

Finance

1. Is there a link to the budget forms?

The budget form can be found on the Community Behavioral Health contracting page under “RFP Adult Mobile Crisis” with the FAQ and pre-proposal conference slides.

2. Is there an administrative cost cap?

Please submit your usual administrative cost with your budget submission. We do not have a cap per se.

3. Can you share the current fee-for-service rate for Community Mobile Crisis Response Teams (CMCRT)?

This will not be a fee for service rate.

4. Please provide the current reimbursement rates for the existing mobile crisis response teams.

The current reimbursement rates are not available for public distribution.

5. Please provide more detail on the reimbursement models contemplated in this RFP. For example, will there be a “fire-house model” pursued whereby the awardee is funded to maintain a minimum level of capacity irrespective of volume?

The Alternative Payment Arrangement (APA) reimbursement model will be outlined during contract negotiations with awarded providers.

6. The eContract Philly portal lists the award amount as \$1 Million to \$8 Million. Is this award annual?

Yes, this is an annual range and may be adjusted.

7. Is there an annual cap in funding for this RFP? If so, what is it?

The awarded range is \$1 Million to \$8 Million for the RFP.

8. Does this funding vary by region? What is the cap in funding by region?

No, the funding does not vary by region. We do not have a funding cap by region.

9. Is the contract award amount just for the CMCRT or both CMCRT and Crisis Intervention and Stabilization Teams (CIST)?

The initial contract award is for CMCRT.

10. Do we provide both CIST and CMCRT costs in our budget templates? If so, please clarify launch date assumption for CIST?

Costs for both CMCRT and CIST can be included. However, the CIST implementation date has not been determined.

Staffing

11. There is an expectation of teams having a Licensed Practical Nurse (LPN). Is the LPN to be available to the team 24/7, or is it a full time LPN?

The expectation is that the LPN is on every shift

12. Can you provide additional information about the role of the LPN on the mobile team? It would make sense to use a RN in the role.

The LPN may respond to minor injuries, wounds, potential bleeding, monitoring vital signs, instability, etc. The team has the capacity to recognize those situations and respond, to the extent possible, at that time. The individual may require additional care elsewhere following the initial response. The addition of the LPN allows the team to operate as a resource team with basic medical knowledge. Hiring Registered Nurses (RN) is acceptable.

13. Is an LPN required for all mobile crisis response? If so, can behavioral health providers conduct basic vitals and a medical provider (RNs, mid-levels and physicians) be available via telehealth for more complex medical conditions/medical comorbidities? Alternatively, are you willing consider persons certified as Emergency Medical Technicians (EMT) to fulfill that role?

An LPN or RN is required for every shift.

14. The job description for mobile crisis worker for CMCRT indicates a requirement of a Master of Arts (MA) or a Master of Science (MS) degree, and the job description for Intervention Specialists for CIST indicates a requirement of a Bachelor of Arts (BA) or a Bachelor of Science (BS). Was that supposed to be the opposite?

The staffing requirements must meet the staff requirements as identified by the Pennsylvania Department of Human Services (DHS) in the proposed 55 Pa. Code §§ 5240, 5240.1, 5240.71, 5240.101.

15. Is there an expected staff exemption status?

No, the expectation is for the agency to determine the best way to ensure the mobile teams include the full staffing compliment and maintain 24/7 coverage every day of the year.

16. Will all staff for the three shifts (non-managers, the management positions are already specified be full-time staff), and we will pay them as such - not as on-call staff?

No, the expectation is for the agency to determine the best way to ensure the mobile teams include the full staffing compliment and maintain 24/7 coverage every day of the year.

Insurance Eligibility

17. Will new crisis and stabilization centers be enrolled in Medicaid (MA)? If so, can you speak to which services will be reimbursed under MA eligibility?

The mobile crisis services listed in the procurement (CMCRT & CIST) will need to be enrolled in MA. The mobile teams will service all Philadelphians.

18. Will the CIST teams be insurance neutral (take anyone regardless of insurance), or only CMCRT? The CMIS team on the children's crisis continuum currently takes MA eligible children. Is this the same for CIST?

Funding has not been determined at this point.

19. What is the percent of uninsured that the team can expect to provide services to?

The mobile teams will service all Philadelphians.

20. Will the CIST service be for MA recipients only?

Funding has not been determined at this point.

Service Design

21. The RFP states that proposals should indicate the preference for the region(s) to be covered, with particular requirements that providers indicate a preference for Regions 1 or 3. The RFP also indicates that there are existing providers in Regions 2 and 4. If an agency wants to propose a program for one of the preferred regions (1 or

3) as well as one of the existing regions (2 or 4), is that allowed? For example, would it be possible for a new provider to service Regions 1 and 2? Or is the RFP only seeking proposals from agencies interested in providing services in Regions 1 and/or 3?

Answer: No, the RFP is seeking proposals from agencies interested in providing services in Regions 1 and/or 3.

22. The RFP indicates that the CIST is not starting at once but that the provider should have an operational plan to develop it in the future. Should providers submit a proposal that includes the CIST plan as a future expansion as well as the CMCRT program or should the proposal just focus on CMCRT?

Proposals should include a plan to develop CMCRT and to develop CIST as part of future expansion.

23. Will the team be responding to 302s?

The mobile teams will be able to respond to a 302-initiation dispatch; they will not respond to completed 302 calls.

24. The requirements state that we will need to demonstrate how the employees will communicate with families who don't speak English. Can the most common non-English languages be identified?

The proposals should include an understanding the communities that lie within the region(s). This would include a familiarity with the needs of the region(s) the agency is able to service.

General Proposal Questions

25. Are separate responses required to be submitted for the different regions?

No, agencies can include rationale for providing services in Regions 1 and/or 3 in the proposals. Agencies will be awarded one region.

26. Will partial awards be given if providers apply for more than one region?

Yes, partial awards could be granted if providers apply for more than one region.

27. Are the existing providers going to continue operating in the regions?

Yes, the existing providers will continue operations in the currently assigned regions.

28. Please provide more detail on the existing mobile crisis teams. Please provide (1) configuration and (2) performance data for the existing mobile crisis teams.

The existing mobile teams will reconfigure their operations to align with the goal and plan in the procurement.

29. Budget templates still do not appear on the eContract Philly site – can you please provide the budget template?

At this time, the budget templates can be found on the CBH Contracting site. They can be downloaded by clicking the form link under RFP Adult Mobile Crisis

Operations

30. Is there an electronic health record (EHR) requirement?

An EHR is preferable, but not required. EHRs allow for data sharing internally and externally, increased quality of care, efficiency, accuracy, and privacy for individuals receiving the service.

31. What is the maximum census capacity of the current CMCRT team? What is the current census?

There is no maximum census for CMCRT. CMCRT will service individuals for up to 72 hours.

32. What will be the maximum and minimum census capacity for the new team(s)?

There is no minimum or maximum census for CMCRT. CMCRT will be expected to service individuals for up to 72 hours and CIST will service individuals for up to 6 weeks.

33. Can we contract with tele psychiatry?

Tele-psychiatry guidelines will be dependent on Pennsylvania's Office of Mental Health and Substance Abuse Services (OMHSAS).

34. Is there opportunity to contemplate telehealth services in this RFP response?

Telehealth services may be included in the response, however, the RFP states that responses must be in person. The use of such services may be dependent upon the OMHSAS guidelines.

35. What is the amount of calls that the Philadelphia Crisis Line received in the last fiscal year. Do you have those numbers by region?

The Philadelphia Crisis Line call volume for calendar year 2020 is found below. The calls are specific to the Philadelphia Crisis Line and are not currently captured by region. The PCL call volume below does not reflect the number of 911 calls, which is not accessible to DBHIDS.

Activity month for CY 2020	Number of calls received
January	4407
February	3796
March	3696
April	3645
May	4206
June	4159
July	4546
August	4413
September	4437
October	4781
November	4277
December	4301
Total	50664

36. Will the crisis teams be based out of one central location, one location per Crisis Region, or remote?

It is anticipated that there will be a physical space available in the assigned region.

37. Will there be requirements for our staff to transport individuals during the course of a response?

Yes, providing transportation is an expectation, based on the needs of each response.

38. Will law enforcement, the Department of Behavioral Health and Intellectual disability Services (DBHIDS), et al. be providing additional trainings for our staff related to safety (outside of their clinical practice), or will there be safety equipment needed for employees?

A training curriculum will be developed with DBHIDS and various stakeholders.

39. What is the duration contemplated for this award? How many operating years?

This is an ongoing contract and contracts can continue provided that the service meets quality and compliance regulations.

40. Can you clarify the expected outcome (disposition) from the CIST program? Can you confirm that the intended duration of the CIST program is 6 weeks?

The CIST will be expected to effectively engage and support stabilization of an individual in the community and, as needed, link to appropriate supports to maintain community tenure. The intended duration of the CIST program is up to 6 weeks.

41. On the bottom of page 8 of the RFP it lists post-discharge monitoring of individuals as a requirement. Outside of asking clients or referral sources, does the City have any existing data sharing arrangements to support more objective evaluation of these downstream outcomes?

Yes, there will be objective data sharing to support increased evaluation of outcomes.