIS RFP HAS BEEN EXTENDED FROM MONDAY, AUGUST 25, 2008 TO MONDAY, SEPTEMBER 8, 2008 AT 2:00 PM.

QUESTIONS AND ANSWERS

1. Would the referrals come at one time or a certain # per month – how quickly would the provider need to take the 30 consumers? Would there be a possibility of being assigned more that 30 consumers the first year?

   DMH RESPONSE - The provider would be given a list of all eligible individuals as they become available and DMH expects that the list shall be greater than thirty (30) individuals. This shall be a fluid list as the Hospital shall be adding people. It is expected that the selected Provider shall enroll 4-6 individuals per month. Initially there needs to be a concerted effort at working with the staff of the Hospital and the individual patient.

2. Would we have to pay for a crisis bed - if so – what would be the cost ?

   DMH RESPONSE – There shall not be any need to pay a Crisis Bed Provider because the Crisis Bed Provider shall bill DMH directly for the service.

3. If a consumer is not eligible for Medicaid, then all their services are paid from this contract? What if the consumer is only eligible for Medicare? Will they be referred to this project?

   DMH RESPONSE - The determinations made associated with referrals for Consumers shall be referred based on need, along with eligibility and shall not be based upon the type of coverage.

4. C.3.5.7 "MHRS funds are still reimbursable when a consumer is in a hospital" – Wouldn't this be double billing – Medicaid would be billed for a consumer in community hospital – the provider couldn't bill at the same time – it would be local funds, wouldn't it?

DMH RESPONSE – Consumers having Medicaid would have their billing handled in the same manner as it is handled currently through the regular system.

7. Can consumers be referred to SE or other DMH funded job programs (would we have to pay for these – is so – could we have a list of the rates we would be charged?

DMH RESPONSE - Services that have a reimbursement structure in place through DMH, would continue to have that structure reimburse for the services. If the selected Provider were awarded a contract as a result of this RFP and choose to do something outside of the structure because it determined that it would best meet the Consumer's individual needs, then that Provider would be responsible for payment.

8. Could the consumer be referred to Mc Clendon Center when still in StE?

DMH RESPONSE – The referral of the Consumer would be handled in the same manner as it is handled currently.

9. Any chance of a few examples of the issues that these consumers face?

DMH RESPONSE – Please review the following examples of issues that Consumer face:

- **Consumer would benefit from having their own apartment but need multiple daily visits to adjust to independent living**
- **Consumer reappears to Saint Elizabeths asking to be readmitted**
- **Consumer presents to CPEP within hours of being discharged and an immediate response is needed to help de-escalate the situation and re-assure the person**

10. Would these consumers be referred when the decision is made that they are a certain amount of days/months away from being ready to be outplaced? JHP consumers may be in for a long time due to court approvals? Would OPD be involved if they consumers are from JHP and would the provider pay for the bed in JHP also – as well as the civil side. The threshold for hospitalizing OPD consumers is often lower than civil side.

DMH RESPONSE - The plan is to identify Consumers as soon as possible. There could be Consumers on OPD and the Provider would be at risk for JHP days as well.

11. "The Integrated Community IRP reflects the Consumer' chosen goals for treatment, along with identifying the Consumer's "chosen MCO for medical services" and C.3.3.8 – "Direct Service Staff must insure that any new enrollee who receives MCO Medicaid benefits completes the conversion to Medicaid Fee for Services" What's the connection between these two sentences?

DMH RESPONSE - It is very unlikely that a Consumer shall be enrolled in a MCO but if a Consumer were to be enrolled in a MCO, DMH shall work with the selected Provider to ensure that the Consumer is in a Fee for Service Medicaid. If not the Consumer shall become ineligible for this project as the MCO is paid to provide the individual's mental health care.

12. C.5.11 Is the RFP saying that we will have to cover two months salaries because we won't be able to bill for those first two months – ie – having staff hired before the contract starts? Jana said that the contract starts in October and the provider needs to start on 10/1 to take consumers.

DMH RESPONSE - DMH realizes that there is a start up period and all vendors should submit a Line Item Start Up Budget not to exceed three (3) months.

13. Can we put in for 3 months start up cost, beyond the case rate?

DMH RESPONSE - DMH realizes that there is a start up period and all vendors should submit a Line Item Start Up Budget not to exceed three (3) months.
Yes, see #12.

14. There is a standard limit on community support units of 300 per 90 days. How will it be handled when we need to go over the 300 units? 300 units averages out to 5 hours of service a week – all service – psychiatrist, day program, community support, etc. Will eCura be programmed to allow this project to have unlimited units entered?

DMH RESPONSE - There is currently a process for providers to obtain units beyond authorization plan limits. DMH technical support shall be provided to the Provider around this concern.

15. There are concerns about the turn around of MHRS money – it will be very difficult for the agency to support and fund this project if the payment lags a month or more behind the billing – is there some way to assure that MHRS (Medicaid) dollars will be submitted quickly?

DMH RESPONSE – DMH shall work with the selected Provider to make sure payment is timely.

16. Will part of the evaluation be how quickly the provider takes a consumer out of the hospital after the enrollment is signed? With the few that may come from JHP – the providers have little/to no control over that – due to court decisions.

DMH RESPONSE - The evaluation shall look primarily at the Rate per Month and percent of Consumers referred, along with percent of Consumers enrolled in the program. DMH recognizes Forensic Consumers present unique challenges.

ALL OTHER TERMS AND CONDITIONS OF THE REQUEST FOR PROPOSALS REMAIN UNCHANGED.

Only one copy of this amendment is being sent to prospective Offerors. Offerors shall sign below and attach a signed copy of this amendment to each proposal to be submitted to the place specified for receipt of proposals. Proposals shall be mailed or delivered in accordance with the instructions provided in the original RFP. In the event your proposal has been previously deposited with the Department of Mental Health, Contracts and Procurement Administration (DMH/CPA), submit this signed Amendment in a sealed envelope, identified on the outside by the RFP number and submission date. This signed Amendment must be received by the DMH/CPA no later than the date and time for closing.

Failure to acknowledge receipt of Amendment Two (2) for Solicitation Number **RM-08-RFP-054-BY4-CPA** may be cause for rejection of any proposal submitted in response to the subject RFP.

Signed:
Samuel J. Feinberg, CPPO, CPPB
Director, Contracts and Procurement
Agency Chief Contracting Officer

Amendment Number Two (2) is hereby acknowledged and is considered a part of the proposal for Solicitation Number **RM-08-RFP-054-BY4-CPA.**

_____ _____
Signature of Authorized Representative Date

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Title of Authorized Representative Print or Type Name of Offeror