Addendum 2

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
Intensive Transition Care Management Services
Request for Qualifications
ITCMS RFQ06022021

The State of Connecticut Department of Social Services is issuing **Addendum 2** to the **Intensive Transition Care Management Services Request for Qualifications (ITCMS RFQ06022021).**

In the event of an inconsistency between information provided in the RFQ and information in this response, the information in Addendum 2 shall control.

Addendum 2 contains:

A. Revisions to:
   i. Section I. General Information, C. Proposal Format, 7. Style Requirements.
   ii. Section I. General Information, C. Proposal Format, 8. Pagination.

B. Questions submitted by interested parties and the official responses.

C. Addendum Acknowledgment Sheet to be signed and returned by Respondents as per RFQ Section I. General Information, B. Instructions, 8. Inquiry Procedures.

A. REVISIONS

i. Section I. General Information, C. Proposal Format, 7. Style Requirements of the RFQ has been revised to read as follows for the requirement regarding Margins:

   Margins: The binding edge margin of all pages shall be a minimum of one and one half inches (1½"); all other margins shall be one inch (1")

ii. Section I. General Information, C. Proposal Format, 8. Pagination is deleted in its entirety.

B. QUESTIONS AND RESPONSES

1. **Question:** The RFQ does not seem to include a budget or budget justification (even though these are referenced on p.5 where it says the budget and budget

justification may be in Excel format). Does this mean that no budget or budget justification needs to be included in the proposal?

Response: A budget is not applicable to this RFQ as this is a fee for service program.

2. **Question:** On p.5 it says "Only the required Forms and attachments identified in Sections IV.B.8 and IV.E respectively, may be submitted in Portable Document Format (PDF) or similar file format," and that the rest should be "compatible with Microsoft Office Word" (except for Budget/Budget Justification, which is Excel). This seems to mean that the proposal as outlined on p.17-19 will have these parts:

   a. B1-B8 (Word document)
   b. B8. Forms (PDF)
   c. C-D. Technical Proposal (Word document) (where D is apparently just a statement referencing E2)
   d. E. Attachments (PDF)

   Is that correct? Since the submission is by email, should these be formatted as 2 documents – a Word document containing B1-B8 and C-D, and a PDF containing B8 and E – or another way?

   Response: Please refer to RFQ, Section I. General Information, B. Instructions, 9. Proposal Due Date and Time and Section I. General Information, C. Proposal Format, 5. Attachments.

3. **Question:** On p.18, under "B.7 Minimum Qualifications", it says "The respondent should list each requirement from Section I.B.6 and attest their compliance or otherwise and then provide the Department appropriate supporting documentation". The requirements under Section I.B.6 include things like "Must have demonstrated expertise in providing children's behavioral health services, as evidenced by DCF license or DCF contract/certification" and "Must have a Diversity, Equity, and Inclusion plan that has measurable goals and milestones." Should the supporting documents (e.g. the license) all be converted to Word or can they be submitted as PDFs?

   Response: Supporting documentation can be submitted as PDF.

4. **Question:** On p.7 of the RFQ it says "The margin of all pages shall be a minimum of one and one half inches (1½"); all other margins shall be one inch (1")". If 1½"margins is required for ALL pages, I am unclear what "other"

margins are being referenced. Should we assume that the reference to "other" margins inapplicable to this proposal?

Response: Section I. General Information, C. Proposal Format, 7. Style Requirements, Margins has been revised. Please refer to Section A. Revisions of this Addendum 2.

5. **Question:** Can DSS/DCF provide the billing codes and reimbursement rates that contractors will use to bill Medicaid?

Response: New billing codes will be established, and providers will need to bill these new codes on a fee for service basis in order to receive reimbursement. These services will not start through Medicaid funding. The Departments are reviewing a weekly all-inclusive rate with certain face to face and supervision requirements. The weekly all-inclusive rate for this service is approximately $200.00 per member served. Providers must verify that they met the minimum service requirements per week. Documentation of weekly supervision must be maintained.

6. **Question:** Will this service be funded solely through fee for service (Medicaid) reimbursement?

Response: This service will be initially state-funded and the state is currently determining intermediate-term funding options and long-term funding options, including Medicaid.

7. **Question:** Please clarify what financial information is required for a submission.

Response: Please refer to RFQ Section IV. Proposal Outline.

8. **Question:** Is this a grant model or a fee for service model?

Response: Fee for service.

9. **Question:** What the rates and units and/or how they will be determined?

Payment/Rate Methodology:
The Departments are seeking to secure approximately twelve (12) intensive transition care managers across the state. Each team should be comprised of the following staff:

- Licensed Supervisor. Each intensive transition care manager must receive at least one (1) hour of direct supervision from an independently licensed behavioral health professional

- Licensed or Master's Level Intensive Transition Care Manager

Response: Please refer to Response to Question #5.

10. **Question:** How are catchment areas for this project defined? For program referrals, does the catchment area pertain to where the child is in treatment or in the emergency room (ER) or where he/she is discharging to?

Response: To the extent possible, the Departments will try to meet the geographic need of the population. The Departments prefer the Intensive Transition Care Manager to be from the geographic region to which the child is discharging.

11. **Question:** Will the DCF catchment areas be used for this project? Should providers use the DCF Regions when planning their respective programs?

Response: Not necessarily, but you may cite your DCF region in your proposal.

12. **Question:** How is this program differentiated from Beacon Health Options' Intensive Care Management (ICM) Program, which helps children transition from emergency departments and inpatient care settings to the community? It seems similar to ICM, so how will referrals of children transitioning from inpatient and ERs be differentiated between ICM and this initiative?

Response: The ICM provided by Beacon Health Options is a critical service to the system. This newly funded Intensive Transition Care Management service will provide more intensive face to face service, including in-home support to children who are discharging from an acute setting. We will avoid duplication by making sure that the Beacon ICM successfully transition youth from their program to this new program when clinically appropriate. The Departments anticipate using this new service for high volume geographic areas to supplement the existing ICM programs.

13. **Question:** Can DSS/DCF provide the numbers and demographics, including town of residence, for children needing the service?

Response: At this time, it is anticipated that the high-volume geographic areas will be the major urban centers in Connecticut, especially Harford and New Haven.

14. **Question:** Is DSS/DCF expecting that each region will have a team of two (2) Care Managers?

    Response: Not necessarily. Teams will be established to best meet the discharge needs of children.

15. **Question:** How is this program financed? Is there a grant portion? Or is it all Fee-for-Service?

    Response: Please refer to Response to Questions #6 and #8.

16. **Question:** Will DSS provide start-up funding to cover providers until rates can be established?

    Response: Please refer to Response to Question #5.

17. **Question:** Will DSS establish Medicaid rates for this service or will it use existing rates? If it uses existing rates, what codes will be used?

    Response: Please refer to Response to Question #5.

18. **Question:** Is there funding or a rate for the licensed supervisor?

    Response: The Departments included the cost of the weekly supervision into the service rate. There is no separate billing or reimbursement for supervision.

19. **Question:** What if the rates are inadequate to cover costs? Will DSS/DCF make up the difference?

    Response: This service is fee for service in its entirety. There is no supplemental funding or grant dollars.

20. **Question:** What is the authorization required for this program (timeframe and service units)? Is re-authorization required every two (2) weeks?

    Response: Services will initially be authorized on a two-week basis for up to eight weeks post discharge. Authorization

parameters will be monitored and potentially modified during the program.

21. **Question:** What is the associate level staff credentialing requirement (LMSW, LPCA)?

    Response: Intensive Transition Care Managers may have an associate license. The supervisor must be independently licensed.

22. **Question:** How does the program receive referrals? From where do the referrals come? What is the mechanism for receiving and tracking referrals? Is there an electronic system that will be used? If so, what is the system?

    Response: Referrals will come from hospitals (inpatient units and emergency departments), psychiatric residential treatment facilities, DCF, mobile crisis, and the behavioral health ASO. The Departments do not have an electronic referral system at this time.

23. **Question:** What is the system that will be used for data tracking? What data will be collected?

    Response: Many of the measures will be collected and monitored by the behavioral health ASO. Providers should describe in their proposal the ability to collect, track and report any of the outcome and/or performance measures within their own system.

24. **Question:** On page 5 of the RFQ, it says submission of multiple proposals is NOT an option. Can we propose serving multiple geographic areas in one proposal?

    Response: Yes.

25. **Question:** The RFQ states that submission of multiple proposals is not permitted. Can you clarify whether or not that means a "bundled" application is not permitted for a provider serving more than one DCF region?

    Response: One application must be submitted, even if the provider is proposing to serve multiple geographic regions. The geographic regions must be clearly proposed in the response.

26. **Question:** What are the Medicaid billing codes and reimbursement rates associated with this service(s)?

    Response: Please refer to Response to Question #5.

27. **Question:** Are subcontractors allowed? If so, what eligibility requirements, if any, extend to them?

    Response: Subcontractors are allowed and must meet all RFQ requirements specified for Respondents.

28. **Question:** Is the Department's expectation that these Care Managers are full time and 100% allocated towards this initiative? Or do you see this service as being added to existing caseloads?

    Response: The Departments expect the staff as fully committed to this initiative and not funded through other means. There is a possibility, based on demand or lack thereof, that two Intensive Transition Care Management staff are not required, but at least 1 FTE should be the minimum staffing proposed.

29. **Question:** Per the RFQ page 4, DSS is planning on making approximately 6 awards. Per RFQ page 15, DSS would like 12 intensive transition care managers across the state. Does this mean that applicants are limited to proposing one team of two intensive transition case managers? Or can an applicant propose to have more than two care managers and cover a wider geographic area?

    Response: The goal is to have six teams made up of two Intensive Transition Care Managers on each team. The final staffing and team configuration will be based on the need for this service. A Respondent can propose more than two care managers.

30. **Question:** Please clarify expectations around geographic regions applicants propose to serve. Does DSS have specific geographic regions in mind such as DCF regions?

    Response: High volume and high demand geographic areas include Hartford and New Haven, but there are other areas that have the need for this service. The goal of this service is to safely move children through acute services in a more efficient

manner so more children can access acute services. The Departments will prioritize high demand areas.

31. **Question:** How many referrals are expected in each geographic region in the state?

    Response: Care managers will be expected to carry a caseload of approximately 10 children at a time.

32. **Question:** How much funding is available on a statewide basis for the ITCMS program?

    Response: Please refer to Response to Question #33.

33. **Question:** Is there a funding limit for each award?

    Response: This is a fee for service program, funding and reimbursement will be based on services provided.

34. **Question:** Are there specific budget and budget justification forms that should be used for this proposal?

    Response: Please refer to Response to Question #1.

35. **Question:** Would DSS like an annualized budget or a Year 1 budget with start-up and a Year 2 budget?

    Response: Please refer to Response to Question #1.

36. **Question:** According to the Proposal Outline (RFQ page 17), the proposal sections are to be numbered exactly as in the outline. Section B is Administrative Requirements, Section C is the Technical Proposal, Section D is the Financial Proposal, and Section E is the Attachments section. Is there a Section A to be included in the proposal? (In the outline, Section A provides instructions for applicants rather than a section for responses.)

    Response: Section IV. Proposal Outline, A. Introduction is not applicable to proposal submission.

37. **Question:** Is there a page limit on the Technical Proposal (Section C)?

    Response: No.

38. **Question:** Can applicants provide all documents in one PDF to be submitted rather than sending Word, Excel, and PDF files?

    Response: No. Please refer to Section I. General Information, B. Instructions, 9. Proposal Due Date and Time.

39. **Question:** Where in the proposal should applicants include their budget and budget justification? These are not listed in either Section D Financial Profile or Section E Attachments in the outline on RFQ page 19.

    Response: Please refer to Response to Question #1.

40. **Question:** On RFQ page 18, B.7 Minimum Qualifications, the instructions indicate that respondents should list each requirement from Section I.B.6 and attest their compliance or otherwise and then provide appropriate supporting documentation. Please clarify what supporting documentation is required and where in the proposal applicants should include supporting documentation. Would this go in the Attachments?

    Response: Supporting documentation can be included as part of the response to Section B.7. Minimum Qualifications or added as an Attachment with proper reference to Section B.7. Minimum Qualifications.

41. **Question:** What is the weight for each of the evaluation criteria?

    Response: Please refer to RFQ Section I. General Requirements, D. Evaluation of Proposals, 4. Evaluation Criteria (and Weights).

42. **Question:** Please clarify how positions will be funded (via a grant, fee-for-service billing, or both). Will funding be tied to weekly billing codes submitted to MMIS? If so, what are the applicable codes and reimbursement rates for each?

    Response: Please refer to Response to Questions #5 and #6.

43. **Question:** What are the reporting process around outcome and performance measures?

    Response: Please refer to Response to Question #23.

44. **Question:** What is the process for determining the minimum requirements for face to face, home visits, telephone outreach and communication with treating providers?

    Response: The Departments will establish minimum requirements for face to face encounters. Please note, this intensive care management program is designed to assist highly vulnerable children discharge safely to the community. Daily contact will be necessary with the child and his or her family member(s) to ensure that the child is safe and connected to outpatient treatment.

45. **Question**: Please clarify how the budget is submitted. Please clarify if a budget is required and if so, please provide a link to the budget document that should be completed. There is reference to a budget and budget justification but they are not listed in the administrative or technical requirements sections.

    Response: Please refer to Response to Question #1.

46. **Question:** Do the regions also coincide with the number of local ED's and hospitals?

    Response: Not necessarily.

47. **Question:** Can we apply for multiple regions?

    Response: Yes.

48. **Question:** This question is in regard to Funding Section of page 15. Can DSS provide more specifics on what this process looks like? Is there a "specification" document that has details on data gathering, data elements, definitions, etc.?

    Response: This service will start as a state-funded service. The Departments will review outcome measures that include, but are not limited to the following:

    - **Effectiveness at connecting youth from an acute setting to the next lower of care.**
    - **Effectiveness at reducing length of stay in acute settings after meeting the maximum benefit within the acute level of care (e.g. reducing discharge delay days).**
    - **Member and family satisfaction.**
    - **Reduction in re-admission to a higher level of care.**

49. **Question:** Please confirm margin spacing and line spacing.

Response: The revised requirements for margins are provided in Section A. Revisions issued through this Addendum 2. For all other requirements, please refer to Section I. General Information, C. Proposal Format, 7. Style Requirements.

50. **Question:** Is there a page limit?

Response: Please refer to Response to Question #37.

51. **Question:** The instructions state that all pages shall have a minimum of one and half inch margins, and all other margins should be one inch. Can you please clarify what documents would qualify for the "other margins", or if the correct margin is 1 or 1.5 inches?

Response: Please refer to Response to Question #4.

52. **Question:** Item 6 and 8 on section D are different in terms of pagination. Should the appendices be paginated with the remaining application?

Response: Appendices should be paginated. Section I. General Information, C. Proposal Format, 8. Pagination is deleted in its entirety. Please refer to Section A. Revisions of this Addendum 2.

53. **Question:** Page 5 lists that "*The electronic copies of the proposal should be compatible with Microsoft Office Word except for the Budget and Budget Justification, which may be compatible with Microsoft Excel.*"

What form should the budget be submitted on? Should this be included in Section E as a separate attachment?

Response: Please refer to Response to Question #1.

54. **Question:** For the payment/Rate methodology, we should include funding for the Licensed Supervisor and Licensed/Master's Level Intensive Transition Care Mangers (multiple FTE positions). Can we also include funds for local travel and other needed expenses for these individuals (laptop/ipad, etc.)?

Response: Please refer to Response to Question #1.

55. **Question:** What kind of data collection and reporting system is anticipated and will it be an electronic transfer of data or manual submission?

Response: Data collection will primarily be derived from claims, but responses should include any capabilities that the organizations have to collect and report data.

56. **Question:** Will we be able to utilize telehealth options when indicated?

Response: Yes, but please note, this service is intended for vulnerable children and families so telehealth may not be the most appropriate mode of service.

57. **Question:** Who is the behavioral health administrative services organization?

Response: Beacon Health Options.

58. **Question:** What are the billing codes?

Response: Please refer to Response to Question #5.

59. **Question:** What is the rate of reimbursement?

Response: Please refer to Response to Question #5

60. **Question:** How do claims get submitted?

Response: Through the DSS Medicaid Management Information System (MMIS).

61. **Question:** There is no page limit listed for submissions - can you please confirm there is not limit?

Response: Please refer to Response to Question #37.

62. **Question:** The Table of Contents outline on p. 17 does not include the Technical Proposal, where should it be included?

Response: Please refer to Section IV. Proposal Outline.

63. **Question**: The description of payment rate/methodology seems very similar to expectations of Mobile Crisis response and follow up. The reimbursement rates for Medicaid ECC providers range from $175-$255 for initial evaluation and then from $85-125 for follow ups per hour. Do you expect reimbursement would be along similar lines?

Response: Please refer to Response to Question #5.

64. **Question:** Given that Mobile Crisis is in the position to respond similarly to these types of families, is there a way to streamline accessing Mobile Crisis providers to respond without having to go through the 211 process?

Response: The Department will take this into consideration. Mobile Crisis clinicians paid for by the DCF contract should not be used for this service.

65. **Question:** How is this program funded? Please clarify the method and expectation around reimbursement?

Response: Please refer to Response to Questions #5 and #6.

66. **Question:** If this program is being funded through rate per service, can DSS provide the rates by service type?

Response: Please refer to Response to Question #5.

67. **Question:** How will referrals be identified and made?

Response: Please refer to Response to Question #22.

68. **Question:** Will this program include 18-year olds who are still in school?

Response: Yes.

69. **Question:** Please clarify the role of the intensive care manager. Is it solely care management or will there be a clinical component?

Response: Please refer to RFQ Section III. Scope of Services.

70. **Question:** Will DSS and DCF be establishing parameters with acute care facilities regarding referral process and coordination.

Response: Yes, as part of the implementation of this new service, the Departments will support relationship building and referral pathways with the acute care providers.

71. **Question:** What will be the established criteria for referrals?

Response: Please refer to Response to Question #22.

72. **Question:** Can services be initiated post-discharge if a referral is already discharged from an acute care facility?

    Response: Yes, if the goal is to support the youth in the community.

73. **Question:** Will the ITCMS program serve kids who are in acute care out of state?

    Response: The Departments will consider this.

74. **Question:** Is there a salary base or levels you would like us to adhere to for the positions requested?

    Response: There is a weekly reimbursement rate of approximately $200 per member with a caseload size of approximately ten (10) members per staff.

75. **Question:** Will there be an opportunity to receive clarifications or have questions answered after today? (June 9).

    Response: No.

76. **Question:** What are the specific benchmarks for successful discharge from an acute care facility?

    Response: Please refer to Section III. Scope of Services, sub-section Outcome and Performance Measures of the RFQ.

77. **Question:** Will the agency be penalized for acute care client discharges, when no appropriate clinical level of care is available for a particularly chronically or seriously acute client?

    Response: No. The goal of this service is to allow a safe and timely discharge to occur.

78. **Question:** Will the ASO leverage agencies into accepting referrals when there are wait lists or when clients fall outside of contracted populations?

    Response: Yes, this service is intended to supplement the current service system that supports children and youth in the community. If there are waiting lists, the ASO may be able to support through the ASO ICM services. The ASO will be a strong partner in assisting the Departments and the providers.

79. **Question:** Will the ASO and Funder track regional gaps in the service array available and make available additional resources for clients falling into those gaps?

    Response: The tracking will be done; the Departments may not be able to expand resources at this time.

80. **Question:** Will the funder use tracking data identifying service gaps to allocate additional treatment slots to "in demand" & effective providers of extended day or IOP services, when needed?

    Response: Please refer to Response to Question #79.

C. Addendum 2 Acknowledgment

State of Connecticut
Department of Social Services
Intensive Transition Care Management Services
Request for Qualifications
ITCMS RFQ06022021

Addendum 2 issue date: June 17, 2021

This Addendum Acknowledgment must be signed and returned with your proposal submission.

_____
Authorized Official Signature

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Name of Authorized Official

_____
Name of Organization