Intensive Behavioral Health Services (IBHS)
Request for Applications (RFA)
Questions and Answers (Q&A)

Clusters

1. *Will there only be one agency per cluster?*

   Yes. Agencies can bid on more than one cluster.

2. *Can a provider bid on a cluster from two different regions or just clusters within one region?*

   You can bid on clusters from two (or more) regions.

3. *If awarded a cluster, will the agency be responsible for IBHS in those clusters?*

   The awarded provider will be responsible for providing IBHS in home, school, and community settings for all CBH members who attend the schools in the awarded cluster.

4. *Will the agency need to take all schools noted in the cluster?*

   Yes.

5. *What about schools that are not listed?*

   CBH is not aware of any public schools not listed. There are two ZIP codes not listed (one is the airport, and the other is a commercial area with no schools).

6. *How can we serve a cluster collaboratively with another agency?*

   CBH did not include that as an option in the RFP.

7. *Can these services be delivered to students/families in non-public schools?*

   This RFP is applicable to all district schools and the following seven charter schools: Mastery Charter School Clymer Elementary, Frederick Douglass Mastery Charter School, Mastery Charter School Harrity Elementary, ASPIRA John B Stetson Charter School, Universal Bluford Charter School, Mastery Charter School Pastorius-Richardson, and Lindley Academy Charter School at Birney. Also, the awarded IBHS provider will be responsible for delivering all IBHS to CBH members in the home, school, and community who attend non-district schools.

8. *We have preferred provider agreements with multiple schools around City. It would be difficult to provide services in different regions. Will we be able to continue working with specialty populations that we currently serve?*

   No. Awarded providers are expected to deliver IBHS in all schools, public and non-public, in their clusters, where there is a child with an identified need for IBHS services in the home, school, or community.

9. *If a provider is not awarded the contract for a cluster, can they continue to provide services in settings other than the schools within that cluster?*

   No, only ABA services can be delivered in the home, school, and community by a non-awarded IBHS provider. The expectation is that the awarded provider will serve the children in school, home, and community settings.

10. *Given family choice will take precedent and the procurement notes that the lead agency in the cluster will be responsible for coordinating services in that cluster, what exactly will be the responsibility of that agency if the child receives IBHS or ABA from another agency?*

    The agency awarded the cluster where the child attends school is expected to coordinate services with other (non-IBHS) agencies involved in the child's treatment. If a family selects a different in-network provider to deliver IBHS, then that provider will be responsible for the coordination of services for that child.

11. *Since the RFP adheres to the family choice model, can a family choose another agency outside of the cluster?*

    Yes, as long as the provider is an in-network provider.

12. *Can a provider continue delivering services to a school that is not located in the provider's awarded cluster through a Fee for Service Model?*

    No, all schools in Philadelphia are included in the clusters.

13. *What about children who live in one cluster and attend school at another school?*

    This is most prominent in high schools. Regionalization is based on the ZIP code where the school is located, not where the child's home is located.

14. *How will providers be selected?*

    Providers will have to meet the requirements of the RFP in order to be selected. Providers need to apply for a cluster(s) and be able to provide all services for that cluster(s).

15. *If an agency is awarded a cluster, is that agency responsible for managing a crisis in the school rather than the crisis team?*

    Schools have their own crisis protocols. Our preference is that you do the initial response, but it can be turned over to a mobile crisis team as clinically indicated. Our hope is that providers can intervene prior to a crisis emerging.

16. *(I am) Concerned that neighborhoods are being cut apart by ZIP code lines. This will be a difficult thing if our end goal is to do more population health management.*

    If a provider is able to serve more clusters, the provider may consider assuming responsibility for more clusters.

17. *If a student is only receiving community IBHS (not school IBHS) from Provider A and Provider B is the newly selected provider for that cluster, do those services switch to Provider B?*

    Yes, the agency awarded the cluster where the child attends school is expected to provide IBHS.

18. *If a family chooses to keep or use another provider, then would the provider just be providing IBHS as it is written in the Bulletin?*

    The provider is expected to provide (CBH) IBHS as per the RFP (care coordination, individual services, family peer support) and as indicated/clinically appropriate.

19. *What if a child is stepping up or stepping down from another program in your agency to IBHS, but they do not live in the cluster you are awarded? Would the family need to change agencies even though this could be disruptive to their continuum of care?*

    The awarded provider will be responsible to deliver all IBHS to CBH members in their awarded cluster. It has been our experience that most providers have distinct staff for each level of care, so this sort of disruption is often unavoidable.

20. *If a child receiving IBHS in the school or home moves schools and ultimately is in a different cluster, will they need to change agencies?*

    Yes.

21. *What if a provider serves a child who goes to school in one cluster, lives in a different cluster, and is primarily getting services at home; which agency would provide service to that child, if there are different agencies in each cluster?*

    The agency awarded the cluster where the child attends school is expected to provide IBHS.

22. *Can parents request IBHS individual services from a specific provider at their child's school even if that provider is not the designated agency for the cluster?*

    Families will continue to be the primary decision makers with regards to the care of their children, so family choice will take precedence in recognizing and accommodating the unique needs of children. However, the IBHS provider will need to be a CBH in-network provider.

23. *Are we allowed to focus on adolescents age 14 and up?*

    Yes, the high schools are in separate clusters

Family Notification

24. *Will a letter be sent to all families prior to the end of the school year?*

    Yes.

Schools

25. *The procurement gives "time" expectations based on the acuity of the school (on site five days per week for "intervene," etc.). What exactly does "on-site" mean? Is this administrative oversight? Clinical oversight? Will schools provide agencies with space to be on-site?*

    The Provider School Agreement comes into play. Schools will need to provide adequate space for providers to do their work/provide services. Staff who provide direct services (BHT and MA level Clinician) must be on-site as indicated in the RFP. The expectation is that administrative staff can be accessible during school hours, and supervisory staff are on site weekly.

26. *We are concerned that the schools' ratings may be inaccurate.*

    Climate scores are calculated by School District of Philadelphia, based on their data collection process. The SPR score represents a school's combined performance on the Achievement, Progress, Climate, and College and Career (for high schools only) domains. The climate score, therefore, may be higher or lower than the overall SPR score, depending on how the school performed in the other domains.

27. *For the school aspect, it says we must be on-site so many days per week. Who has to be on-site? I'm assuming this is in addition to the BHT/TSS?*

    Staff who provide direct services must be in the building. There is an expectation that clinicians and supervisory staff will be on site weekly.

28. *Is that a master's level clinician who is on-site at the school? A BSC/MT, or does this mean a member of management?*

    Staff who provide direct services must be in the building. There is an expectation that administrative staff can be accessible during the school hours if needed.

29. *How are principals being made aware of this change? Will school principals be able to request a provider? Will there be an official agreement between the School District and CBH around IBHS and required use of identified EBT (access to school buildings by both preferred provider in the cluster and also providers chosen by families)?*

    CBH has been meeting and collaborating with the School District of Philadelphia in the development of IBHS delivery.

    No, school principals will not be able to request a provider.

    Providers are required to provide EBTs. This is addressed in the School Agreement.

30. *According to the technology requirements, will providers have access to school WiFi to connect with IBHS-required use of EMR?*

    CBH encourages providers to use hotspots as well as collaborate with schools to secure WiFi.

31. *Many schools have space challenges; what are the minimum space requirements that the school must give the awarded IBHS provider to use?*

    This will be addressed in the Provider School Agreement.

32. *Will the school building be available/accessible to the IBHS provider during the summer and school breaks, given this is a year-round service?*

    IBHS is a 12-month service that will need to be delivered in the home, school, and community settings.

33. *Given that this program is expected to run for 12-months, and most school buildings are closed over the summer, will the School District provide space within the ESY schools for services to be delivered, if clinically appropriate, within the approved cluster (i.e. group therapy, individual/family therapy, family specialist services)? If not, is the provider expected to provide space for summer activities and staff elsewhere?*

    The expectation for IBHS delivery is no different from current BHRS. It is a 12-month service model that allows behavioral health services to be delivered in the home, school, and community based on the child's Individual Treatment Plan.

34. *At the bidder's conference, it was stated that presence at a school was to be five days per week. It is noted in the RFP that the number of days per week the provider must have a presence varies based on the school score. Can this be clarified?*

Providers should plan on having, at a minimum, a physical presence in schools five days per week for schools in the "intervene" category, four days per week for schools in the "watch" category, and two days per week in schools tiered at "reinforce" level. For schools in the "model" tier, it may be appropriate to operate from more of a check-in or light-touch approach, with flexibility to increase as needed for specific children. As with all services, the amount of physical presence needed should be individualized on a school-by-school basis.

35. *How does a school climate score change? Who changes the climate score? Does the provider have any input into score changes?*

Climate scores are calculated by the School District of Philadelphia and have the potential to change over time.

36. *In reviewing the School District website, the Climate Score Categories within the RFP do not match what is on the School District's website 100% of the time. In some cases, the School District's rating is a higher category and in others is lower. Also, on the School District website, the stated percentages for each school do not always match the range that is within the CBH RFP (although the categorical ranges in the RFP and on the District website are the same). Which climate score would prevail in projecting staffing requirements and needs? For example, the Laura H. Carnell School is listed on the CBH RFP as an "Intervene" school, which should have a range of 0-24%, but, on the School District's website, their most recent climate score is listed as 39%, which is in the "Watch" range.*

The 39% score you reference is not Carnell School's climate score. It is the school's overall School Progress Report (SPR) score. The SPR score represents a school's combined performance on the Achievement, Progress, Climate, and College and Career (for high schools only) domains. The climate score, therefore, may be higher or lower than the overall SPR score, depending on how the school performed in the other domains.

Charter Schools

37. *Are Charter Schools part of the cluster?*

    Yes, the expectation is that the awarded provider will deliver IBHS deemed medically necessary to all CBH eligible children attending school in the cluster.

38. *In charter schools (that don't have STS), will children and families be able to access IBHS?*

    Yes. IBHS is available to all Medicaid-eligible children.

39. *The kids that live in a ZIP code where the charter school is would get IBHS services from one agency, but what if a different agency has been providing services in that charter school. Can the current provider continue?*

    No. The agency awarded the cluster where the child attends school is expected to provide IBHS.

40. *What are the seven Charter Schools that were previously Public Schools and included in this RFP?*

    (1) Mastery Charter School Clymer Elementary, (2) Frederick Douglass Mastery Charter School, (3) Mastery Charter School Harrity Elementary, (4) ASPIRA John B Stetson Charter School, (5) Universal Bluford Charter School, (6) Mastery Charter School Pastorius-Richardson, and (7) Lindley Academy Charter School at Birney.

41. *Is there a cap on the number of providers per region?*

    Yes, up to five clusters per provider.

42. *If a provider is primarily in one region but has one or two clients in clusters outside their identified region, are they expected to provide the required personnel for that region as well (care coordinator, family peer specialist)? Must those clients be transferred to the identified agency(s) for that region if they do not identify that region as one they cover and/or have personnel for?*

    The awarded IBHS provider will be responsible to deliver all IBHS to CBH members in the home, school, and community who attend school in that cluster.

43. *Is there a minimum requirement of hours required for the Care Coordinator and Family Peer Specialist (per week/month, etc.)?*

The expectation is that a provider will provide what is clinically needed. The Care Coordinator and Family Peer Specialist positions will be assessed by CBH and awarded providers during first year of service delivery prior to establishing firmer service delivery standards.

44. *If a child attends a charter school, private school, or APS, how do you determine the IBHS provider?*

The expectation is that the awarded provider will deliver IBHS deemed medically necessary to all CBH eligible children attending school in the cluster.

Individual and Group Services

45. *When will the service be group vs. individual?*

We are seeking clarity from the State on the State's definitions of individual and group services. For CBH, group services are defined as group therapy (e.g. CBITS).

46. *What are the differences between individual and group services (how are they different than now)? Can we offer group and individual services in schools?*

Please refer to Pennsylvania's IBHS regulations.

47. *Will individual therapy be offered in milieu rather than OP?*

Yes.

48. *Are there group services only to be provided by a master's level clinicians? Are we able to provide group BHT?*

Yes, group BHT may be provided. Please refer to Pennsylvania's IBHS regulations.

49. *Will there be any kind of group services similar to what BHWs do now? Can one BHT work with more than one child at a time as they do now if they are together in a classroom?*

Yes. One BHW may work with more than one child at a time in a classroom.

50. *Can two or more children in the same classroom be serviced by the same BHT concurrently?*

Yes.

51. *What is the youngest age that providers can provide IBHS Services?*

Please refer to Pennsylvania's IBHS regulations.

52. *Are Individual and Group services two separate, discrete services, or are they part of one model that includes the delivery of both?*

Please refer to Pennsylvania's IBHS regulations.

53. *Are there any prohibitions or limitations for group community integration activities?*

Please refer to Pennsylvania's IBHS regulations.

54. *Will providers be able to conduct individual and family therapy, as well as group therapy, within the school day or building or in afterschool hours at the school or both?*

Yes.

55. *Can individual and group services be provided at agency sites as well as in schools and homes?*

Please refer to Pennsylvania's IBHS regulations.

56. *To clarify, services that are provided during school hours are considered "Group" but after school, in the home, and community services will be considered "Individual"? If so, would this require two separate prescriptions/recommendations?*

Please refer to Pennsylvania's IBHS regulations.

Care Coordination

57. *Care Coordination is described as "considerable amount of time assessing and evaluating social determinants of health related to each family." What will the*

compensation be for this role that appears to be a Master's level position and "expectation initially to have one per cluster"?

No. It can be Bachelor's level, meeting the staff qualifications for a case manager. This position will be incorporated in the Alternative Payment Arrangement

58. *Services are provided for the child in the community, home, and school. How does that impact other traditional services in the system (e.g. child seen in OP by another provider)?*

If a child receives services from other providers, the expectation is that the agency will coordinate with other providers involved.

59. *Does a cluster's Lead Agency receive any compensation for coordination/linkage with other agencies?*

Yes.

60. *Is the ITM still required?*

No.

EBPs

61. *Is there a difference between the EBT described in the licensing requirements and the EBT listed in the RFP?*

Regulations speak generally about EBPs. The RFP outlines specific EBPs, which IBHS providers will be required to implement as an awarded IBHS provider.

62. *The EBTs set forth in the RFP do not mirror the requirements from the State. Will you explain the selection, and will consideration be given to making sure they align?*

CBH collaborated with Penn Center for Mental health to identify the best EBPs for the needs of Philadelphia students.

63. *Is the provider required to get a license associated with the EBT necessary or is the provider following them enough? Do providers need to add the EBT to the IBHS license or can it just be part of the group services?*

No. IBHS licensing includes group, individual, and ABA.

64. *The Bounce Back and the CBITS require a Master's level clinical to implement the curriculum. If that is the case, what will the BHT be doing during their time at the school?*

Please refer to Pennsylvania's IBHS regulations.

65. *When individual services are provided at home, the BC will be providing general clinical direction, and not a specific EBP, correct?*

CBH encourages EBPs to be used in all settings as is appropriate to diagnosis and presentation. Please refer to Pennsylvania's IBHS regulations.

66. *Does CBH have any plan to ensure, or assist in sustaining, access to trainings, such as the BRIDGE, CBITS, and Bounce Back trainings, on a regular basis to take into account training needs due to staff volume and/or turnover? For example, as system capacity to offer EBP's such as TF-CBT increase, access to trainings has been limited due to increased demand.*

CBH will be funding the initial training for EBPs outlined in RFP, but providers will be responsible for developing a sustainability plan.

67. *Does a provider have to apply for the EBP designation under the new license in order to provide the CBT EBT requested in the individual and group services in the RFP? Will licensing as individual and group service providers be sufficient?*

EBP designation will not be required initially; however, it is expected that once providers complete the training, they will qualify for designation.

68. *On page nine of the RFP, it reads "there will be required treatment elements to address trauma and behaviors of concern." What does this mean?*

In addition to building upon existing school district interventions (PBIS, SAP, and other types of community services), providers will be required to offer three EBPs: Cognitive Behavioral Therapy (CBT), Cognitive Behavioral Intervention for Trauma in Schools (CBITS), and a teacher consultation model called Bridging Mental Health and Education in Urban Schools (BRIDGE) to address trauma.

ABA

69. *If we have received ABA designation we would not need to respond to RFP if only doing ABA services?*

    Correct; do not respond to this RFP, as ABA is not included.

70. *Do you have any sense yet how you perceive the integration between IBHS and ABA providers in school?*

    Other services are also in the school; it should evolve. The expectation is that we would like to see it all coordinated. The expectation is that the cluster provider will take responsibility and lead these collaboration efforts.

Licensing

71. *How does my agency apply for licensing?*

    Please refer to Pennsylvania's IBHS regulations.

72. *We are in the process of IBHS licensure application, and, currently, the BHRS is under our outpatient license. For the purpose of this RFP, can an agency use their current outpatient license number?*

    The expectation is that all agencies will be licensed, enrolled, and credentialed for IBHS by the start of the 2020-2021 academic school year.

73. *For licensed staff completing an IBHS written order, the form requests both an NPI number and a PROMISe ID number; are both required?*

    Yes. This is a state requirement.

Rates/Payment

74. *What is the payment methodology?*

Alternative payment arrangement. We are working internally and with the State on the payment structure. Details of payment method will be disclosed during contract negotiations.

75. *Will support be provided to help figure out the budget?*

N/A. The budget form was posted in error and has been removed. CBH is not requesting agencies submit a budget form.

76. *Will there be compensation for the Family Specialist Position?*

This position will be incorporated in the Alternative Payment Arrangement.

77. *Can rates match ABA rates?*

No.

78. *How is CBH expecting agencies to make a choice around this if we don't know rates?*

Providers are encouraged to bid on cluster(s) based on their agencies' abilities to deliver quality IBHS as outlined in the RFP. If awarded, the provider will have the ability to accept or decline the cluster award(s) during contract negotiations.

79. *Will there be a fee-for-service component?*

No.

80. *Will the service authorization be provided for "one student to one treatment team" or "group of students to a treatment team"?*

Authorizations are individually based.

81. *How would the APM be structured? Is there any additional reference document one could review on the APM?*

CBH is working internally and with the State on the payment structure. Details of payment method will be disclosed during contract negotiations.

82. *Can you please elaborate on the Alternative Payment Model (APM)?*

CBH is working internally and with the State on the payment structure. Details of payment method will be disclosed during contract negotiations.

83. *Is this a case rate and can you explain how much and what it covers?*

The APA will cover all IBHS service provisions outlined in the RFP

84. *Is this going to a be a value-based system (similar to that of CIRC and Adult Case Management)?*

CBH is working internally and with the State on the payment structure. Details of payment method will be disclosed during contract negotiations.

85. *Is there an anticipated or preferred structure for the alternative payment model (case rate, incentives, etc.)?*

CBH is working internally and with the State on the payment structure. Details of payment method will be disclosed during contract negotiations.

86. *Are there metrics that will be used to measure the success of the program? How will they be used to determine any reimbursement in a value-based model?*

CBH will identify performance metrics which will be outlined during contract negotiations.

87. *I know it was discussed that the rate would be enhanced in order to be able to include the Care Coordinator. Will the rate be hourly billable as it is in BHRS and intended in IBHS? Will there be a case management rate to cover the Coordinator or just an increase in the billable rate? Would this rate also take into account the Peer Specialist?*

The APA will cover all IBHS service provisions outlined in the RFP.

88. *Will children and families be able to access IBHS through fee-for-service and not through APA if the provider is IBHS?*

No, IBHS ABA Services and a few services that currently fall under the BHRS Exceptions program will be the only ones.

89. *Do the budget forms attached reflect the alternative payment methodology?*

The budget form was posted in error and has been removed. CBH is not requesting agencies submit a budget form.

Other

90. *Do you have to complete the RFP if you have an existing FFT program?*

No.

91. *Will group Mobile Therapy still occur?*

Yes, through the use of CBITS, Bounce Back, and other EBPs that incorporate group sessions.

92. *Could you help us understand the EHR requirement?*

We prefer that providers have an EHR system. An EHR is needed. You should have a plan for obtaining an EHR if you're going to submit a proposal for this.

93. *Is the EHR required or optional? If agencies do not have this, will they automatically be disqualified for the RFP?*

Yes. EHR is required. If a provider does not currently have an EHR, the provider should include a plan to obtain an EHR and an implementation date for EHR when responding to the RFP.

94. *Are you able to provide a sense of how the review committee will be completed?*

CBH will be applying the usual procurement process. We do not disclose who is on the review team. We have a diverse panel that includes family members, young adults, and system partners. We cannot have a provider on the panel or as reviewers.

95. *With this RFP, it appears providers not awarded the RFP may end up having to close their current BHRS program if they don't provide ABA.*

Yes, CBH is their only payer.

96. *When can we expect the slides and Q&A to be posted?*

The Q&A and slides will be posted on January 9, 2020.

97. *How do OP programs fit in with these new IBHS services in high schools? If a provider is an existing licensed OP provider in a high school, and they are not selected for that cluster, will the existing licensed OP program be removed?*

CBH views mental health outpatient services (MHOP) as a separate level of care, so the MHOP satellite sites will continue to function in their current capacity.

98. *Is it projected that the RFP will expand current BHRS/STS providers, reduce current providers, or keep the number of providers about the same?*

CBH cannot answer this question, because we cannot predict the number providers who are planning to respond to this RFP.

99. *What kind of "outcome data" is CBH going to share with providers?*

CBH collaborated with Penn Center for Mental health to identify measurable goals and anticipated outcomes. Providers will be expected to provide CBITS pre- and post- data. CBH is working towards the ability to share Dashboard data relevant to concurrent service utilization, length of stay, and community tenure.

100. *How and when does CBH imagine the transfer of services from one agency to another will occur (i.e. introductions to school leadership, relationship building with school staff, family intakes, staff assignments, etc.)?*

Transfer of services will occur by September 2020. CBH will be working with the provider network in developing a comprehensive transition plan to ensure continuity of care and address children's needs.

101. *The RFP mentioned IBHS Performance Standards; when will agencies be made aware of these?*

Details of the IBHS Performance Standards will be disclosed during contract negotiations.

102. *Is CBH going to define quality outcomes or will agencies be left to come up with their own quality measures?*

Details will be disclosed during contract negotiations.

103. *What are the caseload ratios of clinician to student and BHT to student?*

There will not be specific ratios. Caseload ratios will be based on the child's needs and intensity of services prescribed in the written order and supported via through the initial assessment.

104. *In our response to the RFP, do we need to submit a budget?*

No. The budget form was posted in error and has been removed. CBH is not requesting agencies submit a budget form.

105. *Based on our size, it would be difficult for us to take on the resources needed to provide services in the regional schools. Do all providers have to apply?*

Providers need to apply if they want to be a CBH in-network IBHS provider.

106. *If we were not awarded the proposal, would we not be able to provide services in those schools that are in the region that we are current providing services in?*

No, because all schools in Philadelphia are assigned to a cluster.

107. *Would only TSS services be impacted if we weren't able to provide services based on not winning the proposal? For example, would BSC and MT still be in place?*

No, this RFP includes BHT, BC, and MT under the IBHS regulations. Providers will be designated as the preferred provider for their awarded geographic cluster(s) and will be responsible for providing the full continuum of IBHS individual and group services across all settings—home, school, and community—to CBH eligible children who attend school in the specific cluster. However, ABA services and several BHRS exception programs are not included in this RFP.

108. *If we get approved to provide IBHS and don't win the proposal award, would we be able to still provide IBHS?*

Not as a CBH in-network provider.

109. *Is IBHS able to co-occur with OP? It states that it cannot but then states that the Behavior Consultants and Behavioral Health Technicians (in IBHS) can collaborate with OP providers. Does this mean they have to be with another provider if they have both? Please clarify.*

IBHS providers are expected to provide services across home, school, and community settings. It is preferable that the IBHS provider can meet the comprehensive needs of the youth enrolled by coordinating within their continuum of care. If the IBHS provider offers medication management, children and families should not be expected to attend outpatient therapy in addition to IBHS services in order to access psychiatry. If the IBHS provider does not offer psychiatry, they are encouraged to develop care coordination agreements with other CBH providers to access medication management. If a specialized, evidence-based therapy modality is required that the IBHS provider does not deliver (FFT, PCIT, etc.), the child and family should be referred to another provider for that service. In these cases, the IBHS provider cannot deliver Mobile Therapy to the child but can deliver Behavior Consultation and Behavior Health Technician with ongoing and regular collaboration with the other provider.

110. *Please clarify the role of the BHT: a) will there still be service intensity levels? b) are the BHTs servicing more than one client at a time as is currently the standard in STS or will it be a 1:1 ratio?*

a) Service intensity will be individualized based on the written order and assessment.

b) The IBHS regulations allow for BHT to be delivered using a group approach.

111. *There is mention of psychiatric services and having a relationship with a psychiatrist if an agency does not have outpatient or a current psychiatrist. Is that able to be fulfilled with APN services?*

Providers who do not have direct access to a psychiatrist, CRNP, or physician assistant will need to present a clear plan as to how they will ensure children will get connected to these professionals if clinically indicated.

112. *It seems like this is a little bit like a school-based model. I understand that there will not be replication of school-based and IBHS. Does the current model with the Care Coordinator and an addition of a Peer Specialist look similar? Would having a supervisor in the cluster be advantageous?*

Please refer to Pennsylvania's IBHS regulations for personnel requirements, including a supervisor and supervision requirements.

113. *CBH is requiring an IBHS agency to also have a Family Peer Specialist and a Care Coordinator. The Family Peer is to provide support to families around IBHS from the perspective of a peer. This may include empowering the family to understand their role as a member of the treatment team, providing support and coaching during meetings, and working with families to develop natural supports. The care coordinator is responsible for providing supports to families as an adjunct to the clinical treatment. Care Coordination includes assessing children's overall wellbeing and providing supports to children and families to address identified physical and behavioral health needs. The care coordinator should primarily be responsible for engaging children, their families, and other significant persons in a collaborative relationship to promote positive outcomes.*

Which of the current service offerings does CBH expect will be replaced through this procurement? (ie.-BRHS, PACT, STS, etc.)

BHRS and STS

114. *Would PFI and TESC be an exception program?*

No. The following exceptions are not included in the RFP: (1) Applied Behavior Analysis (ABA), (2) Summer Therapeutic Activities Program (STAP), (3) Children's Therapeutic Services and Supports (CTSS), (4) Early Childhood Treatment Programs to include SPIN Best, PACT, PFI, CORE, and Create, (5) Wellness and Resiliency Program, (6) Afterschool Program, (7) Functional Family Therapy (FFT), and (8) Multisystemic Therapy-Problem Sexual Behavior (MST-PBS).

115. *What is the role of the BHT in the school setting?*

Please refer to Pennsylvania's IBHS regulations.

116. *What challenges might a small/medium-sized agency face in the new system? For example, what is an estimate of the minimum staff/service requirements per school?*

This is hard to predict, because, similarly to BHRS, IBHS is based on the child's individual behavioral health needs, which needs to be staffed accordingly.

117. *There are children who have both CBH and a third-party liability. Will these children be able to receive IBHS services regardless of TPL?*

IBHS will follow the same TPL process as is in place for BHRS.

118. *Will children who need services but do not have CBH be served by the STEP programs in the schools or some other mechanism? What is the expectation of the school of the IBHS provider regarding services for non-CBH recipients?*

This procurement is specific to CBH MA eligible children.

119. *How will the transfer of children from a BHRS provider to the awarded IBHS provider occur in relation to CBH authorizations? Will there be automatic authorizations generated for these children?*

Yes, the child's current authorization will transfer to the new provider.

120. *IBHS regulations also include training requirements such as FBA training which is difficult to access. Can CBH assist in making FBA training available in Philadelphia?*

CBH will explore ongoing training needs related to IBHS.

121. *The RFP calls for coordination with the school's crisis team protocol, and also with the regionalized crisis/CMIS teams. Is it expected under the RFP that the IBHS service will have 24/7 on-call?*

Please refer to Pennsylvania's IBHS regulations.

122. *The RFP calls for one care coordinator and one family peer to be assigned to each cluster. Is that 1.0 FTE? The clusters vary greatly in terms of overall student size/student enrollment and we are wondering whether there is a ratio of students/staff that would be more appropriate. For example, cluster 2 has 6 schools and nearly 4600 students,*

while cluster 7 has only 2 schools with about 1800 students. One FTE to each cluster seems disproportionate.

Initially, the expectation is to have one FTE per cluster. CBH and the providers will further assess the need for ratios for the Care Coordinator and Family Peer position once we receive service delivery data.

123. *Does a clinic need to have a pediatric psychiatrist on staff to qualify for proposal?*

No, but the provider must have a plan to be able access psychiatry services

124. *If we have an outpatient mental health certificate of compliance from OMHSAS, are we allowed to submit the proposal while we apply for the IBHS license?*

Yes.

125. *Will this contract, in addition to IBHS program participants, allow us to see other CBH/Medicaid members that are not part of the IBHS program?*

No, this RFP is limited to IBHS.

126. *How are we supposed to develop a budget for the program without knowing all of the costs associated with running the program?*

Providers are encouraged to bid on cluster(s) based on their agencies' abilities to deliver quality IBHS as outlined in the RFP. If awarded, the provider will have the ability to accept or decline the cluster award(s) during contract negotiations.

127. *Can copies of the slide deck from the Bidder's Conference be released to participants?*

Yes. The power point slides will be posted on January 9, 2020.

128. *How will hours be prescribed? Concern pertains to the current difficulties of staffing 10 hour TSS cases, for example. Can you elaborate on the type of flexibility that might exist with the prescription of services?*

Please refer to Pennsylvania's IBHS regulations.

129. *Have there been established tools to use for the assessment component for non-ASD services? Is an FBA sufficient? What other tools are being recommended?*

Please refer to Pennsylvania's IBHS regulations.