

State of Hawaii  
Department of Health  
Adult Mental Health Division

## **Addendum 1**

**September 2, 2015**

**To**

**Request for Proposals**

**RFP No. HTH 420-2-16  
Crisis Services – Statewide  
(excluding the island of Kauai)**

**Proposal Deadline  
September 30, 2015**

September 2, 2015

**ADDENDUM NO. 1**

To

**REQUEST FOR PROPOSALS  
Crisis Services – Statewide (excluding the island of Kauai)  
RFP No. HTH 420-2-16**

The Department of Health, Adult Mental Health Division is issuing this addendum to RFP No. 420-2-16, Crisis Services – Statewide (excluding the island of Kauai) for the purposes of:

- Responding to questions that arose at the orientation meeting of August 25, 2015 and written questions subsequently submitted in accordance with Section 1-V, of the RFP.
- Amending the RFP.
- Final Revised Proposals

The proposal submittal deadline:

- is amended to **Wednesday, September 30, 2015, 2:00 p.m., H.S.T.**
- is not amended.
- for Final Revised Proposals is <date>.

Attached is (are):

- A summary of the questions raised and responses for purposes of clarification of the RFP requirements.
- Amendments to the RFP.
- Details of the request for final revised proposals.

If you have any questions, contact:

Ms. Enid Kagesa

Telephone: (808) 586-8282

Facsimile: (808) 586-4745

RFP No. HTH 420-2-16, Crisis Services – Statewide (excluding the island of Kauai) is amended as follows:

		<i>Page</i>																
<b>Section 1, Administrative Overview</b>																		
1.1 Procurement Timetable	1-1	The Procurement Timetable is revised to read as follows:																
		<table border="0" style="margin-left: 40px;"> <tr> <td>“State purchasing agency’s response to applicants’ written responses</td> <td style="text-align: right;">09/03/15</td> </tr> <tr> <td>Proposal submittal deadline</td> <td style="text-align: right;">09/30/15</td> </tr> <tr> <td>Discussions with applicant after proposal submittal deadline (optional)</td> <td style="text-align: right;">TBD</td> </tr> <tr> <td>Final revised proposals (optional)</td> <td style="text-align: right;">TBD</td> </tr> <tr> <td>Proposal evaluation period</td> <td style="text-align: right;">10/01/15 - 10/15/15</td> </tr> <tr> <td>Provider selection</td> <td style="text-align: right;">10/16/15</td> </tr> <tr> <td>Notice of statement of findings &amp; decision</td> <td style="text-align: right;">10/16/15</td> </tr> <tr> <td>Contract start date</td> <td style="text-align: right;">12/01/15”</td> </tr> </table>	“State purchasing agency’s response to applicants’ written responses	09/03/15	Proposal submittal deadline	09/30/15	Discussions with applicant after proposal submittal deadline (optional)	TBD	Final revised proposals (optional)	TBD	Proposal evaluation period	10/01/15 - 10/15/15	Provider selection	10/16/15	Notice of statement of findings & decision	10/16/15	Contract start date	12/01/15”
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**Section 2, Service Specifications**

2.4 Scope of Work, A.8, Mental Health Emergency Worker (Hawaii and Maui counties only)	2-25	<p>Subparagraph 8, paragraph 1 is revised to read as follows:</p> <p>“8. Mental Health Emergency Worker (Hawaii and Maui counties only) Hawaii Revised Statute (HRS) 334-59 specifies that the Director of the Department of Health designates certain, qualified individuals as Mental Health Emergency Workers (“MHEW”) in order to provide consultative guidance to law enforcement personnel under specific circumstances outlined in the statute. The responsibility for the designation of and oversight of the MHEW functions flows to the DIVISION through the Director of Health. The DIVISION now seeks to determine the feasibility of requiring this function to be operationalized through the Scope of Services of the Crisis Services Program. In addition to requirements regarding professional experience, the MHEW is required to meet the the qualifications of a QMHP. The role and function of the MHEW includes, but may not necessarily be limited to:”</p>
	2-26	<p>Subparagraph 8.h. is added to read as follows:</p> <p>“8.h. Ensuring that the services are provided in accordance with the DIVISION’s Policy and Procedure for the Designation of Mental Health Emergency Worker(s), provided in Section 5, Attachment J.”</p>

2.5 Compensation and Method of Payment, C. Method of compensation and payment.

2-37 Subparagraph C.1) on page 2-37 is revised to read as follows:

“C.1) CMO, CSM, LCRS, and CPSS services:

Providers shall be compensated in accordance with the Rates described above, upon monthly submission of claims identifying the service performed for DIVISION consumers.

A monthly base rate may be considered for CMO and CSM services. However, this will require the submission of detailed documentation for a three year period, including actual revenues and actual expenses for services provided. For personnel costs, the name, salary, position title, full-time equivalency (FTE), FTE charged to the specific crisis service, and associated fringe benefits costs. For subcontracts and other expenses, an itemized listing for all charges are required if the charge is to be considered.”

**Section 3, Proposal  
Application Instructions**  
No Changes

**Section 4, Proposal  
Evaluation**  
No Changes

**Section 5, Attachments**  
Cover page

In Section 5, Cover page is revised to include the addition of Attachment J.

“Attachment J, Adult Mental Health Division, Policy and Procedure Manual, No. 60.411, Designation of Mental Health Emergency Worker(s)”

**Responses to Questions Submitted by Applicants  
for RFP No. HTH 420-2-16,  
Crisis Services – Statewide (excluding the island of Kauai)**

1. **Question:**  
Is the Mental Health Emergency Worker (“MHEW”) required to be a Qualified Mental Health Professional (“QMHP”)?

**Answer:**  
Yes. Please refer to page 2-25, paragraph 8, Mental Health Emergency Worker (Hawaii and Maui counties only).

2. **Question:**
  - a. Will a Base Rate be budgeted for costs associated with CMO Services on Maui County in this current new contracting process? Will an addendum be added to this Crisis RFP to include a Base Rate for the island of Maui?
  - b. Will a Base Rate be allocated for the island Hawaii for CMO and CSM services?

**Answer:**  
Base rates may be considered for CMO and CSM services after contract award. However, this will require providers to submit detailed documentation for a three year period, including actual revenues and actual expenses for services provided.
3. **Question:**  
On page 2-12, 12n. From previous Crisis RFP, there is an addition in the financial requirements. The RFP added “diagnostic code to support medical necessity of service being billed. Z codes will be denied... Does this apply to CMO? If so, what if we respond to a CMO call and the individual does not meet any criteria for a billable diagnosis?

**Answer:**  
Yes, diagnostic code(s) will be required to support the medical necessity of the service being billed. Diagnosis must come from the DSM-IV or DSM-V. The diagnosis is not required to be a DIVISION eligible diagnosis.

4. **Question:**  
For the new Mental Health Emergency Worker (MHEW) position, does this individual need to respond face-to-face with the police officer requesting MH-1 consultation, or can the MHEW “ensure qualified personnel are available....” and

be available by phone? If they need to respond face-to-face, do we need to have one physically available on Molokai/Lanai?

**Answer:**

The MHEW provides on scene, face-to-face consultation, when necessary to determine if MH-1 criteria are met. A provider does not necessarily need to have a MHEW physically available on Molokai/Lanai if alternative arrangements can be utilized to address the intent of the service.

5. **Question:**

Regarding LCRS – We were unable to see anywhere in the RFP a reference to the number of LCRS beds expected to be contracted for Maui (or anywhere else). Can we assume that it is AMHD’s intent to continue contracting for eight (8) beds as is current the practice?

**Answer:**

In their application, a Provider should cite the number of LCRS beds they are proposing to provide, by island or county, and include the physical site address of the proposed LCRS facility.

6. **Question:**

Where is the face-to-face consultation done?

**Answer:**

Face-to-face consultation is provided at the scene of the crisis or at the LCRS.

7. **Question:**

Is a criminal justice degree acceptable for the Mental Health Worker education requirement?

**Answer:**

No.

8. **Question:**

Should the unbound application copy be tabbed or acceptable if not tabbed?

**Answer:**

Tabbing is required, please refer to page 3-1.

9. **Question:**

How many budgets should be submitted?

**Answer:**

Please refer to page 2-36, Compensation and Method of Payment.

Two budgets should be submitted. The CMO, CSM, LCRS and CPSS are on a fixed unit of service rate. The applicant is requested to furnish a reasonable estimate of the maximum number of service units it can provide for which there is sufficient operating capacity. The second budget should address the Mental Health Emergency Worker (Hawaii and Maui counties only) and shall be on a cost reimbursement pricing structure. This pricing structure is for budgeted agreed-upon costs that are actually incurred in delivering the services specified in the contract, up to the stated maximum obligation.

If the provider is requesting monthly base rates, additional budgets will be required by island.

# **Section 5**

## **Attachments**

- A. Proposal Application Checklist**
- B. Sample Table of Contents**
- C. Draft Special Conditions**
- D. QMHP**
- E. MHW**
- F. AMHD Housing Quality Standards**
- G. Certifications**
- H. Form SPO-H-205A Instructions**
- I. Form W-9, Request for Taxpayer Identification Number and Certification**
- J. Adult Mental Health Division, Policy and Procedure Manual No. 60.411, Designation of Mental Health Emergency Worker(s)**

# **Attachment J**

**Adult Mental Health Division  
Policy and Procedure**

**Manual**

**No. 60.411**

**Designation of Mental Health  
Emergency Worker(s)**

## ADULT MENTAL HEALTH DIVISION

### POLICY AND PROCEDURE MANUAL

AMHD Administration

SUBJECT: Designation of Mental Health Emergency Worker(s)

REFERENCE: Hawaii Revised Statutes Chapter 334-59

Number: 60.411

Effective Date: 10/07/96

History: Rev. 10/09, 9/13

Page: 1 of 3

APPROVED:



Title: AMH Administrator

### PURPOSE

To provide guidelines for determining the designation of Mental Health Emergency Worker(s) (MHEW) for employees of the Department of Health (DOH) and health professionals who are not employed by DOH.

### POLICY

Status as a MHEW authorizes the worker(s) to provide assistance to a police officer in determining whether a person is imminently dangerous to self or others, or is gravely disabled, or is obviously ill.

All such designations shall be subject to, or limited by, the following conditions:

1. MHEWs must fulfill the AMHD criteria for Qualified Mental Health Professional (QMHP) and have experience working with persons with mental illness.
2. MHEWs shall show evidence of clinical competence in:
  - a) Recognition of serious mental disorders;
  - b) Crisis intervention;
  - c) Suicide risk assessment and techniques for intervention; and
  - d) Other areas as deemed essential by the Director of Health or designee.

Competence may be demonstrated by documented college or postgraduate coursework, conferences and in-service trainings.

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## ADULT MENTAL HEALTH DIVISION

3. DOH employees, as part of their job descriptions or as designated by their supervisors, may be assigned MHEW duties. Certain staff members of departments or agencies outside of DOH are eligible for designation as MHEWs who, as part of their job descriptions, may assist in determining the appropriateness of involuntary examination for emergency psychiatric hospitalization.
4. DOH supervisors of employees who perform MHEW duties will assess the employee with respect to the employee's performance of MHEW duties
5. The Director of Health or designee may request from the department or agency seeking designation, evidence of that department's or agency's monitoring mechanisms for the clinical performance of designated MHEW duties.
6. MHEWs shall be reappointed on a biannual basis or whenever there is a change in staff assigned by the department or agency to the MHEW function.
7. MHEWs may be removed from designated status upon the:
  - a. Finding of a repetitive pattern of inappropriate referrals;
  - b. Evidence of failure to develop and maintain positive, productive, and collaborative relationships with peers and colleagues; or
  - c. Inadequate or unprofessional performance of MHEW duties
8. Each consultation provided to a police officer for emergency psychiatric hospitalization, or emergency stabilization performed will be documented by the MHEW. This documentation shall include, as relevant, the demographics, assessment, intervention, and linkages made.

### RESPONSIBILITY STATEMENTS

1. The Director of Health or designee is responsible for designating MHEWs who are not DOH employees and determining that the supervisory and quality oversight of those workers who perform MHEW duties is adequate.
2. DOH Division administrators are responsible for designating the DOH supervisors that can assign MHEW duties.
3. DOH supervisors are responsible for designating MHEWs among their workers, if appropriate, and supervising the performance and quality of their worker's MHEW duties.

## ADULT MENTAL HEALTH DIVISION

**POLICY AND PROCEDURE MANUAL**

**Number: 60.411**

AMHD Administration

Page: 3 of 3

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4. ACCESS staff is responsible to manage the MHEW application process as described in this policy.

**DEFINITION:** An AMHD Qualified Mental Health Professional is required to have an advanced degree and is licensed to practice in Hawaii as a Licensed Psychiatrist (M.D.), Licensed Psychologist (Ph.D. or Psy.D.), Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT), or Licensed Advanced Practice Registered Nurse (APRN or APRN-Rx) in behavioral health.

### PROCEDURE

1. A department or agency that provides crisis intervention and emergency stabilization services and wants to have its staff designated as Mental Health Emergency Worker(s) may request the application form, "Application for Designation as Mental Health Emergency Workers." AMHD Crisis Services staff shall track the application process to completion.
2. Within two (2) weeks of approval by the Director of Health, the original applications shall be returned, initialed and signed, to the applying department or agency. Copies shall be filed at the AMHD Waimano Office.
3. Unapproved applications shall be returned to the applying department or agency, accompanied by the reason (s) for such action.
4. When the application process results in some, but not all of the department's or agency's workers being designated as MHEWs, the department or agency shall re-submit the application, listing only the workers who will meet designation criteria.
5. DOH supervisors as designated by their Division Administrator may assign MHEW duties to personnel who fulfill the requirements when a need for MHEW duties occurs in their geographical jurisdiction.

### ATTACHMENT

Application for Designation as Mental Health Emergency Workers

Date of Review: \_\_\_ / \_\_\_ / \_\_\_; \_\_\_ / \_\_\_ / \_\_\_; \_\_\_ / \_\_\_ / \_\_\_; \_\_\_ / \_\_\_ / \_\_\_

Initials: [\_\_\_\_\_] [\_\_\_\_\_] [\_\_\_\_\_] [\_\_\_\_\_] [\_\_\_\_\_]

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**APPLICATION  
FOR DESIGNATION AS  
MENTAL HEALTH EMERGENCY WORKERS**

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

I. Name and mission of program which is applying for designation of staff as mental health emergency worker(s):

II. Please attach evidence that the above worker(s) demonstrate clinical competence in the following:

- Recognition of serious mental disorders;
- Crisis intervention;
- Suicide risk assessment and techniques for intervention;
- Other issues as deemed essential by the Director of Health
- Current Hawaii license (Psychiatrist, M.D.), Psychologist, Licensed Clinical Social Worker, Licensed Marriage and Family Counselor, Advanced Practice Nurse

Competence may be demonstrated by documented college and post graduate coursework, conferences and in-service trainings.

III. Designations shall be subject to the following conditions:

- The Director of Health or designee may request from the department or agency seeking designation evidence of that department's or agency's monitoring mechanisms for quality assurance and clinical appropriateness of staff.
- Mental Health Emergency Worker(s) shall be reappointed on a biannual basis or whenever there is a change in staff assigned by the department or agency to the mental health emergency worker function.
- Mental Health Emergency Worker(s) may be removed from designation status upon the:
  - a. Finding of a repetitive pattern of inappropriate referrals;
  - b. Finding of failure to develop and maintain positive, productive, and collaborative relationships with peers and colleagues; or
  - c. Finding of inadequate or unprofessional performance of MHEW duties.

IV. Names and titles of worker(s) applying for designation as Mental Health Emergency Worker(s): (use additional sheet if necessary.)

NAME	TITLE	DOH INITIALS
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Print Name of Department or Agency Representative

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Signature of Department or Agency Representative

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Date

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DEPARTMENT OF HEALTH USE:

Recommend Approval

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Adult Mental Health Administrator

Date: \_\_\_\_\_

APPROVED

DISAPPROVED

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Director of Health

Date: \_\_\_\_\_

Copies of this application will be returned to the applying organization once the designations are approved. Any questions may be directed to the AMHD Psychiatry Chief, Adult Mental Health Division, Waimano Office at 453-6922.