

Questions & Answers

Regarding the RFP for Outpatient Services

1. Is it the goal of SCCCMH to award the outpatient services contract to a single provider or does SCCCMH expect multiple providers will be awarded contracts as a result of this RFP process?

SCCCMHA is hopeful that multiple providers will be chosen, thus providing more choice to individuals needing outpatient services.

2. What is the envisioned start date for providing outpatient services under the contract? What is envisioned “start-up” period leading up to the start date for services? Is it appropriate to budget for provider compensation during the start-up period if it does not involve the actual provision of services to consumers (i.e., compensation for administrative and organizational preparation)?

Start date would be when you, as a provider, could begin providing outpatient services after the contract is approved and signed by the SCCCMH Board and then counter-signed by the provider. It is not appropriate to budget for provider compensation during the start-up period if it does not involve the actual service provision.

3. Based on previous years, what is the estimated expected number of individuals who will be referred for outpatient services as part of the process described in the RFP? (Even an approximate number will be helpful.)

The referral numbers to SCCCMHA Provider Network is as follows for the past two years:

FY19	
Children	51
Adults	57
FY18	
Children	87
Adults	71

4. What are the technical requirements for connecting to the OASIS electronic health record system?

To have access to the OASIS electronic health record system, the provider would need high speed internet.

5. Will it be expected that data is entered in to OASIS at the time of service? Or can data be entered in “batches” at a later time? If the provider has a different EHR system, is there a process or mechanism for the bulk transfer of data in batches from the provider’s system into OASIS?

Documentation into the OASIS electronic health record is expected immediately after providing the services to the individual. When entered, electronic claims (per the contract language – page 5), indicate that submittal of claims for any reimbursement constitute verification that the required service(s) and documentation have been completed.

Once approved as a contract provider, SCCCMHA will work with the provider to setup permission to be able to upload 837 files.

6. To meet training requirements, will trainings that staff have taken as part of non-SCCCMH activities and engagements be allowed to count toward the SCCCMMH requirements? In other words, can existing trainings be “transferred” toward credit for SCCCMMH requirements?

Per the contract language (page 16), “Contractor” (CMH) shall accept staff training provided by other CMHs and/or other Provider Networks to meet their training requirement when staff training is substantially similar to their own training; and staff member completion of such training can be verified. (providing a training certificate). This is applicable to any staff training area. This includes any required staff training in the areas of abuse & neglect (recipient rights- must be face to face), person-centered planning, cultural diversity, HIPAA, limited English proficiency, grievance and appeal, as well as MDHHS- approved training direct care workers in specialized residential settings, and certificates earned from clinical trainings.”

7. Will it be possible to provide service from multiple locations? Will it be possible to propose service locations outside St. Clair County (for example, in northern Macomb County or eastern Genesee County)? Or must all outpatient service be completed in St. Clair County?

Where services are provided will depend on the needs of the individual(s), where they live or work, in order to make their appointment(s) on time. For example, Northern Macomb County may be better than Genesee County for remaining in compliance with the distance a person needs to drive to seek services.

8. It is unclear whether the RFP calls for proposals to provide the names and credentials of individual staff members or the staff as a whole. (It is clear that proposals should include the names of “key administrative staff.”) However, for example, in the “Personnel Management/Training” section the RFP asks for “copies of certifications/licensure.” Does this refer to the individual licenses of each staff member? In the “Program Description” section asks for a list of “evidence-based practices certifications your staff have.” Does the RFP require the names and credentials of each individual staff member? Is there an advantage to sharing the names and credentials of individuals or sharing the credentials and certifications of the staff as a whole?

There are two divisions of this questions, 1) Administrative staff: who they may be as it relates to contracting, fiscal, data, and utilization management, etc. for questions that come up in daily operations of correspondence and submitting information. 2) Clinical staff: is who are you proposing to have for your clinical staff, such Clinicians, Psychiatrist, Nurse Practitioners, etc. and this is where the proposal should be addressing the credentials and training of the clinical staff.

9. In some cases, expertise or training for evidence-based practices do not involve “certifications.” How would it be best to reflect these capabilities? Is a list sufficient?

A list will be sufficient in providing all the clinical staff trainings for evidence-based practices.

10. On pg. 31 of the Request for Proposal document (in the “Proposal Rating Sheet” section under section IV. “Budget”), one of the budget criteria refers to the “Specialized Residential Cost Calculation” form. Should this refer instead to Attachment E, the “Contract Provider Cost Calculation” form? Or is there a separate form related to “Specialized Residential” services?

The Attachment E- “Cost Calculation Form” on the Website is the correct form to be utilized for multiple services codes.

11. Will it be possible to deliver the proposal in person before 4:00 pm on July 5 or do proposals have to arrive by mail or some other formal delivery service (like UPS or FedEx)?

Yes, you can submit proposals in person before 4:00 on the July 5th. Please make sure the staff at the front desk understand the package is a proposal, so it will be date stamped and marked at the time of arrival.

12. Can you provide the number of persons to be served for each program? (Adult/Children)?

See response under Question #3 for examples of the number of referrals. (which is not a guaranteed number)

13. Related to finishing, do you prefer unbound or bound (coil, comb binding, etc.) proposal?

Finishing is not an area that will be rated, thus whatever way the proposal comes will be adequate for the Rating Committee to review and will not have an impact on the scoring of the proposal.

14. Related to finishing, do you prefer untabbed or tabbed index dividers?

If the Proposal follows the RFP outline, it will assist the Rating Committee Members to be able to follow the proposal and rate each section of the Rating Sheet correctly.