Addendum 1

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
Certified Community Behavioral Health Clinics (CCBHC)
REQUEST FOR APPLICATIONS
CCBHC RFA 05092025

The State of Connecticut Department of Social Services is issuing **Addendum 1** to the CCBHC RFA 05092025.

Addendum 1 contains:

A. Revisions
B. Questions submitted by interested parties and the official responses. These Responses shall amend or clarify the requirements of the RFA as per Section I.C.9. Inquiry Procedures.
C. Transcript of CCBHC RFA Virtual Conference held May 13, 2025, 11:00 AM EST.
D. Addendum Acknowledgment Sheet to be signed and returned by Respondents as per RFA Section I.C.9. Inquiry Procedures.

In the event of an inconsistency between information provided in the RFA and information in this response, the information in Addendum 1 shall control.

A. REVISIONS

The following sections of the RFA have been revised as follows:

1. **Section I. General Information, Subsection C.4. Contract Awards, is hereby amended as follows:**

   4. Contract awards. The award of any contract pursuant to this RFA is dependent upon the availability of funding to the Departments. The Departments anticipate the following:

   a. **Number of Contracts** Based on the number of qualified applicants and funding available with a maximum of three sites with one (1) year contract period each.

   Anticipated Contract term: The term of the contract shall be for 1 year and is anticipated to begin on 07/15/2025 to 07/14/2026.

   If DSS receives a SAMHSA CCBHC Demonstration Project Award, clinics that have achieved CCBHC Clinic Certification will be eligible and expected to participate in the four-year Demonstration, the contract is expected to end on 7/14/2030.

2. **Section I. General Information, Subsection C.5 Eligibility, is hereby amended as follows:**
   5. Eligibility:

   a. Must be a Private, Not-for-profit organization with clinics located in Connecticut
   b. Enrolled in the Connecticut Medical Assistance Program (“CMAP”) network as a freestanding mental health/substance abuse clinic (50/50) or a Federally Qualified Health Center (“FQHC”), with at least one (1) physical location in operation before April 1, 2014.

c. Must be in good standing with the Departments (DSS, DCF, DMHAS, & DPH) with no unresolved or outstanding financial auditing or quality assurance concerns.

3. **Section I. General Information, Subsection D.6. Style Requirements, is hereby amended to read as follows:**

6. **Style Requirements. THIS IS AN ELECTRONIC SUBMISSION.** Submitted applications **must** conform to the following specifications:

Paper Size:	Generally, 8½" x 10" in "portrait" orientation. Optionally key graphics, diagrams and flow charts can use 10" x 10" in "landscape" orientation.
Page Limit:	Based on Section IV. Subsection I. Main Application Submission Requirements To Submit A Responsive Application Submission = 22 pages
Print Style:	1 sided.
Font Size:	Minimum of 11-point.
Font Type:	Arial or Tahoma.
Margins:	The binding of all edge margin (top, bottom, right, and left) of all pages shall be a minimum of one inch (1").
Line Spacing:	Single-spaced

4. **Section I. General Information, Subsection C.7, Procurement Schedule Table, is hereby amended as follows:**

7. **Procurement Schedule.** Dates after the due date for submissions ("Submission Due") are target dates only (*). The Department may amend the schedule, as needed. Any change shall be made by means of an addendum to this RFA and shall be posted on the State Contracting Portal and the Department's RFA Web Page.

Milestones	Ending Dates
RFA Released	05/09/2025
RFA Conference	05/13/2025; 11:00 AM EST
Deadline for Questions **Due 4:00 PM EST**	05/16/2025
(*)Responses to Questions	05/22/2025
Applications Due by **4:00 PM EST**	06/19/2025
(*) Start of Contract (Implementation)	07/15/2025

B. QUESTIONS AND RESPONSES

1. **Question:** How many agencies will be selected for this RFA? (Question raised via Virtual RFA Conference)

   Response: 3 agencies will be selected. Please refer to Section A. Revisions, Subsection 1 of Addendum 1.

2. **Question:** If 3 clinics are selected for this process, will 3 different agencies be selected or can an agency have multiple sites? (Question raised via Virtual RFA Conference)

   Response: Refer to the Eligibility Requirements Section I.C.5, Item a. as amended through Section A. Revisions, Subsection 2 of Addendum 1. An agency that operates multiple eligible sites should identify a primary site and all other eligible sites where they plan to provide services under the CCBHC.

3. **Question:** Is there potential to extend the submission deadline? (Question raised via Virtual RFA Conference)

   Response: See Section A, Revisions, Subsection 4 of Addendum 1.

4. **Question:** Can charts include 10-point font?

   Response: Yes. See Section A, Revisions, Subsection 3 of Addendum 1.

5. **Question:** The application requests submission of audited financial statements. If an applicant's financial statements are posted, as required, on the CT OPM website (https://ears.opm.ct.gov/Public/Report.aspx), do they also need to be submitted with the application?

   Response: Yes.

6. **Question:** Should the Audited Financial Statements be included at the end, after the Main Application questions, or in the Attachments?

   Response: Refer to Section I: General Information, Subsection 10: Submission Due-Date and Time of this RFA for submission requirements. Audited financial statements must be submitted as a separate Portable Document Format (PDF) document.

7. **Question:** Please confirm the application is to be submitted in PDF format. On page 7, it states the electronic copy must be compatible with Microsoft Office Word and Sections IV.H and IV.I.2 are to be submitted in PDF. The sections mentioned are the entire proposal.

   Response: Refer to Section I: General Information, Subsection 10: Submission Due-Date and Time of this RFA for submission requirements. The electronic copy of the application must be compatible with Microsoft Office Word. Additionally, the documents specified in Section IV.H and Sections IV.I.2. are required to be submitted as a PDF.

8. **Question: Section I.D.6:** Page 9 of the application states that the application has a 22-page limit. Does this limit include the items listed in Section IV Outline (Cover sheet, Table of contents, Claims of Exemption from Disclosure, Conflict of Interest statement, Executive Summary, Terms and conditions declaration, and Technical Application Narrative? Or does the 22-page limit apply just to the Technical Application Narrative?

   Response: Refer to Section I. General Information, Subsection 6.D. Style Requirements as amended by Section A. Revisions, Subsection 3 of Addendum 1.

9. **Question:** Please clarify the discrepancy between "2024" on page 5 Section I.C.5 item b, Eligibility Requirements regarding the number of years each location has been in operation, and "2014" on page 24, Technical Application Section IV.1. item a. What is the correct date?

   Response: . The correct date is 4/1/2014 and it is a SAMHSA requirement. Please see the actual language in the CCBHC NOFO below:

   If selected, the state must agree to pay for services at the rate established under the PPS system during the CCBHC Demonstration program, agree no payments will be made for inpatient care, residential treatment, room and board expenses, or any other non-ambulatory services, or to satellite facilities of CCBHCs if such facilities were established after April 1, 2014. See requirements outlined in Section IV.I.2.

10. **Question:** Is there a specific reasons satellite sites must have been established prior to April 1, 2014 as one of the requirements?

    Response: See response to Question #9.

11. **Question:** Under the main application submission requirements there is a statement under Section IV,1. item a (Service Site) that reads "In order to be eligible to receive payments under the CCBHC Demonstration Program, satellite sites must have been established before April 1, 2014". What if there are sites that were established after that date to provide greater access in communities served by an organization? Are these sites not eligible for certification?

    Response: See response to Question #9.

12. **Question:** Will any questions be answered before May 22?

    Response: Refer to Section I. General Information, Subsection 7: Procurement Schedule of this RFA as amended by Section A. Revisions. Subsection 4 of Addendum 1 for milestone schedule.

13. **Question:** If an agency has multiple sites, should the organization apply as an agency or as an individual site?

    Response: An agency that operates multiple eligible sites (see eligibility criteria below) should identify a primary site and all other eligible sites where they plan to provide services under the CCBHC. The link to the SAMHSA document - Definitions of Satellite and Other Facilities Under the Section 223 Demonstration Program for Certified Community Behavioral Health Clinics (CCBHCs) (https://www.samhsa.gov/sites/default/files/section-223-satellite-facility.pdf) identifies the following criteria; established after April 1, 2014, established by the behavioral health agency that is certified by the State as a CCBHC, operated under the governance and financial control of that CCBHC, and provides all CCBHC required services.

14. **Question:** Does each CCBHC require its own separate application? Can providers include 2 CCBHC main sites in the application or are they limited to just one CCBHC main site?

    Response: No. Please refer to Section I. General Information, Subsection 11. Multiple Applications.

15. **Question**: Section I. 1. b. Does this mean you want a roster of all positions at the site? Or does it mean the positions that would primarily be associated with the CCBHC program?

    Response: The roster should include all positions at all sites that will be delivering CCBHC services including administrative, quality, IT, personal services, and other administrative /support staff.

16. **Question**: Section I.1.b: Can the detailed staff roster in question 1-B be included as an Attachment?

    Response: Yes.

17. **Question:** Can site addresses be provided as an attachment to the application?

    Response: Yes. Please provide this information in response to the requirements submission of Section IV.I.1.a- Exhibit A.

18. **Question:** Do applicants need to provide agreements or attestations for the development of agreements with the state crisis line (211/988)?

    Response: Applicants should provide agreements with the regional entities that serve their service area, not with the central call center – 211/988.

19. **Question:** Please provide a list of quality measures CCBHCs would need to report on and any anticipated reporting frequencies.

    Response: Required quality measures are listed in the CCBHC Certification Criteria as Appendix B (Certified Community Behavioral Health Clinic (CCBHC) Certification Criteria Updated March 2023). In addition, the State or the Steering Committee may select additional quality measures during the 1 - year planning grant. The clinics will be primarily responsible for clinic-collected measures, and the State is responsible for state-collected measures.

20. **Question:** My other question is the quality measures you mentioned and some kind of consistency and kind of the quality measures, but I did not see you have an idea when you say quality measures, what will they be? (Question raised via Virtual RFA Conference)

    Response: See response to Question #19.

21. **Question:** What are the deliverables for participating agencies and will resources be shared to help us meet expectations?

    Response: There are multiple deliverables and others may be added. Extensive TA and support will be provided by the State, SAMHSA, The National Council for Mental Wellbeing, and state contractors to selected clinics, to help them meet deliverables and other program requirements.

22. **Question:** What are the specific deliverables and expectations for the planning grant?

    Response: The deliverables are to bring the selected clinic into compliance with all requirements of the CCBHC Program as described under the CCBHC Certification Requirements (Certified Community Behavioral Health Clinic (CCBHC) Certification Criteria Updated March 2023) and to participate in technical assistance. One anticipated cost will be establishing the capacity to submit data to the State's Health Information Exchange (HIE).

23. **Question:** What are the specific deliverables and expectations for the demonstration?

    Response: The deliverables and expectations for the demonstration will be described once a demonstration application has been submitted and the State is notified that Connecticut has been awarded.

24. **Question:** As a CCBHC, we required to collect the National Outcome Measures (NOMS) interviews for clients that agree to participate. Will this be a requirement for this grant as well? (Question raised via Virtual RFA Conference)

    Response: The NOMS will remain a requirement and components of the NOMS are collected as part of the CCBHC Program.

25. **Question:** Will the chosen agencies still be required to collect NOMS/GIPRA data?

    Response: Yes.

26. **Question:** Would every individual served in selected agencies be considered a "CCBHC" client as long as they receive at least one of the core services?

    Response: If an individual receives at least one of the CCBHC core services at an authorized site/satellite then they would be considered a CCBHC client.

27. **Question:** Is DMHAS willing to provide attestations to applicant organizations in catchment areas that include state-operated LMHAs, like Hartford and New Haven?

    Response: Where applicable, DMHAS will provide memorandums of understanding to successful applicant agencies that are located within state-operated mobile crisis catchment areas. Agencies should indicate their intention to pursue these MOUs in their applications

28. **Question:** In relation to identification of the site - We're a large provider. We have two CCBHC SAMHSA grants currently within those service areas. We have a total of 9 licensed sites, and they are all fully licensed. We're trying to make sense of the site and satellites because they're not satellites. They're all fully licensed sites and didn't know whether it was the intent of the department to make this a very narrow demonstration or whether our existing CCBHC service area is allowable given that we are already delivering all the required services across fairly significant geographies. So, we're just trying to make sense of this because we're not a single site organization and we of course want to be able to continue the great work we've been doing and work with the State and the department to achieve the implementation of this model. (Question raised via Virtual RFA Conference)

    Response: See response to Question #13.

29. **Question:** Is there the potential and ability to add other sites during the 4-year demonstration? (Question raised via Virtual RFA Conference)

    Response: The State will start with 3 clinics and then add an additional 4th as time goes on, dependent on the available State resources and funding.

30. **Question:** If we currently have a CCBHC grant, how would that revenue/grant be treated if we are selected for this demonstration?

31. **Response:** The State is awaiting a response from SAMHSA on how an existing CCBHC may be impacted if selected to participate in the demonstration.

32. **Question:** If we have a main service location that has alternate service locations listed under the same AVRS ID, are those are those available to be listed as the satellite clinics? The clinic has its own AVRS ID and then there are alternate service locations listed under the same clinic, but they also have their own AVRS ID. (Question raised via Virtual RFA Conference)

    Response: See response to Question #13.

33. **Question:** We currently provide CCBHC services under two SAMHSA grants in multiple, DPH and DCF licensed locations, under one governance structure. Both CCBHCs have met the SAMHSA certification criteria. Given the diverse needs of the communities within the CCBHC geographic designation, it is essential to deliver services from multiple locations given transportation challenges for clients and to improve access. DCF licenses outpatient clinics under one license for the organization and off-site locations. DPH licenses clinics for both mental health and substance use treatment. DSS designates Enhanced Care Clinics as Primary or Secondary. Once enrollment has been approved**,** DSS designates a service location with a AVRS ID by site regardless of license type or ECC status. Our goal is to submit for participation in the planning grant and subsequently the demonstration using our existing CCBHC service area. Is this allowable?

    Response: All primary and satellite sites must meet the eligibility criteria as described in response to Question #13.

34. **Question:** Are satellite sites considered those that underwent a full inspection and licensing (by DCF or DPH) or those that are strictly considered off-site service locations under the agency's main license?

    Response: See the CCBHC Certification Criteria (2023 Update). Off-site services are allowable, but are considered to be services provided by an eligible site at an off-site location. All sites (primary or satellite) must meet the site eligibility criteria described in response to question # 13.

35. **Question:** Because multiple crisis system components (e.g., mobile crisis) are state-contracted: Are state-contracted mobile crisis providers required to participate in DCO arrangements with CCBHCs in their catchment areas? Will this be an expectation of their contracts?

    Response: This has not been determined and will be part of the Planning Grant process.

36. **Question:** Will the State play a leadership role in engaging crisis system partners?

    Response: Yes.

37. **Question:** In 2018, a site was awarded Joint Commission accreditation as a provider of behavioral health services. The certification expired on 12/31/2023 due to fiscal constraints brough on by the COVID-19 Pandemic. However, all policies and practices that were instituted to become accredited by the Joint Commission are still in place. The certification is currently in the process of being reinstated. Given the circumstances, would the organization still be eligible to apply?

    Response: See Section I.C.6 Minimum Qualifications of Respondents. Sites must be currently accredited by The Joint Commission.

38. **Question:** If we are selected to work on the planning grant and are certified, can we add locations as the demonstration project progresses? We have multiple school-based clinics and other clinics outside of our existing CCBHC service area.

    Response: As of now, applicants only be allowed to provide CCBHC services under the demonstration at sites that have been certified under the planning grant. There may be opportunities for expansion in the future but that can not be guaranteed.

39. **Question:** What is the prospective payment system as per the CCBHC grant program? (Question raised via Virtual RFA Conference)

    Response: There are four different PPS payment methodologies for the demonstration. The Connecticut rate methodology is currently being reviewed to develop a proposal for stakeholders.

40. **Question:** Has the Prospective Payment System been identified and if so, what is it? If not, what payment systems are under consideration?

    Response: See response to Question #39.

41. **Question:** How does the billing work? Is the billing through a specific software system we will need training on? Will DSS provide this training?

    Response: DSS will provide training related to any new billing requirements as needed. Connecticut Medicaid billing is currently done through our Medicaid Management Information System (MMIS) with Gainwell Technologies as our claims adjudicator. We do not anticipate doing a separate billing process for CCBHCs.

42. **Question:** Do you have any more information on what the prospective payment system would be and as a follow up, whether FQHCs would be able to charge their current Medicaid reimbursement rate under this payment system or the CCBHC process? (Question raised via Virtual RFA Conference)

    Response: See response to Question #39. The State is still researching/confirming how to handle additional funding sources.

43. **Question:** Will FQHCs be able to receive their current Medicaid reimbursement rate for behavioral health services or will the prospective payment system supersede current Medicaid reimbursement rate for behavioral health services? (Question raised via Virtual RFA Conference)

    Response: See response to Question #42.

44. **Question:** It seems like just from reading through the RFA that if we were to apply and be selected and get a PPS rate through this initiative that we would forego any of the funding that we have for behavioral health service contracts or grants and Medicaid, is that the case? (Question raised via Virtual RFA Conference)

    Response: See responses to Questions #42. A general principle is that there should not be duplicate payment for the same service.

45. **Question:** We are a federally qualified Health Center and now we have like the size of this you know the application or kind of the we have methadone clinics. We have mental health clinics. They're all pre standing kind of licensed clinics and should we apply as an agency or should we apply with specific sites? So, this is the question, or should we include our methadone clinics, substance abuse IOP PHP programs? Like, should we include the whole agency? (Question raised via Virtual RFA Conference)

    Response: See response to Question #13.

46. **Question:** Because the Planning Grant is being supported with federal money from SAMHSA, are there any restrictions being placed on participants related to DE&I work? (Question raised via Virtual RFA Conference)

    Response: At present, Planning Grant recipients have been instructed not to include information related to the planning or activities in quarterly or annual reporting. No further guidance has been provided.

47. **Question:** Since the Planning Grant is being funded by federal revenue, are there any restrictions related to DEI work?

    Response: See response to Question #46.

48. **Question:** Will the selected sites need to forego their other funding for behavioral health services (Medicaid and grants from DMHAS and DCF) for a PPS rate? (Question raised via Virtual RFA Conference)

    Response: See response to Question # 42.

49. **Question:** Is the PPS rate replacing Medicaid FFS for outpatient services at the CCBHC site?

    Response: Yes.

50. **Question:** For CCBHC's required to use state designated DCOs for mobile crisis, will the DCO funding be included in the PPS rate? Or can it be carved out? Carve out is preferable for CCBHCs which do not have Mobile Crisis.

    Response: Details regarding DCO's and payment arrangements for mobile crisis services are currently under development.

51. **Question:** Are agencies with State funding permitted to apply for the grant? If yes, would this impact existing State contracts?

    Response: Yes. Agencies with State funding may apply. Please see the answer to Question #42 regarding continued payment under existing State grants.

52. **Question:** Can we apply if we are currently funded by State funding? If yes, how does that affect our State contracts? (Question raised via Virtual RFA Conference)

    Response: See response to Question #51.

53. **Question:** Will agencies that have State service contracts for many of the core CCBHC services potentially lose funding if they advance into the demonstration phase?

    Response: See response to Question# 50.

54. **Question:** What is the timeline for the planning grant? When will the selected CCBHCs be expected to begin operations with a PPS rate?

    Response: The PPS rate will not be applicable under the planning grant. The PPS rate will only be applicable if and when the State applies for and receives an award for participation in the demonstration program. The demonstration program, if awarded to Connecticut, would likely kick off in July of 2026 and the PPS rate would not be applicable immediately but would be introduced during the first year of the demonstration.

55. **Question:** Will the Planning Grant include consultation on developing the PPS rate for each respective agency selected? (Question raised via Virtual RFA Conference)

    Response: TA will be provided regarding the PPS rate and individual rates by provider are anticipated.

56. **Question:** Will the technical assistance provided during the planning process include rate setting with each individual provider?

    Response: See response to Question #55.

57. **Question:** Will the chosen providers be members of the planning grant steering committee? (Question raised via Virtual RFA Conference)

    Response: No. Chosen providers will be part of a CCBHC workgroup that will have opportunities to provide input into the Steering Committee.

58. **Question:** Would there be the expectation that selected agencies for the Planning Grant will see individuals beyond their catchment area for the demonstration should it be awarded?

    Response: CCBHC program requirements include providing services regardless of where the service recipients reside within the state.

59. **Question:** Will there be funding for staff time and infrastructure that is required to meet data and cost reporting requirements during the demonstration, if awarded?

    Response: The costs of delivering care, including staff time and some required infrastructure, is typically included in the PPS rate.

60. **Question:** Would you be able to specify in more detail what the deliverables would be? I understand under the planning grant; there's no financial support for any of the activity the provider would need to undertake. But I'm trying to understand. What financial investment we're gone need to make in order to meet any deliverable and then what we would expect. What we would need to do under the demonstration phase of this as well, so that we can make a decision whether this is an effort that is worthwhile to pursue. (Question raised via Virtual RFA Conference)

Response: See response to Question #22.

C. Transcript of Virtual CCBHC RFA Conference held on May 13, 2025, 11:00 AM EST

State of Connecticut
Department of Social Services
Certified Community Behavioral Health Clinics
Request for Applications

In Re: CCBHC RFA 05092025

May 13, 2025

Virtual Request for Applications Bidder's Conference

Via Teams Virtual Meeting

Moderated by Anila Ceka, Somaya McDermott, and Fatmata Williams

Participants

Anila Ceka, Moderator
Somaya McDermott, Moderator
Fatmata Williams, Moderator
Alexis Mohammed
Mark Vanacore
Caroline Anyzeski
Cresse Morrell
Debra Gannon
Heather Gates
Holly LaBrecque
Lewis Beilman
Stephney Springer
Roberta Cook
Joy Pendola
Jennifer Fiorillo
Doug Tenaglia
Norah Turner
Marie Mormile
Janice Vendetti
Lous Massari
Amy Di Mauro
Jennifer Nadeau

Kim Kennedy

Mandy Hemmelgarn

Ece Tek

Crystal Cochrane

Madelyn Good

Cherie Poirier

Maria Mittelstaedt

Maureen McGuire

Katie Conforti

Linda Mosel

Jennifer Kolakowski

Lois Berkowitz

Michele Gaudet

Martin Schwartzman

Kristin Pracitto

Carlos Rodriguez

Holly Fish

Illaria Filippe

Julie Ackerman

Ceka, Anila 0:08

My name is Anila Ceka and I'm with the Department of Social Services. I'm joined today by representatives from three state agencies participating in this joint procurement effort, the Department of Social Services, the Department of Mental Health and Addiction Services, and the Department of Children and Families. DSS is serving as the lead agencies as the lead agency for this procurement within DSS representation come from 2 divisions from the financial services contracts and procurement unit. We have two staff members, myself as a Supervisor for Contracts, Procurement, And Purchasing Unit and my colleague Somaya. Somaya, please go ahead and introduce yourself.

McDermott, Somaya 0:49

Hi, Good morning. My name is Somaya McDermott. I'm the Contract Specialist who will be assisting with this RFA.

Ceka, Anila 0:55

Thank you. Second, DSS is represented today by the Division of Health Services. which manages this project. Team members from this division will be introducing themselves shortly. Fatmata.

Williams, Fatmata M. 1:10
Good morning, everyone. My name is Fatmata Williams. I'm the Deputy Medicare Director on the project, Lead Director for the CCBHC.

Ceka, Anila 1:21
The rest of the DSS team, if you can introduce yourself.

Mohammed, Alexis 1:26
Yes, Good Morning, everyone. Alexis Mohammed, DSS Behavioral Health Contract Manager.

Ceka, Anila 1:34
Is anyone else on the call from DHS?

Anyzeski, Caroline 1:37
Yep, this is Caroline Anyzeski.

Williams, Fatmata M. 1:37
Yeah.

Anyzeski, Caroline 1:39
I'm a Health Program Assistant at DSS.

Ceka, Anila 1:43
Thank you. The second state agency is DMHAS who is going to be represented today by staff from the Managed Service Division. Staff, if you can introduce yourself, would greatly appreciate.

Vanacore, Mark 1:58
Good morning. This is Mark Vanacore from the Managed Services Division with DMHAS.

Ceka, Anila 2:04
Thank you. Is there any other from your state agency in the call?

Vanacore, Mark 2:10
I do not think so at this time.

Ceka, Anila 2:12
OK. Thank you. And the third state agency is DCF, who is joined by representatives from the Clinical and Community Support Division. Please go ahead and introduce yourselves.

SPRINGER, STEPHNEY 2:25
Good morning, everyone. Stephanie Springer, Health Management Administrator at DCF.

Ceka, Anila 2:32
Thank you. Anyone else? No. OK. Before we proceed, I would like to note quick housekeeping rules. We would please ask that you hold all your questions until the end of this presentation. There will be an opportunity for question and answers, and we will respond to your questions accordingly. You may ask verbally or add them to the chat Q&A for any questions that require additional clarifications or input. Responses will be provided in an addendum that will accompany the official transcript of this virtual conference; we may start with this presentation then. Somaya, can you please share the other slide?

Williams, Fatmata M. 3:39
OK. Thank you. And thanks again everyone for joining us. So just to provide a brief background about this RFA and the purpose for it, Connecticut was awarded a SAMHSA CCBHC planning grant in December of 2024 with the intention to apply for the demonstration award in April of 2026. A primary activity under the planning grant and a prerequisite for the demonstration award is to select then certify clinics as CCBHCs. The purpose of the RFA is to select three clinics for the opportunity to seek certification from the state as a CCBHC and participate in the demonstration award. If we get that then clinics selected under this RFA will receive technical assistance and other support to implement all SAMHSA CCBHC requirements and achieve CCBHC certification.

Ceka, Anila 4:49
Thank you. We may start with the RFA instructions and there are some topics that we are going to elaborate over here. So the official contact for these RFA Somaya McDermott. She's designated from the three state agencies, and she's the only one who is going to handle the communication for this RFA respondents, perspective respondents, or any other interested party are advised that any communication. With any other departments employee. Including appointed official or personal under contract to the departments about this RFA is strictly prohibited. All communication should be in writing and must be in writing. RFA information - This is strongly recommended that any applicant or prospective applicant interested to this procurement must check the CTSource report for any solicitation changes. Registering with the state contracting portal, it is strongly recommended that all the respondents must register with the state of CT contracting portal if not already done. Please refer to the Section 1.C.3 for additional information applicants' eligibility. In order to be eligible in participating to this RFA, applicants must meet the following three criteria: One: must be a private, not profit organization with clinics located in CT. Two: Enrolled in the Connecticut's Medical Assistance Program network as a freestanding mental health substance abuse clinic 5050 or federally qualified health centers with at least one physical location in operation before April 1, 2024, and the third, a criteria is that they must be in good standing with the departments, which means DSS, DCF, or DMHAS, and DPH with no unresolved or outstanding financial out auditing or quality assurance concerns. The minimum qualification of applicants are the set of criteria that each one of the respondents must meet. There are three for here as well. The first one is that all applicants must utilize an electronic health record to document, report on, and improve services provided. The second is that the entities must be accredited as a provider of behavioral health services by the Joint Commission on the accreditation of the rehabilitation facilities or the Council on Accreditation, and the third must currently submit electronic health record data to the State's health information exchange, Connie, or agree to begin submission within six months of obtaining certification as a CCBHC. Please note that the three departments

reserve the right to reject the submission of any respondent in default of any current or prior contract. The procurement schedule is identified in the Section 1.C.7 and are the milestones for any changes or revision to this timeline. We're going to make public, these edits, via an addendum posted at CTSource bid board. The official contact is the only authorized recipient of applications submitted in response to this RFA. Applications must be received by the official contact on or before the due date and time, that is June 16, 2025 4:00 PM EST. All documents to be submitted are listed in Section IV Required Application Submission Outline and Requirements. Each one of the applicants must submit all documents that are listed in Section IV. The submission of this application is electronical and must be emailed to the official agency contact at DSS.procurement@ct.gov. The subject line of this e-mail must read CCBHC_RFA_05092025. Submissions received after the due date and time shall be ineligible and shall not be evaluated. The departments, through DSS, should send a formal notification alerting to late respondents for this ineligibility. In addition to that, we wanted to emphasize that multiple application submissions are not an option with this procurement. Next slide please.

Williams, Fatmata M. 9:26

OK. Thank you, Anila. Just a quick CCBHC program overview. The SAMHSA CCBHC program is designed to improve access, quality, and outcomes of mental health and substance use disorder services. Some key components include the general program requirements, expanded access, evidence-based practices, accountability in terms of requirements and quality measures, scope of services, integrated whole person care, priority populations, and a prospective payment system. Next slide please.

The CCBHC scope of services - our core 9 services, including crisis services, outpatient mental health and substance use services, person and family center treatment planning, community based mental health care for veterans, peer family support and counselor services targeted case management, outpatient primary care screening and monitoring, psychiatric rehabilitation services, screening, diagnosis and risk assessment. So the contract scope of services for the selected CCBHCs would include that clinics would have to work towards meeting all of the SAMHSA CCBHC clinic requirements. They must participate in technical assistance sessions and apply learning towards obtaining the certification and they will participate with the NCQA CCBHC accreditation program including submitting program information and participating in reviews and educational programs. The initial three-year CCBHC accreditation will be funded through the planning grant. The CCBHC clinics must also establish the capacity and begin to provide data to the State health information exchange that is sufficient to meet the CCBHC accreditation requirements. And finally, they should establish the capacity and begin to submit all the data to the State or CCBHC contractors to support obtaining CCBHC certification.

Ceka, Anila 11:58

Thank you. And going on with the next slide for the evaluation. The evaluation process, it is the intent of the department to conduct a comprehensive, fair and impartial evaluation of all applications received in response to this RFA. So when our team, the combined team, will evaluate the applications, we will negotiate with successful respondents and offering them the right to negotiate a contract with the departments. Related to the minimum submission requirements, you should take into consideration that all applications must comply with the requirements specified in this RFA specifically to be eligible for the evaluation submission, all applications must be received on or before the due date and time must meet the minimum submission form requirement, must follow the required application outline, and must be complete.

Applications that failed to follow instruction or satisfy this minimum submission requirement shall not be reviewed further, so the department shall reject any application that deviates significantly from the requirement of this RFA. The evaluation criteria and weights: the application submission meeting the minimum submission requirements shall be evaluated according to the following criteria. The first criteria is the Organization Qualification, which include the following: service site - 5 points, staffing - 5 points, site availability and accessibility - 5 points, care coordination - 5 points, and population to be served - 5 points. The second criteria is the Scope of Services, which include comprehensiveness - 10 points, crisis services - 10 points, medication for opioid use disorder and medication for alcohol use disorder - 5 points, peer and family support and Counselor Services - 10 points. Behavioral health screening, assessment and diagnosis - 5 points, outpatient, primary care screening and monitoring - 5 points, community based mental health care for veterans - 5 points, evidence-based practice - 5 points, targeted case management - 5 points and psychiatric rehabilitation services - 5 points. The third criteria is the Data, Information, Technology Quality And Other Reporting Infrastructure - 5 points. The fourth criteria is the Governance – 5 points, so the total weight is 100 points.
The Respondent Selection: Upon completing the evaluation of applications, the evaluation committee shall submit the ranking that will be included to a summary procurement report for Commissioners of the three state agencies approval all entities that will apply will be notified via e-mail for the result of their application. We might have like a Debriefing Section over here, where all entities within 10 days of receiving notification from the agency, which means DSS, they must contact DSS related to a debriefing.
Please refer for additional information to Section 1.E.6. Contract execution - Contracts are executed as a result of this RFA and based on this RFA, there are 3 entities that will be awarded.

We ended this presentation for this RFA and we're opening the questions and the answers session. If there are any for this procurement. Yes, Somaya, please go ahead.

Beilman, Lewis 16:16
Hello, this is Louis Bielman from Cornell Scott Hill Health Center.
I just had a question. Do you have any more information on what the prospective payment system would be and as a follow up, whether FQHCs would be able to charge their current Medicaid reimbursement rate under this payment system or the CCBHC process?

Williams, Fatmata M. 16:46
Anila that will have to be an addendum response. We still have to work through that.

Beilman, Lewis 16:53
OK.

Williams, Fatmata M. 16:54
There are there are different types of PPS payments, right? You have the daily rates, you have the monthly rates and in terms of FQHCs, we have to still look into that. So we will have to work that internally and get a response.

Beilman, Lewis 17:09
Thank you.

Ceka, Anila 17:10
Can I please make a request from all of you that you're going to ask questions. So, in case we miss an answer responding to you now, can you please enter your question into the Q&A session.

Williams, Fatmata M. 17:11
Yeah.

Beilman, Lewis 17:24
Sure.

Ceka, Anila 17:24
In writing, thank you so much.

Beilman, Lewis 17:27
Thank you.

Ceka, Anila 17:42
Yes, the next one. I do have a question here in the chat from Marie how many agencies will be selected for this RFA? Three agencies will be selected so we have notified that we'll have three contractors. I'm sorry- Did somebody ask a question or wanted to ask?

McDermott, Somaya 18:19
Jen, you can unmute and ask your question.

Jennifer Fiorillo 18:19
Yes. OK. Thank you. Yes. Hi, this is Jennifer Fiorello from Bridges Healthcare. I have a specific question related to the service site section. You list that in order to be eligible to receive payments under the demonstration program that satellite sites must have been established prior to April 1 of 2014. Is there a specific reason for that?

Williams, Fatmata M. 18:50
I believe that's a SAMHSA’s requirement. Don't quote me on that, but I will double check. But it is a SAMHSA requirement.

Jennifer Fiorillo 18:59
OK. Thank you.

McDermott, Somaya 19:03
Heather.

Heather Gates 19:06
Good morning. I'm Heather from Heather Gates from CHR.
A question, I mean we'll submit a number of questions in writing by the deadline. But one of the questions I have is related to identification of the site. We're a large provider. We have two CCBHC SAMHSA grants currently within those service areas. We have a total of 9 licensed sites, and they are all fully licensed. We're trying to make sense of the site and satellites because they're not satellites. They're all fully licensed sites and didn't know whether it was the intent of the department to make this a very narrow demonstration or whether our existing CCBHC service area is allowable given that we are already delivering all the required services across fairly significant geographies. So, we're just trying to make sense of this because we're not a single site organization and we of course want to be able to continue the great work we've been doing and work with the State and the department to achieve the implementation of this model.

Williams, Fatmata M. 21:03
Heather, thank you for your question. I really would recommend that you send that in writing to us and we'll respond.

Heather Gates 21:11
Great. Thank you, Fatmata. I appreciate it. Can I ask another question? Is it OK? Is it OK for me to ask another question?

Williams, Fatmata M. 21:34
I think so, yes.

Heather Gates 21:36
OK. The other question I had was because the planning grant is being supported with federal money from SAMHSA.

Williams, Fatmata M. 21:37
Yes.

Heather Gates 21:46
Are there any restrictions being placed on participants related to our DE and I work?

Williams, Fatmata M. 22:00
That's a good question. But we again, I don't see anything, any directive at this time from the federal government, but it is something that we have to definitely take note of and if anything different happens, we will definitely let you guys know Heather. But thanks for that question.

Heather Gates 22:26
Thank you.

Tek, Ece 22:39
Thank you very much. So, my question will be very similar to Heather so, but still I'm asking even though I know now this will be our first time, we are a federally qualified Health Center and now we have like the size of this you know the application or kind of the we have methadone clinics. We have mental health clinics. They're all pre standing kind of licensed clinics and should we apply as an agency or should we apply with specific sites? So, this is the question, or should we include our methadone clinics, substance abuse IOP PHP programs? Like, should we include the whole agency?

Williams, Fatmata M. 23:26
That's a great question. Based on conversations and I think our attention, I almost feel that it is based on the site. But I would need to double check that because if you apply as the whole agency, you're talking about multiple sites, correct?

Tek, Ece 23:45
Oh yeah, more than 20 sites I'm talking about and like 20,000 patients.

Williams, Fatmata M. 23:46
Yes, yes, yes. So let us, yes, let us take that back. Let us take that back and get that response to your ASAP.

Tek, Ece 23:54
Mm hmm.

Williams, Fatmata M. 23:56
Because I know what you're planning. Obviously, you're planning to apply. That's why you're asking these questions. Thank you

Tek, Ece 23:59
Yes. Yeah. Thank you.

Williams, Fatmata M. 24:03
You're welcome.

McDermott, Somaya 24:07
Carlos. Carlos Rodriguez, you can unmute and ask your question.

Williams, Fatmata M. 24:56
Maybe he can enter it in the chat.

McDermott, Somaya 25:24
Heather.

Heather Gates 25:27
All right. Question about the longitudinal nature of this and the evolution of the system under the demonstration grant. In the event that we'd be selected as a participant in the planning grant phase and met the certification requirements and were selected to participate in the demonstration. Do you envision the ability during the four years of the demonstration to add other sites? This is particularly critical in relationship to the answer to the question about what sites are allowable in this original application. To think about how to extend the payment structure to more than one location.

Williams, Fatmata M. 26:33
Heather, thanks for that question. When we put in the application, the plan was to begin with three clinics with the potential to add one additional site and if all requirements are met, to move on to the demonstration. But in terms of how we envision adding additional sites, I know it's allowed under some set that you can add a site a year that will have to depend on the State, the State budget, the appropriations. What? When? How we decide to go larger will be predicated on all of those factors in terms of the funding and resources that's available. That's my thinking at this point in time.

McDermott, Somaya 27:36
Ece.

Tek, Ece 27:40
Thank you. So, kind of my other question is the quality measures you mentioned and some kind of consistency and kind of the quality measures, but I did not see you have an idea when you say quality measures, what will they be?

Williams, Fatmata M. 27:59
We will have to share those. There are requirements for certain quality measures under the CCBHC and I

believe we're collecting maybe about 15 of them at this point. And there are a couple of them that we don't have data for and Carelon will be the ones helping us so we can share that.

Tek, Ece 28:19
OK.

Williams, Fatmata M. 28:20
Yeah, we, we have those, right. We have those that we are currently collecting and those that we need to develop baselines for. We can share them, I can.
Rather them off the top of my head at this point, but that that will be part of the addendum that we can send.

Tek, Ece 28:35
Thank you.

Williams, Fatmata M. 28:36
You're welcome.

McDermott, Somaya 28:43
Kim.

Kim Kennedy 28:48
Hi - If we have a main service location that has alternate service locations listed under the same AVRS ID. Are those are those available to be listed as the satellite clinics?

Williams, Fatmata M. 29:08
A question that I think I need to take back. If you've been in with the same ID and it is the one clinic, correct.

Kim Kennedy 29:19
Well, it is. The clinic has its own AVRS ID. And then there are alternate service locations listed under the same clinic, but they also have their own AVRS ID.

Williams, Fatmata M. 29:31
OK. I'll have to take that back. Yeah. Thank you.

Kim Kennedy 29:35
OK. Thank you.

McDermott, Somaya 29:54
Heather.

Heather Gates 29:57
Would you be able to specify in more detail what the deliverables would be?
I understand under the planning grant; there's no financial support for any of the activity the provider would need to undertake. But I'm trying to understand. What financial investment we're gone need to make in order to meet any deliverable and then what we would expect. What we would need to do under the demonstration phase of this as well, so that we can make a decision whether this is an effort that is worthwhile to pursue.

Williams, Fatmata M. 30:49

I'll take that question back as well. But I can say it on a high level. For the planning grant, we will provide technical assistance. We have 4 different contractors that will be providing technical assistance around evidence-based practices around the quality measures helping with certification. So however, there may be some investments from the CCBHCs around electronic health records, right? That's something that's a requirement. If you don't have that already, you may need to invest in that, and connecting with the state health information exchange, I believe there may be a cost to that in terms of trying to connect with Connie to be able to do the data exchange back and forth looking at interoperability, so there may be some of that investment upfront just to be able to qualify to participate in terms of the demonstration I can't speak to that at this point in time, but I I'll expand a little bit more in our response to you guys. Thanks.

Heather Gates 32:02
Thank you.

McDermott, Somaya 32:12
Marie.

Marie Mormile 32:18
Hi Marie Mormile from Catholic charities. So, I have a question in the chat. It seems like just from reading through the RFP that if we were to apply and be selected and get a PPS rate through this initiative that we would forego any of the funding that we have for behavioral health service contracts or grants and Medicaid, is that the case?

Williams, Fatmata M. 32:51
Marie, you have grants for Medicaid?

Marie Mormile 32:55
Grants from DMHAS and DCF for Behavioral Health.

Williams, Fatmata M. 32:56
DMHAS OK.

Marie Mormile 33:00
Would this grant exclude those, and those grants would stay in place? Or would those grants have to be given up?

Williams, Fatmata M. 33:14
I don't know the answer to that, but I know that when Medicaid funds, it doesn't mean that grants are excluded. We work in collaboration with DMHAS and DCF. In terms of how they titrate the grant based on Medicaid funding. That's my understanding, but I don't think they're all mutually exclusive. It's either this or that. That's my answer, but I can definitely try to verify that because in other areas DMHAS, which actually the funding based on Medicaid reimbursement. So, I don't see why it should be different with the CCBHC.

Marie Mormile 33:58
Thank you. And then, I have a second question and it's I'm losing it now. Umm, I lost it. I'll think about it and submit it. Thank you.

Williams, Fatmata M. 34:16
You're welcome.

McDermott, Somaya 34:19
Deborah.

Debra Gannon 34:26
A question about the NOMS interview. The national outcome measures. So as a CCBHC, we are required to collect the Nam's interviews for clients that agree to participate. Is that going to be part of this process as well?

Williams, Fatmata M. 34:50
If it's a requirement, it will be part of the process but let me double check that you guys are going way into the details. But let me double check that and get back to you on that. OK, with we're noting all these questions. So, we will have some follow-up to do.

Debra Gannon 35:00
OK. Thank you.

Williams, Fatmata M. 35:07
You're welcome.

McDermott, Somaya 35:28
Heather.

Heather Gates 35:30
That was an easy one. Any chance you might give us a little more time to put this all together? It's a lot of information. It's a very short turnaround time.

Ceka, Anila 35:44
You mean to revise the deadline submission?

Heather Gates 35:48
Yes, correct.

Ceka, Anila 35:53
We're going to take back this question.

Heather Gates 35:55
Thank you.

Ceka, Anila 35:56
If yes, we're going to post through the addendum, the new timeline. But if you have additional questions that you didn't submit through chat or verbally to us, you may send these questions at the DSS.procurement@ct.gov , so we will respond and we will post to the addendum, the transcript and questions to answers, those that are in the chat or those that you may submit via emails. Are there any other questions? If there are no more questions, then we can conclude this meeting. We thank you all for participating in this virtual conference and we're looking forward to the next round of questions submitted via e-mail. Thank you all.

Marie Mormile 38:14
Thank you.

Williams, Fatmata M. 38:15
Thank you.

Tek, Ece 38:15
Thank you.

Kim Kennedy 38:15
Thank you.

Heather Gates 38:16
Thank you.

Williams, Fatmata M. 38:16
Bye - Bye.

Ceka, Anila 38:17
Thanks. Bye, bye.

D. Addendum 1 Acknowledgment

State of Connecticut
Department of Social Services
Certified Community Behavioral Health Clinics
Request for Application
CCBHC RFA 05092025

Addendum 1 issue date: 5/22/2025

This Addendum acknowledgement must be signed and returned with your submission.

Authorized Official Signature

Name of Authorized Official

Name of Organization