

Adult CRC RFP Q&A

- 1. If an RFP applicant cannot fully implement Crisis Response Center services by June 30, 2022, will their proposal be excluded from consideration?**

There may be flexibility as CBH understands there may be operational delays. Site control is important; therefore, it is suggested if you are unable to meet implementation date, a detailed explanation and plan is included in the proposal.

- 2. What is the expectation in regard to providing direct services (i.e. assessment, evaluation and referral) to individuals under the age of 18? Page 13 of the RFP states “the CRC must maintain ongoing capacity to serve children and adolescents in addition to adults”. However, during the Bidder’s Conference on January 14th, DBH staff clarified that providing assistance to children and adolescents and their families to link them to appropriate services would be sufficient.**

The CRC is directed toward servicing adults. In the event there is an overflow or high volume at our Children’s CRC, the selected CRC would accommodate the children and families that present and require assistance that would link the children and families to appropriate services, but we anticipate that this would be a rare request. It is also expected that appropriate support, triage and/or intervention will be provided to any adolescent (and their family) who inadvertently comes to the CRC seeking help.

- 3. Does the Certified Peer Specialist/Recovery Specialist role need to be staffed 24 hours per day/7 days per week? If not, is there a minimum number of hours per day or per week the Peer/Recovery Specialist needs to be on-site?**

The Certified Peer Specialist/Recovery Specialist is expected to be staffed 24 hours per day/7 days per week.

- 4. Do Certified Registered Nurse Practitioners (CRNPs) need to have clinical certification in mental health or psychiatry in addition to two (2) years behavioral health experience? The RFP states that only two (2) years of experience is required, however, the CBH Manual for Review of Provider Personnel Files requires CRNPs to have certification.**

The CRNPs will be required to have clinical certification and two years of experience as stated in the CBH Manual for Review of Provider Personnel Files.

- 5. The RFP states that CRNPs must be present “24/7” and “may be deployed in roles otherwise filled by a physician”. Do those roles include evaluation of individuals and recommending medically necessary behavioral health services?**

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The CRNPs, as a member of the clinical team, can perform screenings, formulate initial diagnoses and work in collaboration with a psychiatrist to recommend medically necessary behavioral health services.

6. Please clarify if onsite CRNP coverage is required 24 hours per day/7 days per week in addition to MD/DO coverage.

The CRNP coverage is required 24 hours per day/7 days per week with the MD/DO coverage for, at minimum 7:00 am- 11:00 pm and available for immediate on call support during the overnight shift.

7. Are there a minimum number of 23 Hour Crisis Stabilization Beds required for the Crisis Response Center?

There are no minimum requirements for the number of 23 Hour Crisis Stabilization Beds. This service may be beneficial when assessing the needs of individuals presenting to the CRC and submitted proposals could consider how this service may be best utilized.

8. Is funding available for capital expenditure and/or startup costs via the RFP?

The submitted proposals should document startup costs on the rate request form.

9. Does the RFP provide for a contract with both the Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) and Community Behavioral Health?

Yes, the RFP will provide a contract with the Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) and Community Behavioral Health.

10. Is the customary County allocation for Crisis Response Centers included in the RFP?

CBH anticipates there will be a level of county allocation. There is an approved reinvestment plan for the first year. We will review utilization overall while under the reinvestment plan; ideally viewing the split between recipients with Medicaid, Medicare, commercial insurance and/or no insurance who are accessing the new CRC.

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11. Can you provide additional details regarding the Alternative Payment Method (APM) arrangement referenced in the RFP?

Following the first year of implementation, the overall utilization will be reviewed with CBH and the provider to develop a rate and payment structure that highlights the need and quality of the service.

12. Section 2.11 Required Proposal Format requires submission of Budget and Disclosure Forms. The RFP states the forms “are available on Contracting page of CBH website posted below RFP”, however, there are no corresponding links to the documents. When will these forms be available to RFP applicants?

The budget form will be included on the website.