

State of Hawaii
Department of Health
Adult Mental Health Division

Addendum 3

December 15, 2009

To

Request for Proposals

RFP No. HTH 420-4-10

Intensive Outpatient Hospital Services - Statewide

**Proposal Deadline
December 28, 2009**

December 15, 2009

ADDENDUM NO. 3

To

**REQUEST FOR PROPOSALS
Intensive Outpatient Hospital Services - Statewide
RFP No. HTH 420-4-10**

The Department of Health, Adult Mental Health Division is issuing this addendum to RFP No. 420-4-10, Intensive Outpatient Hospital Services - Statewide for the purposes of:

- Responding to questions that arose at the orientation meeting of November 23, 2009 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. Betty Uyema
Telephone: (808) 586-8287
Facsimile: (808) 586-4745
1256 Punchbowl Street

Responses to Question Raised by Applicants
For RFP No. HTH 420-4-10, Intensive Outpatient Hospital Services - Statewide

1. Question:

What is the specific requirement for licensed hospital? Please explain if/what level of affiliation with a licensed hospital would be required for IOH?

Answer:

Intensive Outpatient Hospital (IOH) services must be provided in the outpatient area or clinic of a licensed JCAHO accredited hospital.

2. Question:

If an applicant is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), would they be eligible to apply for this RFP or would they have to apply jointly with a nearby area hospital?

Answer:

See response to question 1 above.

3. Question:

Page 3-3, Section 2. Are Community Mental Health Centers (CMHC) staff considered DIVISION employees?

Answer:

The intent of this section of the RFP, was for the applicant to provide a description of their experience providing IOH services in the community, through the types of projects and contracts that was awarded to their organization and the identification of people in the community who could vouch for how they provided the services. Since the DIVISION is procuring the IOH service, the DIVISION would not usually verify the experience the applicant has in providing this service to the community. CMHC staff are DIVISION employees. However, for purposes of this RFP, if an applicant cannot find a resource in the community to vouch for their experience providing IOH services, CMHC staff may be identified as a point of contact for II.B.2. on page 3-3.

4. Question:

Does food preparation indicate food establishment licensure?

Answer:

Food preparation is not a requirement of the RFP. The level of regulatory requirements are determined by the level and type of food preparation being done. For example, food establishment regulations may have to be followed if the program is regularly preparing and selling food items. A different level may be required of programs if food is being prepared as a group educational activity or if food is just being stored and served. The Department of Health, Office of Health Care Assurance should be consulted on the regulations that need to be followed.

- 5. Question:**
Page 2-14, Attachment 5: No. 5 on page 2. Please confirm the number of years the contract can be renewed. Page 2-24 states four (4) years while attachment 5 states three (3) years.

Answer:
The initial contract shall be for one (1) year, with four (4) possible extensions. Attachment C is a draft document to give potential applicants a sample for how the Special Conditions may look if an applicant is awarded a contract.

- 6. Question:**
On page 2-17. Can consumers receive both five (5) hours of IOH and “2 hours” of focused group interventions during the same week? For example as we transition a patient to lower levels of care within IOH (from five days to three days), can the patient attend 3 days of IOH and begin attending a focused group on the other two days?

Answer:
On any treatment day, a provider may only bill for the day rate or the hourly group rate

- 7. Question:**
On page 2-17. In the interest of individualized treatment, it would be appropriate for the focused groups to be treatment options for clients who are attending an IOH program five (5) days. Can a client attend two (2) hour focused group while attending IOH? It would of course be billed only as IOH and not double billed. The question seeks to clarify that AMHD would not view this as an inappropriate mixing of levels of care.

Answer:
An individual attending IOH can and is encouraged to attend a focused group(s) that is clinically appropriate as long as only one billing is submitted for the day.

- 8. Question:**
On page 2-17. Do we need to offer all three (3) groups (DBT, CBT, Seeking Safety) concurrently or can we base the offering on the demand (need) of the clients? No time limits were set in the RFP. Can we set these limits in conjunction with AMHD’s UH office based on the client’s needs?

Answer:
The program shall have the capability for all three (3) groups, but offering them is based on demand and consumers’ clinical appropriateness for the groups.

- 9. Question:**
Page 2-18. Please define “health care home.”

Answer:
In support of SAMHSA Pledge for Wellness 10 by 10 campaign, the DIVISION supports this initiative by encouraging providers to provide information and assistance in linking

consumers with a “healthcare home” which can provide comprehensive primary care which includes screening, monitoring and treating for conditions highly associated with the SPMI population such as hypertension, diabetes, cardiovascular and obesity. This can range from a small group practice, to HMO, to federally qualified health center.

10. Question:

Page 2-20. #1a. Can IOH services be under the clinical supervision of an APRN (in line with the new Medicare standards) or can it only be a psychiatrist?

Answer:

Provision of IOH services can be under anyone defined as a QMHP as detailed in Section 5 or someone under their supervision. However the overall service falls under the clinical supervision of the psychiatrist as the lead of a multi-disciplinary team.

11. Question:

Page 2-20. Please clarify: are para-professionals defined as (1) Certified Substance Abuse Counselors, (2) Bachelor’s level professionals with at least a year of behavioral health experience, and (3) peer specialists? The way it is written, it looks as if the BA is required of the CSAC. It also appears that a Bachelor’s prepared individual with one (1) year of experience is only acceptable if they are a CSAC.

Are Bachelor’s and Master’s prepared Registered Occupational Therapists considered MHP’s?

Answer:

As described on page 2-20, if a CSAC provides services, they, like all other inter-disciplinary members fall under the programming supervision of the team psychiatrist and need to possess a bachelors degree as stated in 1.a and b. Due to the acuity and intensity of this service, this is a special requirement for this contract beyond our normal CSAC para-professional definition.

Other Bachelor level workers follow the standard definitions for Mental Health Workers (MHW).

An Occupational Therapist must refer to the specific definitions outlined in the attachments on the MHP and MHW.

12. Question:

Page 2-21. Please clarify if a peer specialist can be any one of the four (4) items listed, i.e. a HCPS, or a person who is not a HCPS but is no the list to be certified, OR a WRAP certified individual.

Answer:

A peer specialist can be any of the four (4) types listed on page 2-21.

13. Question:
Page 2-21. What is “WRAP” certification and how does one obtain this?

Answer:
The Copeland Center for Wellness and Recovery Certifies WRAP facilitators. Information on obtaining the certification is on their website.

14. Question:
Page 2-22. On page 2-17 is clear that the focused groups must have a consumer to staff ratio not to exceed 8:1. Please clarify the meaning of “consumer face to face ratio” on page 2-22 (1.f.3). Does “staff to consumer face to face ratio shall be eight (8) consumers to one (1) staff” refer to the focused groups? Case load maximums for IOH services? staff to consumer ratio within each IOH service such as educational groups, psychotherapy groups, etc.?

Answer:
Staff to consumer ratio on page 2-22 refers to each group activity including educational groups, psychotherapy groups, focused groups, etc. The RFP does not specify any case load ratios.

15. Question:
Page 2-23. Item h. Documentation #2. “A sign off on supervised IOH staff notes shall be documented by the supervising QMHP.” What does this mean? Does this apply to both para-professionals and MHPs?

Answer:
A QMHP must sign off on notes for non-Masters level staff with the exception of licensed and registered professionals such as OT, RN and CSACs who are operating within their scope of practice.

16. Question:
Page 2-23. Item h. Documentation #5. Can the APRN contact be counted as part of the three (3) psychiatric support contacts? (This is asked due to the 2010 changes in Medicare standards for Partial Hospitalization Programs.)

Item h. Documentation #6 is the same questions as above. Can APRN contact be counted as part of the psychiatric support contacts?

Answer:
The DIVISION may consider the use of an APRN-RX in lieu of a psychiatrist in areas where there is a demonstrated shortage of psychiatrist, upon request to and approval by DIVISION.

- 17. Question:**
Page 2-31. There is a \$200 fine per day for late reports. Has this fine been in previous RFP's? What would AMHD's procedure be for implementing this?

Answer:

The fine notification has been placed in previous DIVISION RFP's, but the procedure for implementing the fines has not been identified. Should the DIVISION decide to implement fines, an implementation plan shall be distributed to all DIVISION contracted Purchase of Service Providers.

- 18. Question:**
Page 3-11. IV.A.9. Please define or reference what Division's "standardized assessment" package is?

Answer:

There is currently only a standardized referral package. This requirement shall apply if and when a standardized assessment package is provided.

- 19. Question:**
Should we write confidential on confidential documents?

Answer:

If an applicant believes any portion of a proposal application contains information that should be withheld as confidential or proprietary in nature, the applicant shall 1) request in writing nondisclosure of designated proprietary data to be confidential; 2) provide a justification to support confidentiality; and 3) clearly mark/identify the area of nondisclosure and have it readily separable from the proposal to facilitate eventual public inspection of the non-confidential sections of the proposal.

- 20. Question:**
On page 3-3 B. 2. It states that applicant shall include points of contact, addresses, e-mail addresses, and phone numbers. References shall not include employees of the DIVISION. Please clarify "points of contact" and "DIVISION employees."

Answer:

See response to question 3 above.

- 21. Question:**
Should the proposal include copies of the applicant's Quality Assurance program?

Answer:

The applicant is expected to respond to all aspects of the quality assurance and evaluation section of the RFP. Copies of policies and procedures are required to be submitted as part of an applicant's proposal response. This may or may not require a complete copy of an applicant's quality assurance program – it depends on how this section is written and if all areas have been addressed.

22. Question:
Does the applicant need to submit proof of insurance with proposal?

Answer:
No.

23. Question:
Is the peer specialist training program defunct?

Answer:
No.

24. Question:
Can only a licensed hospital apply?

Answer:
See response to question 1 above.

RFP No. HTH 420-4-10, Intensive Outpatient Hospital Services – Statewide is amended as follows:

<i>Subsection</i>	<i>Page</i>															
Section 1, Administrative Overview																
I. Procurement Timetable	1-1	<p>The Procurement Table on page 1-1 has been changed as follows:</p> <p>Note that the Procurement Timetable represents the State’s best estimated schedule. Contract start dates may be subject to the issuance of a notice to proceed.</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Activity</th> <th style="text-align: left;">Scheduled Date</th> </tr> </thead> <tbody> <tr> <td>State purchasing agency’s Response to applicant’s written questions</td> <td>12/15/09</td> </tr> <tr> <td>Proposal Submittal deadline</td> <td>12/28/09</td> </tr> <tr> <td>Proposal Evaluation period</td> <td>12/29/09 – 01/15/10</td> </tr> <tr> <td>Provider Selection</td> <td>01/20/10</td> </tr> <tr> <td>Notice of Statement of Findings and Decision</td> <td>01/22/10</td> </tr> <tr> <td>Contract start date-planned</td> <td>03/1/10</td> </tr> </tbody> </table>	Activity	Scheduled Date	State purchasing agency’s Response to applicant’s written questions	12/15/09	Proposal Submittal deadline	12/28/09	Proposal Evaluation period	12/29/09 – 01/15/10	Provider Selection	01/20/10	Notice of Statement of Findings and Decision	01/22/10	Contract start date-planned	03/1/10
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Section 2, Service Specifications																
III. Scope of Work, B. Management, 1. Personnel	2-20	<p>B. Management Requirements, paragraph 1.c. has been revised to read as follows:</p> <p>“1.c., In addition to QMHPs, IOH services or groups/activities may be provided or led by staff who is a Mental Health Professional (MHP) or Mental Health Worker (MHW). The definition and role of the MHP and MHW are defined in Section 5, Attachment G ”</p>														
Section 3, Proposal Application Instructions																
No Changes																
Section 4, Proposal Evaluation																
No Changes																

Section 5, Attachments

Section 5,
Attachments
page

TOC The Section 5 Attachments page has been replaced by a revised Attachments sheet.

Attachment C
Draft Special
Conditions

5. Option to Extend Contract. The following has been revised to read as follows: Unless terminated, this Contract may be extended by the STATE for specified periods of time not to exceed five (5) years or for not more than four (4) additional twelve (12) month periods, without resolicitation, upon mutual agreement and the execution of a supplemental agreement.

Mental Health Worker

Definition

A mental health worker may:

- Provide all direct treatment services to consumers that do not require a licensed qualified mental health professional,
- Provide specialized services in conjunction with other professionals,
- Coordinate services,
- Make referrals,
- Develop treatment plans,
- Monitor and evaluate progress,
- Provide ongoing support,
- Provide intake and assessments, and
- Make changes to treatment plans.

Educational and Experience Requirement

Mental health workers shall meet the following minimum requirements:

- Bachelor's degree with a minimum of twelve (12) semester credit hours in courses such as counseling, criminal justice, human services, psychology, social work, social welfare, sociology, or other behavioral sciences and one and one-half (1 ½) years of specialized experience.

Definition of Experience

Specialized experience is progressively responsible professional work experience that involved helping individuals and their families find satisfactory ways of identifying their problems, coping with their conditions, and functioning effectively within their environments. This experience may include identification and evaluation of the consumer's problems and needs the development of a service or treatment plan the initiation and implementation of the treatment plan monitoring of services and evaluation/assessment of the consumer's progress.

Supervision

A mental health worker's clinical supervisor is the team leader who is a QMHP or MHP.