

ADDENDUM 2

CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS

Request for Applications CCBHC_RFA

The Department of Social Services (DSS), Department of Mental Health and Addiction Services (DMHAS) and Department of Children and Families (DCF) are issuing **Addendum 2** to the **CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS Request for Applications**.

Addendum 2 contains clarifying questions submitted by interested parties and the official responses. All responses shall amend or clarify the requirements of the RFA.

In the event of an inconsistency between information provided in the RFA and information in these responses, the information in these responses shall control.

1. **Clarifying Question**: Can you provide clarification on an answer supplied in the addendum? We are still unclear as to the compensation for FOHCs. The question and answer follow:

Question: How will approved Federally Qualified Health Centers be compensated under this project? Will there be any enhancement to the current FOHC rate?

Response: Per the SAMHSA RFA, "A clinic that participates in the Medicaid program as both a FOHC and CCBHC should receive the CCBHC PPS rate whenever it provides any of the services covered by this demonstration, even if there is an overlap with services included in the clinic's FOHC PPS rate. The state should continue to pay the health center its established FOHC PPS rate and does not need to modify the payment amount."

Clarifying Response: Any CCBHC including FOHC's will work with the state agencies and/or their designee to establish a prospective rate to include all behavioral health services covered under the demonstration. This rate, as stated above, will be received whenever the FOHC provides any of those services even if there is overlap with their current FOHC PPS rate.

2. **Clarifying Question**: Addendum 1 question #17 indicates that "any and all addresses where business is conducted for the agency" are to be submitted. Is this information included in the two page limit for application section *I. Organizational Requirements, 1. Agency Description* or may it be submitted above and beyond the two page limit? For applicants with multiple locations, including this information within the two page limit will significantly reduce the opportunity to describe the applicant's service array in totality, creating an advantage for applicants with few sites.

Clarifying Response: No, this information is not included in the two (2) page limitation. Please submit as an attachment to I. Organizational Requirements 1. Agency description.

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3. **Clarifying Question:** May applicants include the list of agency addresses as an attachment rather than in in section *I. Organizational Requirements, 1. Agency Description, (d) Listing of site locations?*

Clarifying Response: Yes, an attachment of agency addresses is acceptable. Please submit with reference as an attachment.

4. **Clarifying Question:** In the revised application format for CCBHC RFA, when you hit enter to start a new paragraph, it automatically lists the next letter (e.g., for item number 1a., paragraphs are listed b, c, d, e, then the actual item 1b comes after that). Is there any way to change that?

Clarifying Response: The Department has tested the revised application format and it has been determined to be without any automatic listings.

5. *Below is the original question and response as well as our subsequent question for clarification. Thank you.*

Question #4: If an applicant is proposing to deliver any required services through a Designated Collaborating Organization (DCO), what information regarding the DCO must be provided/submitted with the application?

RESPONSE: If provision of services through a DCO is part of the applicant's proposed plans, that should be articulated in the narrative response in Application Section II, Program Requirements. No additional information is needed.

Clarifying Question: Do we need to identify/name the specific DCO? In other words, what if we have not received a formal or even verbal commitment from the potential DCO, but do have several options or we have approached some, but may not have received the commitment from them yet?

Clarifying Response: It is not a requirement to identify the specific DCO.

6. **Clarifying Question:** Is the application due by 2:00 Thursday, September 24, 2015?

Clarifying Response: Yes, per the RFA: Section III. **INSTRUCTIONS.**

A. OFFICIAL CONTACT, SCHEDULE AND DELIVERY REQUIREMENTS

6. **CCHBC_RFA due Date and Time.** The Official Contact is the **only authorized recipient** of applications received in response to this RFA. **Applications must be received by the Official Contact via e-mail.**

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Due Date. This is an electronic Application Submission. Applicants shall put in the subject line, **CCHBC_RFA_083115**.

Applications will be accepted by the Official Contact, marcia.mcdonough@ct.gov.
The last date for submission of Applications is **September 24, 2015@2:00 PM**.

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CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS
Request for Applications
CCBHC_RFA

Date Issued: September 18, 2015

Approved: _____
Marcia McDonough

State of Connecticut Department of Social Services
(Original signature on document in procurement file)

This Addendum must be signed and returned with your submission.	
_____	_____
Authorized Signer	Name of Company

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CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS

Request for Applications CCBHC_RFA

The Department of Social Services (DSS), Department of Mental Health and Addiction Services (DMHAS) and Department of Children and Families (DCF) are issuing **Addendum 1** to the **CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS Request for Applications**.

Addendum 1 contains **A. Amendments** to the **CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS Request for Applications**. Addendum 1 also contains **B. Questions and Official Responses**; questions submitted by interested parties and the official responses. All responses shall amend or clarify the requirements of the RFA.

In the event of an inconsistency between information provided in the RFA and information in these responses, the information in these responses shall control.

In the event that a response does not sufficiently clarify a question submitted, please forward that question and response to marcia.mcdonough@ct.gov by **Thursday, September 17, 2:00 PM**.

A. Amendments

1st Amendment:

- 3. Application Schedule.** See below. The Department may amend the schedule, as needed. Any change will be made by means of an amendment to this RFA and will be posted *on the DSS, DHMAS, DCF and the State Contracting Portal*.

Milestones	Dates
RFA Released	Monday, August 31, 2015
Questions	Thursday, September 10, 2015
Responses to Questions	Monday September 14, 2015
Mandatory Letter of Intent	Tuesday <u>Wednesday</u> September 16, 2015
Application Due Date	Thursday September 24, 2015
Successful Applicant(s) Announced	Monday October 5, 2015

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2nd Amendment:

Eligibility of the Applicant. Any agency that is enrolled in the Connecticut Medical Assistance Program (CMAP) network as a freestanding mental health/substance abuse clinic (50/50), as a Federally Qualified Health Center (FQHC), or as a state operated mental health clinic (50/60) with at least one (1) physical location in operation prior to April 1, 2014 may apply through this RFA for certification as a CCBHC. There are no limits on the number of agencies that are permitted to apply. The Departments intend to select up to 12 agencies. Any agency that applies must be in good standing with the Departments. This includes unresolved auditing or quality assurance concerns. If an applicant owes any outstanding receivables to the Departments, the applicant may be excluded by the Departments from this process. Agencies must also meet the following requirements (to be provided in the Attachments section): current licensure through Department of Public Health (DPH) or DCF to provide outpatient behavioral health services; current accreditation through The Joint Commission (TJC) or Commission on the Accreditation of Rehabilitation Facilities (CARF); **Person-Centered Medical Home (PCMH) by NCQA; or Council on Accreditation (COA)**-AND use of an a-certified Electronic Health Record (EHR).

3rd Amendment: Revised **CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS Request for Applications (CCBHC_RFA)**; embedded as a hyperlink, inclusive of revised eligibility requirement and revised application format.

B. Questions and Official Responses

1. **Question:** Are CCBHC applicants required to have Joint Commission and/or CARF accreditation as of the due date of the application? Would an applicant without such accreditation not even be considered for CCBHC certification?

Response: A CCBHC must hold accreditation by one of the following: CARF, Joint Commission, Person-Centered Medical Home (PCMH) by NCQA; or Council on Accreditation (COA).

2. **Question:** We have an outpatient behavioral health clinic that spans several different sites and provides treatment for children and adults. In looking at the self-assessment we see that one requirement is that the "governing board by 51% consumers or families/relatives of consumers". We meet all the other requirements

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and wanted to know if we show a plan in working towards this requirement could we still be considered for this or do we need to show it in place already?

Response: We anticipate that the Planning Grant year and Learning Community activities will be spent developing detailed program criteria and preparing the selected agencies to meet CCBHC Program Criteria. The application section Part II, Program Requirements, allows respondents to articulate proposed changes to meet the CCBHC requirements.

3. **Question:** Page 8 refers to four forms which must be filled out (A-D). I found all but the "Declaration of Confidential Information" form and "Addendum Acknowledgement" form. The instructions on Page 9, Section III Instructions, #2 say that "RFA, addenda to the RFA, and other information as associated with this procurement are available in electronic formatat the following locations...." I checked the links to several sites given; however, I was only able to find the RFP on those sites. I know I'm missing something, so I apologize. Please let me know where to locate these two forms.

Response: Please refer to III. INSTRUCTIONS A.OFFICIAL CONTACT, SCHEDULE AND DELIVERY REQUIREMENTS 8. Claim of Exemption from Disclosure **in its entirety.**

Submitted as Form A, The Declaration of Confidential Information is your response to 8. Claim of Exemption from Disclosure. "If a Respondent believes that certain information or documents or portions of documents required by this request, procurement, or contract are exempt from disclosure under the FOIA, the Respondent must mark such information or documents or portions of documents as EXEMPT. The Respondent must indicate the documents or pages where the information labeled EXEMPT is located in the proposal. For information or documents so referenced, the Respondent must provide a detailed explanation of the basis for the claim of exemption."

Submitted as Form C, The Addendum Acknowledgement is required when an Addendum is posted to the RFA, requiring your signature as an acknowledgement of receipt. An example of an Addendum Acknowledgement that will be required in this RFA is the signature page of the Addendum that will provide the responses to the questions submitted by interested applicants.

4. **Question:** If an applicant is proposing to deliver any required services through a Designated Collaborating Organization (DCO), what information regarding the DCO must be provided/submitted with the application?

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Response: If provision of services through a DCO is part of the applicant's proposed plans, that should be articulated in the narrative response in Application Section II, Program Requirements. No additional information is needed.

5. **Question:** We are in the beginning process of completing the Readiness Tool and looking into applying for the CCBHC... First and foremost we are trying to determine if indeed we are "eligible" to apply. According to the procurement notice in order to be eligible "any agency that is enrolled in the CT Medical Assistance program (CMAP) network as a freestanding MH/SA abuse clinic (50/50), as a FQHC (which we are not) OR as a state operated MH clinic (50/60) with at least one location physical location in operation prior to April 1, 2014 may apply..."

How do we determine if we are enrolled in CMAP? Both myself and Clinical Director are new at ____ and the CEO was not sure.

Response:

<https://www.ctdssmap.com/CTPortal/Home/tabId/36/Default.aspx>

6. **Question:** Is there a preference, recommendation or requirement for how CCBHC applicants will be expected to meet CCRT program requirement 6.b.1 (page 20) regarding board composition, percentage of consumer directors and other methods for meaningful consumer input to the Board? If yes, please provide specific preferences, recommendations or requirements.

Response: We anticipate that the Planning Grant year and Learning Community activities will be spent developing detailed program criteria (including those specific to Connecticut) and preparing the selected agencies to meet CCBHC Program Criteria. The application section Part II, Program Requirements, allows respondents to articulate proposed changes to meet the CCBHC requirements.

7. **Question:** Recognizing the shortage in licensed professionals in some disciplines within Connecticut, what are the recommendations for staffing for CCBHCs?

Response: See Response #6.

8. **Question:** Will the strategies for addressing professional shortages identified in the "Note" to CCRT program requirement 1.b.2 (page 4) , including use of contract or part-time staff, shared providers across sites, telehealth/telemedicine and providers working toward licensure, be accepted for selected CCBHCs in the CT program? Will CT permit other strategies for addressing these professional shortages?

Response: See Response #6.

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9. **Question:** Will selected organizations be certified or will certification be by clinic location?

Response: CCBHC certification will span an entire organization including any sites that provide behavioral health services under the CCBHC program.

10. **Question:** Will 12 CCBHC location-specific sites be selected or will 12 CCBHC provider organizations be selected?

Response: Twelve (12) provider organizations will be selected.

11. **Question:** If an organization with multiple sites is certified, are all sites certified or will certain sites be selected?

Response: See response #10.

12. **Question:** May an applicant present only those sites it would like to include in the CCBHC process in the application, or should the application include data for all licensed clinic sites?

Response: See response #9 and #10.

13. **Question:** Is the goal in selection of CCBHCs to provide statewide coverage? For both children and adults in every community?

Response: States must certify at least 2 CCBHC's during the planning grant year that represent both rural and urban areas. We anticipate certifying up to 6 but do not anticipate statewide coverage during the demonstration.

14. **Question:** Will providers with overlapping service areas be selected as CCBHCs?

Response: Providers with overlapping service areas may be selected.

15. **Question:** What role will the service volume and mix of a site or organization play in selection? Is there a preference for the site size and scope?

Response: There is no preference.

16. **Question:** Will the existing contracted providers of categorically funded services required, such as crisis, transitional case management, psychiatric rehabilitation or peer services, be required to negotiate memoranda of agreement for service coordination with selected CCBHCs?

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Response: Some CCBHC services can be provided by a Designated Collaborating Organization (DCO). Agencies serving as DCOs, per the SAMHSA RFA are, “entities that are not under the direct supervision of the CCBHC but...engaged in a formal relationship with the CCBHC and deliver services under the same requirements as the CCBHC.”

17. **Question:** In Section I. Organizational Requirements, 1. Agency Description – please define the specific types of services to be included and the specific types of site locations.

Response: Please provide a brief agency description that encompasses the applicant’s service array in totality. Please also provide any and all addresses where business is conducted for the agency.

18. **Question:** In Section I. Organizational Requirements, 2. Clients Served, should data be provided for all agency services or for specific services only? Should aggregate data be presented for all agency sites or should data be presented by specific locations or services?

Response: Please provide aggregate data across all sites, for all services.

19. **Question:** For Attachment 1 – please specify which licenses must be included.

Response: License for Department of Children and Families as an outpatient Psychiatric Clinic for Children. License(s) for Department of Public Health as an Outpatient Mental Health/Substance Abuse provider.

20. **Question:** For Attachment 3 – please specify what will be accepted as “proof” of certified EHR technology.

Response: Please provide an attestation from your EHR vendor that you have purchased an EHR product and denote whether the product is certified or not certified.

21. **Question:** Are narrative portions of the application to be single-spaced?

Response: Yes.

22. **Question:** The RFA states that the electronic submission must be compatible with Microsoft Office Word (page 11). Does this apply to the application form only? May attachments and forms be submitted in pdf format?

Response: Yes to both questions.

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23. Question: Is there a preference for the number of files submitted (i.e. one (1) Word file and one (1) pdf file)?

Response: There is no preference.

24. Question: If an agency has multiple CMAP provider numbers – which should be included in the LOI and application? Should all CMAP provider numbers be included?

Response: All CMAP provider numbers should be included. The application has been revised to accommodate this requirement.

25. Question: Is Joint Commission accreditation a mandatory requirement, or will another form of accreditation, such as NCOA Patient Centered Medical Home Level 3 (highest level) be accepted.

Response: See Response #1.

26. Question: How will approved Federally Qualified Health Centers be compensated under this project? Will there be any enhancement to the current FQHC rate?

Response: Per the SAMHSA RFA, "A clinic that participates in the Medicaid program as both a FQHC and CCBHC should receive the CCBHC PPS rate whenever it provides any of the services covered by this demonstration, even if there is an overlap with services included in the clinic's FQHC PPS rate. The state should continue to pay the health center its established FQHC PPS rate and does not need to modify the payment amount."

27. Question: Does an agency need a certified electronic health record currently in use or is being in the selection process acceptable?

Response: An agency must have purchased an electronic health record to be eligible to apply. The EHR does not need to be certified.

28. Question: The RFA states the electronic submission must be compatible with Microsoft Office Word. Will the State be issuing a new application form that allows us the ability to type into the signature field on the bottom of Page 1 and the Certification at the end of the application? Or is the expectation that these signed portions will be submitted separately as PDFs?

Response: Please refer to the revised Application CCBHC, embedded in the CCBHC RFA, also embedded in this Addendum 1.

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29. Question: Why is accreditation by the Council on Accreditation (COA) not an acceptable eligibility requirement of the CT RFA for CCBHCs?

Response: See Response #1.

30. Question: How will the state agencies participating in the review of applications and selection of providers ensure a fair and equitable selection process while reviewing applications from state-operated entities from within their own systems that are competing with private nonprofit providers?

Response: Per the RFA:

1. Evaluation Process. It is the intent of the Department to conduct a comprehensive, fair, and impartial evaluation of submissions received in response to this RFA. When evaluating submissions, negotiating with the successful Respondent(s), and offering the right to negotiate a contract, the Department will conform to its written procedures for POS procurements (pursuant to C.G.S. § 4-217) and the State's Code of Ethics (pursuant to C.G.S. §§ 1-84 and 1-85).

2. Evaluation Team. The Department will designate an Evaluation Team to evaluate the applications submitted in response to this RFA. The contents of all submissions, including any confidential information, will be shared with the Evaluation Team. Only submissions found to be responsive (that is, complying with all instructions and requirements described herein) will be reviewed, rated, and scored. Submissions that fail to comply with all instructions will be rejected without further consideration. Attempts by any Respondent (or representative of any Respondent) to contact or influence any member of the Evaluation Team may result in disqualification of the Respondent.

The applications will be reviewed individually by representatives from DSS, DMHAS and DCF as well as individuals in recovery/family members to determine whether or not the applications meet the requirements as outlined in the RFA.

Furthermore; the evaluation team will be blinded to the identities of the applicants.

31. Question: The RFA is unclear as to what location one is applying for. It is all your current outpatient locations and all your current outpatient programs (licensed by DCF and/or DPH for behavioral health)?

Response: See Response #10.

32. Question: The application asks for agency wide numbers on clients served who are on Medicaid (or who are uninsured), not site specific numbers. This seems confusing. Would a provider who has a tiny office with one license that currently serves only a specific grant/contract/population (ex. *A provider has an office that*

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supports FBR services to less than 100 clients; or a provider has an office that has a license but only serves a small number of Medicaid or uninsured clients) be eligible to have that small office be part of the CCBHC (even though it currently has virtually none of the required services in place that are delivered through this small office)?

Response: See Response #10.

32.1 Question: That is, shouldn't the provider have to currently have a substantial volume of outpatient clients on Medicaid or uninsured in EACH and every site it proposes to become a CCBHC?

Response: See Response #10.

32.2 Question: Or, can providers use their small, 'courtesy' offices to expand into new communities via this CCBHC initiative?

Response: See Response #10.

32.3 Question: On page 6 of the application it makes reference to "*all qualifying (there is no noted definition of what 'qualifying' means) sites of the certified clinic established prior to April 1, 2014*". Further, if the aforementioned small 'courtesy' or boutique offices can be used to become CCBHC's (that is, the provider has not served a substantial population in a given community and/or currently has very little of the full continuum of services listed as requirements to be a CCBHC provided in that specific 'courtesy' office), how will this be regulated and in what way will that provider have to prove it can both develop the full continuum of CCBHC services for that site while not duplicating what already exists in a community?

Response: See Response #10.

32.4 Question: Will a Certificate of Need be required in this circumstance?

Response: No.

33. Question: If a provider is selected under this RFA how is there geographic service area for the CCBHC determined (or regulated)? Does the provider get to self determine or will the state set fixed service areas?

Response: The state may decide to determine specific geographic areas during the planning grant year. Be advised, per the SAMHSA RFA, "The CCBHC ensures that no

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individual is denied behavioral health care services...because of place of residence or homelessness or lack of a permanent address.”

34. **Question:** Will being selected under this RFA make a provider eligible to open new offices/sites (presumably in communities the State determines it wants to have a CCBHC, but where no current sites were proposed or deemed eligible)?

Response: Per the Protecting Access to Medicare Act of 2014, CCBHC sites must have been established on or before April 1, 2014.

35. **Question:** Does a Designated Collaborating Organization (DCO) need to meet all the same eligibility criteria as the CCBHC applicant including DPH and/or DCF license, JCAHO/CARF accreditation and certified EHR?

Response: We anticipate that DCO's to a CCBHC may need to meet some, but perhaps not all of the eligibility criteria depending on the scope of services rendered as part of their DCO arrangement.

36. **Question:** We noticed that some sections of the application form automatically bold the type, which creates space issues, and that some sections indent lines automatically, also creating space issues. In light of this, will any clarifications be made regarding the font, spacing, and formatting? If so, will the application be redistributed?

Response: Please refer to the revised application, embedded in the revised RFA.

37. **Question:** Is an FQHC allowed to submit an application in response to this RFA?

Response: Yes.

38. **Question:** How would FQHC rates change with the Certified Clinic Prospective Payment System?

Response: See Response #27.

39. **Question:** Does an applicant have to submit an application for all its clinics or can an applicant select which clinics they want to include in their application?

Response: See Response #10.

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40. Question: During the 2nd phase (demonstration), how many implementing organizations is a state required to include if they receive a federal demonstration grant? Will federal funds pay for up to 6 implementing organizations?

Response: States must certify at least 2 CCBHC's during the planning grant year that represent both rural and urban areas; the total number is at the discretion of the state beyond the requirement to certify 2. **There are no federal grant dollars attached to the demonstration.**

41. Question: In responding to the RFA, is the applicant responsible for addressing the criteria in Appendix A? Or does the applicant need to address the expanded criteria that are outlined under the SAMHSA RFA referenced at <http://www.samhsa.gov/sites/default/files/grants/pdf/sm-16-001.pdf>, which are much more expansive?

Response: Please use the expanded criteria to formulate your responses.

42. Question: Our human services agency, which is licensed by DCF and DPH, is accredited by the Council On Accreditation. Will this accreditation be accepted?

Response: See Response #1.

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**Request for Applications
CCBHC_RFA**

Date Issued: September 14, 2015

Approved: _____
Marcia McDonough

State of Connecticut Department of Social Services
(Original signature on document in procurement file)

This Addendum must be signed and returned with your submission.	
_____	_____
Authorized Signer	Name of Company