



**DISTRICT OF COLUMBIA DEPARTMENT OF MENTAL HEALTH
CONTRACTS AND PROCUREMENT ADMINISTRATION**

April 29, 2009

**NON-MEDICAID REIMBURSABLE SERVICES AND SUPPORTS
AMENDMENT NUMBER 2
RM-09-RFP-072-BY4-VM**

TO ALL PROSPECTIVE BIDDERS:

Answers to questions submitted by prospective Offerors.

THE CLOSING DATE AND TIME FOR THIS RFP IS CHANGED FROM THURSDAY, APRIL 30, 2009 AT 2:00 P.M. TO MAY 7, 2009 AT 2:00 P.M.

Question No.	RFP Section	Question
1	N/A	Will there be an audit process for these services? If so, what will it entail?
DMH RESPONSE: DMH shall conduct targeted audits of awarded Contractor(s). Audits shall entail a review of Consumer's records as well as interviews with the Consumer's guardians.		
Question No.	RFP Section	Question
2	C.3.1	Must we provide all services listed under C.3.1 for committed Youth?
DMH RESPONSE: The Contractor does not have to provide all the services listed in Section C.3. This list is not exhaustive; therefore, an enrolled Child may have a Non-Medicaid Reimbursable need that is not listed. In this case the Contractor is expected to meet the need and clearly incorporate the need in the Child Individual Plan of Care (IPC) as well as communicate it in their monthly report.		
Question No.	RFP Section	Question
3	C.3.4.1 and C.3.4.2	Do we bill the monthly per youth rate once regardless of the number of services a Youth is receiving?

DMH RESPONSE: Under Section C.3.4.1 - The agreed upon Enrolled Consumer Per Month Rate shall be billed for each month a Consumer is enrolled and provided Non-Medicaid Reimbursable CFSA supports.

Under Section C.3.4.2 - The Enrolled Consumer Per Month Rate shall be used to fund any service or support for a CFSA enrolled Consumer that is not reimbursable by Medicaid including costs of administration, training and the development of new services for the target population.

Question No.	RFP Section	Question
4	C.3.2, C.6.1.1, C.6.1.2, C.6.1.3, and C.6.1.4	May services be provide to any Youth who meets the eligibility criteria provided we stay within our financial Contract limit, or do we have to identify specific Youth up to the Contract number and only provide services for them?

DMH Response: Under Section C.3.2, Service Management – The Contractor shall directly provide an array on Non-Medicaid Reimbursable services and supports to the target population. Medicaid funded services are accessed via the DMH-operated MHRS system. Non-Medicaid funded services include services paid under Contracts between D.C. agencies and private providers. The Contractor shall assure these services are incorporated into the IRP or IPC and that existing Medicaid or MHRS reimbursed services are neither duplicative nor supplanted by local-dollar funded services.

Under Section C.6.1.1 – The Contractor must ensure that appropriate Consumers are identified for Non-Medicaid Reimbursable CFSA Supports.

Under C.6.12 – The Contractor must ensure that each identified Consumer has their IRP or IPC modified to include the Non-Medicaid Reimbursable CFSA Supports.

Under Section C.6.1.3 – The Contractor must ensure that the identified Non-Medicaid reimbursable CFSA Supports delivered to Consumers are necessary for achieving desired Consumer outcomes.

Under Section C.6.1.4 – The Contractor must ensure that documentation to support the delivery of Non-Medicaid reimbursable CFSA Supports clearly describes the necessity for and the duration and Scope of Services delivered.

Amendment No. 2
 RFP RM-09-RFP-072-BY4-VM
 Non-Medicaid Reimbursable Services and Supports


Question No.	RFP Section	Question
5	B.4 "Schedule B – Pricing Schedule" and Attachment J.4 "Budget Narrative"	The budget sheets are confusing. I am assuming all services listed in the RFP whether it is purchasing of goods or providing a service such as a phone call are to be blended into one monthly rate? There is one form that wants this broken down into FTE and equipment etc. Could you explain?
<p>DMH RESPONSE: The Schedule B – Pricing Sheet shall be used for the Contractor to submit the number of Consumers being served and the corresponding Unit Cost Per Consumer with Extended Price (Total). The Budget Narrative is a "detailed breakdown" of your Total Budget to explain how you arrived at your Cost. Therefore, your Budget Narrative Total shall match your Extended Price (Total). Remember there shall be a Budget Narrative for each year (Base Year and all Option Years).</p>		

NO FURTHER QUESTIONS SHALL BE ACCEPTED AS THEY RELATE TO THIS RFP.

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 Number Two (2) for Solicitation Number **RM-09-RFP-072-BY4-VM** may be cause for rejection of any bid submitted in response to the subject RFQ.

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 Offer for Solicitation Number **RM-09-RFP-072-BY4-VM**.

 Signature of Authorized Representative

 Date

 Title of Authorized Representative

 Print or Type Name of Offeror