

State of Hawaii
Department of Health
Adult Mental Health Division

Addendum 1

August 24, 2011

To

Request for Proposals

**RFP No. HTH 420-1-12
Community-Based Case Management –
Recovery Services
Statewide**

**Proposal Deadline
September 30, 2011**

August 24, 2011

ADDENDUM NO. 1

To

**REQUEST FOR PROPOSALS
Community-Based Case Management – Recovery Services - Statewide
RFP No. HTH 420-1-12**

The Department of Health, Adult Mental Health Division is issuing this addendum to RFP No. 420-1-12, Community-Based Case Management – Recovery Services, Statewide for the purposes of:

- Responding to questions that arose at the orientation meeting held on August 25, 2011 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 <new date>.
- 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

	<p>B. Management Requirements 1. Program Operations</p> <p>2. Personnel</p>	<p>2-26</p> <p>2-27</p> <p>2-29-2-30</p>	<p>Subparagraphs 1.a.1)c) has been revised to read as follows:</p> <p>“1.a.1)c) The Psychiatrist or APRN-RX to consumer case load ratio shall not exceed 1:250. Each consumer shall be seen at least once a month, for a minimum of fifteen (15) minutes of face-to-face contact.”</p> <p>Subparagraph 1.a.1)d) is hereby deleted.</p> <p>The last sentence from subparagraphs 2.a. and 2.e. to 6), is revised to read as follows:</p> <p>“2.a. The definition and role of the QMHP and MHP are defined in Section 5, Attachments G and H, and subject to DIVISION standards.”</p> <p>“2.e. The definition and role of the MHW and MHA are defined in Section 5, Attachments I and J, and subject to DIVISION standards.”</p>
Section 3, Proposal Application Instructions			
	<p>Proposal Application Instructions</p> <p>II. Experience and Capability</p>	<p>3-1</p> <p>3-3</p>	<p>Under general instructions for completing applications, the 11th bullet is revised to read as follows:</p> <p>“The Proposal Application shall not exceed 100 pages of main text, not including appendices, attachments, identification form (and/or title page), required forms, and table of contents. Appendices, attachments, identification form (and/or title page), required forms, and table of contents shall not exceed 150 pages. Document pages in excess of the stated page limitation shall not be considered (i.e., page 101, 102, ... and/or page 151, 152 ...).”</p> <p>Paragraph B was inadvertently omitted from this RFP and has no relevance on this RFP.</p>
Section 4, Proposal Evaluation			
	<p>III. Evaluation Criteria, B. Phase 2 – Evaluation and Acceptance of Provider Statements</p>	<p>4-2</p>	<p>The bolded subtitle, “Management Information System (MIS)” should be deleted from this section.</p>
Section 5, Attachments			
	<p>No Changes</p>		

Attachment 1

AMHD Service	Billing Code	Unit	Rate
Intensive Case Management / Community Based Case Management, face-to-face contact	H2015	15 minutes	\$20.25
Intensive Case Management / Community Based Case Management, case assessment	H2015 - U1	15 minutes	\$20.25
Intensive Case Management / Community Based Case Management, treatment planning	H2015 - U2	15 minutes	\$20.25
Intensive Case Management / Community Based Case Management, collateral contact with no consumer contact	H2015 - U3	15 minutes	\$20.25
Intensive Case Management / Community Based Case Management, telephone consultation with consumer	H2015 - U5	15 minutes	\$20.250
Intensive Case Management / Community Based Case Management, telephone treatment planning with Hawaii State Hospital / Kahi Mohala	H2015 - HT	15 minutes	\$20.25
Psychosocial Rehabilitation	H2017	15 minutes	\$3.30
AMHD Licensed Psychiatrist Services	Billing Code	Unit	Rate
Initial Evaluation	90801	n/a	\$104.43
Individual Psychotherapy Insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient	90804	n/a	\$46.62
Individual Psychotherapy Insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services	90805	n/a	\$52.02
Individual Psychotherapy Insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient	90806	n/a	\$75.00
Individual Psychotherapy Insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services	90807	n/a	\$78.00
Family Psychotherapy (without the patient present)	90846	n/a	\$71.55
Family Psychotherapy (conjoint psychotherapy) (with patient present)	90847	n/a	\$82.73
Group Psychotherapy (multiple-family group)	90849	n/a	\$25.38
Group Psychotherapy (other than of a multiple-family group)	90853	n/a	\$27.20
Medication Management	90862	n/a	\$38.28

AMHD Licensed Advance Practice Registered Nurse in Behavioral Health Services	Billing Code	Unit	Rate
Initial Evaluation	90801	n/a	\$78.32
Individual Psychotherapy Insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient	90804	n/a	\$34.97
Individual Psychotherapy Insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services	90805	n/a	\$39.01
Individual Psychotherapy Insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient	90806	n/a	\$56.25
Individual Psychotherapy Insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services	90807	n/a	\$58.50
Family Psychotherapy (without the patient present)	90846	n/a	\$53.66
Family Psychotherapy (conjoint psychotherapy) (with patient present)	90847	n/a	\$62.05
Group Psychotherapy (multiple-family group)	90849	n/a	\$19.03
Group psychotherapy (other than of a multiple-family group)	90853	n/a	\$20.40
Medication Management	90862	n/a	\$28.71
Trauma Informed Care Initiative			
Intensive Case Management / Community Based Case Management, face-to-face contact	H2015 SE	15 minutes	\$20.25
Intensive Case Management / Community Based Case Management, case assessment	H2015 SE - U1	15 minutes	\$20.25
Mental Health Assessment, by non-physician	H0031 SE	per session	\$162.00
Intensive Case Management / Community Based Case Management, treatment planning	H2015 SE - U2	15 minutes	\$20.25
Intensive Case Management / Community Based Case Management, collateral contact with no consumer contact	H2015 SE - U3	15 minutes	\$20.25
Intensive Case Management / Community Based Case Management, telephone consultation with consumer	H2015 SE - U5	15 minutes	\$20.25
Self-Help/Peer Specialist	H0038 SE	15 minutes	\$13.75
Licensed Psychiatrist			
Individual Psychotherapy Insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient	90804 SE	n/a	\$46.62

Individual Psychotherapy Insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services	90805 SE	n/a	\$52.02
Individual Psychotherapy Insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient	90806 SE	n/a	\$75.00
Individual Psychotherapy Insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services	90807 SE	n/a	\$78.00
Group Psychotherapy (other than of a multiple-family group)	90853 SE	n/a	\$27.20
Licensed APRN-Rx			
Individual Psychotherapy Insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient	90804 SE	n/a	\$34.97
Individual Psychotherapy Insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services	90805 SE	n/a	\$39.01
Individual Psychotherapy Insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient	90806 SE	n/a	\$56.25
Individual Psychotherapy Insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services	90807 SE	n/a	\$58.50
Group psychotherapy (other than of a multiple-family group)	90853 SE	n/a	\$20.40