State of Hawaii
Department of Health
Adult Mental Health Division

Addendum Number 3

October 16, 2007

To

Request for Proposals

RFP No. HTH 420-2-08
Community-Based Intervention (CBI)
Statewide

Proposal Deadline
October 30, 2007

October 16, 2007

ADDENDUM NO. 3

To

REQUEST FOR PROPOSALS

RFP No. HTH 420-2-08

The Department of Health, Adult Mental Health Division, is issuing this addendum to RFP Number HTH 420-2-08, Community-Based Intervention (CBI) Statewide for the purpose of:

- ☒ Responding to questions that arose at the orientation meeting of September 11, 2007 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
- ☐ 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:
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Responses to Questions Raised by Applicants
For RFP No. HTH 420-2-08, Community-Based Intervention CBI) - Statewide

1. Question:

What is the difference between IADL (Instrumental Activities of Daily Living) and ADL (Activities of Daily Living)?

Answer:

Activities of Daily Living (ADL) are the activities that are fundamental for self-care. They include: eating, bathing, grooming, dressing, transferring, and maintaining continence. Instrumental Activities of Daily Living are fundamental to functioning in the community. They include: light house cleaning, laundry, meal preparation, transportation, grocery shopping, using the telephone, and money management.

2. Question:

What is behavioral supports monitoring?

Answer:

Behavioral supports monitoring involves supervision of and interventions with consumers to assist with avoidant or aggressive behaviors. This may take the form of stand-by supervision, re-direction, skills training, behavior coaching, or other assistance to help ensure the consumer's safety.

3. Question:

Does the Therapeutic Aide have to be bonded if the services are to be provided in the families' home or the consumer's residence?

Answer:

All workers providing direct services to consumers need to be bonded by the agency.

4. Question:

Is the Case Manager still responsible for signing the timesheets of the TA's or would the provider?

Answer:

The CBI provider is responsible for maintaining appropriate schedules and timesheets for all workers providing CBI services. Case Managers will no longer be responsible for signing the time sheets for workers or scheduling these services.

5. Question:

What are unit limitations on Level 2 care?

Answer:

Due to the varied nature of the interventions included in CBI Level II, there are no specified limitations at this time other than what is deemed necessary by the consumer's Recovery Team and authorized by utilization management.

6. Question:

What is a unit equivalent to?

Answer:

One unit is equivalent to 15 minutes of direct service with the consumer.

7. Question:

Under service delivery A-1-c, services would be the same in accordance with Levels 1, 2, and 3. Please explain how consumers with co-occurring disorders would receive services.

Answer:

Consumers with co-occurring disorders would be able to benefit from CBI services if it is determined necessary and beneficial by each Consumer's Recovery Team. CBI services at all levels shall be tailored to meet the specific needs inherent to their co-occurring disorder. It is imperative that the CBI provider collaborate closely with the Recovery Team in the development, implementation and monitoring of the CBI services for consumers to ensure that these needs are adequately addressed.

8. Question:

Under service delivery A-4, please define the term "team."

Answer:

The Recovery Team is comprised of the consumer, case manager, psychiatrist, and other providers, family members or significant others that are identified by the consumer as important to their recovery.

9. Question:

According to the scoring section, facilities are scored as 2 points, but the RFP notes, N/A, this an error?

Answer:

Facilities will be considered N/A for this RFP for the purposes of scoring as all services will be provided within the consumer's place of residence or in the community. As such, the scoring for the Experience & Capability section shall be adjusted. Please see the attached amendment to the RFP.

10. Question:

Are consumers receiving any level of TA services eligible for third party reimbursements?

Answer:

The Adult Mental Health Division is the payor of last resort and all third party reimbursements for this service shall be pursued prior to billing the Division. As CBI services are intended to be limited-term in duration, CBI providers shall assist consumers and case managers with linking with long-term services when possible and if available (i.e. home health care agencies reimbursed by the consumer's health insurance, other community based programs intended for long-term support). Skilled nursing services provided in CBI Level III may be eligible for third party reimbursement if the service is ordered by a consumer's physician and if the provider is a vendor recognized by the consumer's insurance plan to provide these services.

11. Question:

Page 2-18 b. v) relates to CBI Level II – is noted under the wrong heading CBI Level III.

Answer:

Addendum Number 1, issued on 9/28/07, clarifies this section. This section was modified as follows: "CBI Level III services shall be limited to fifteen (15) hours per week, and shall not exceed four (4) hours in any one session."

12. Question:

On page 2-17 and 2-18 CBI Level II does not specify the number of hours allowed for services. How many hours are allowed for Level II?

Answer:

Due to the varied nature of the interventions included in CBI Level II, there are no specified limitations at this time other than what is deemed necessary by each consumer's Recovery Team.

13. Question:

On page 2-18 3) b v), it mentioned that CBI Level II is limited to 15 hr/wk, not to exceed 4 hr/session. However, this is limited under heading of CBI Level III, so I am not sure if this refers to Level II or Level III?

Answer:

Addendum Number 1, issued on 9/28/07, clarifies this section. This section was modified as follows: "CBI Level III services shall be limited to fifteen (15) hours per week, and shall not exceed four (4) hours in any one session."

14. Question:

What about the SPMI consumer who cannot cook for themselves? Won't they require more hours? If they are in a group home and someone cooks ahead for them, the food will be gone the next day.

Answer:

CBI services are intended to be limited-term in duration. As such, these consumers may be assisted by a CBI worker with meal preparation until the consumer is able to learn to prepare their meals independently, is linked with long term assistance, or moves to a residence that is better able to support their needs. Consumers who are unable to prepare meals independently, are unable to acquire the skills to do so independently, or are unable to access additional support to meet these needs adequately may require more services than can be supported in their current living environment, and the CBI program is not designed to assist with these chronic needs.

15. Question:

What about the runaway client who is a danger to self when running in front of buses, etc? Won't she require more hours?

Answer:

As indicated on page 2-19 of the RFP, while the maximum duration of all CBI services shall be 3 months, exceptions for ongoing services may be considered by the Division on a case-by-case basis. In general, however, if a consumer is in imminent danger to themselves or others, this issue should be relayed to the consumer's case management team for further evaluation and hospitalization if necessary. CBI services may not be an appropriate intervention to ensure consumer safety if they are imminently suicidal.

16. Question:

What about the consumer who is danger to self and others? We cannot get them into therapeutic foster homes if they have behavioral problems.

Answer:

Consumers who are in imminent danger to themselves or others may require more supervision and support than may be provided in the community. A CBI worker may be helpful to temporarily ameliorate these risks, however, these consumers may require further evaluation by a psychiatrist for possible hospitalization or placement into a more appropriate level of care to ensure their safety and the safety of others.

17. Question:

What about all the consumers in wheelchairs? They need a great deal of assistance to transfer**,** toilet, cook, laundry, etc. Won't they require more hours?

Answer:

Consumers which chronic co-morbid medical conditions who require ongoing assistance with ADLs and IADLs, should be linked by their case managers with programs and services available through their health insurance for ongoing services. The CBI program is not intended to address long-term medical needs. Rather, it is intended to provide limited term assistance until consumers are successfully linked with more appropriate community services to provide this ongoing assistance.

18. Question:

What about the bulimic who was in danger of dying until we got him a TA to cook, monitor his eating and make sure he doesn't purge after meals and snacks? For the first time in a very long time he is beginning to gain weight?

Answer:

The consumer's recovery plan, in conjunction with the recovery team's monitoring, shall guide the development of CBI services. CBI services deemed necessary by the recovery team which extend beyond the maximum of 3 months shall be addressed on a case-by-case basis.

19. **Question:**

If Hawaii State Hospital wants to discharge the SPMI consumer into the community, we need some mechanism to keep them safe. Some of these consumers have had TA's for years. How can 3 months make a difference?

Answer:

In preparation for their discharge from the Hawaii State Hospital, all consumer needs are discussed in monthly recovery plan meetings with hospital staff and community case managers. These meetings should identify those services and supports which will be required in the community following discharge from the hospital, and consumers should be linked to the available resources in the community prior to leaving the hospital. As CBI services are not intended to be a long-term solution or support, hospital staff and community case managers can not rely on this service to meet an ongoing need, and other community supports or services will need to be secured prior to the consumer's discharge from the hospital. If, however, community services are available, but assistance will be required immediately following discharge, CBI services may be appropriate until the consumer is formally linked with these long-term services. An extension for CBI services beyond 3 months may be reviewed on a case-by-case basis if additional time is required to ensure a seamless transition to the long-term service provider.

20. **Question:**

TA services are the least restrictive environment as stated in page 2-5 9c. If we have tried everything else, can TA services be extended?

Answer:

As stated on page 2-5 9c, "Consumers shall be served in the 'least restrictive' environment." As such, the environment in which consumers are served and the services accessed to support them should reflect their needs. Consumers requiring higher levels of care than can be supported in their existing living environment may require a change in their living environment to ensure that all of their needs are adequately met. CBI services may help consumers to remain in the least restrictive living environment, but if their needs exceed the support available to them and long-term assistance can not be secured or developed, consideration should be made to finding a more appropriate environment. Extension of CBI

services beyond 3 months may be reviewed on a case-by-case basis if the extension will help to ensure ongoing support for consumers until this transition is made.

21. Question:

On page 2-5 9d, community resources in Waianae is very limited. If we have tried everything else, can TA services be extended?

Answer:

Extension of CBI services beyond 3 months may be reviewed on a case-by-case basis. The intent of this service remains limited-term in duration, with the goal that consumers will be linked with long-term services in the community, or additional supports are developed, if services are required for an indefinite period of time.

22. Question:

What about duplicate billing? The case manager will surely want to check on the consumer as well as on the TA to see how things are going?

Answer:

Case Management and CBI are two (2) distinct services operating on different contracts. Duplicate billing is not an issue unless the case manager is also the CBI service worker. It is encouraged that case managers maintain in close contact with the CBI provider to monitor each consumer's progress and determine the ongoing need for this service as part of the recovery plan.

23. Question:

Page 2-15 3) – In the chronically mentally ill, is it reasonable to expect remediation of symptoms, improved behaviors, and/or stabilization in 3 months?

Answer:

It is not expected that CBI services will remediate all symptoms, improve all behaviors, or result in overall stabilization of the consumer in 3 months. Rather, it is anticipated that the behaviors and symptoms for which CBI services are initiated to address should reflect some improvement and that if longer-term assistance is needed with these specific tasks or issues, appropriate linkage to other services or the development of additional supports may occur within these 3 months.

24. Question:

On page 2-18, is it the CBI Level II or III that shall be limited to 15 hours per week and not exceed 4 hours in any one session? I am confused on which level this is pertaining to.

Answer:

Addendum Number 1, issued on 9/28/07, clarifies this section. This section was modified as follows: "CBI Level III services shall be limited to fifteen (15) hours per week, and shall not exceed four (4) hours in any one session."

25. Question:

With the CBI services starting in March, will this eliminate the Therapeutic Aides (TA) supporting SPMI clients?

Answer:

The CBI program reflected in this RFP will replace the existing CBI wrap program beginning March 1, 2008. All consumers who are authorized for and receiving CBI wrap services will continue to be able to receive this service with the start of the new CBI program and contract. However, the specific CBI wrap worker that the consumer is working with may change depending on the contract award. Every effort will be made to assist with a smooth transition between workers for these consumers.

Responses to Questions Raised by Applicants
For RFP No. HTH 420-2-08 Community-Based Intervention (CBI)
Statewide is amended as follows:

Subsection	***Page***	
Section 1, Administrative Overview		
No changes		
Section 2, Service Specifications		
No changes		
Section 3, Proposal Application Instructions		
No changes		
Section 4, Proposal Evaluation		
III.	4-2 to 4-5	Experience and Capability (20 points total)
		a. Necessary skills (6 points – previously 5 points)
		b. Experience (2 points – no change)
		c. Quality assurance and evaluation (5 points – previously 4 points)
		d. Coordination of services (2 points - no change)
		e. Facilities (N/A – previously 2 points)
		f. Management Information Systems (MIS) (5 points – no change)
Section 5, Attachments		
No changes		