



Anne Arundel County Mental Health Agency, Inc

PO Box 6675, MS 3230
1 Truman Parkway, Suite 101
Annapolis, MD 21401
Adrienne Mickler, CPA, MS
Executive Director

Web Site: www.aamentalhealth.org
Email: MHAAC@aol.com
Email: aac-lbha-connect@aacounty.org
Phone: 410-222-7858
Fax: 410-222-7881

Assisted Living Unit – Behavioral Health Services Pre-Bid Conference Summary September 20, 2021

Questions:

1. If an ALU has 2 to 3 houses, can individuals served be split up?
 - a. Please address how you would split them up in your proposal, but our preference is for all 4 to 6 individuals served to be in one house.
2. Is there any diagnosis of violence in these individuals? Can individuals served be integrated in the general ALU residents?
 - a. Our preference is one house for the behavioral health services. We can't rule out a history of violence. For individuals coming out of the State Hospital, there is a criminal history. Individuals coming out of residential rehabilitation programs typically are more stable with their behavioral health. They need additional help with ADLs and may have additional somatic health issues. The AACMHA will offer the ALU a series of trainings about behavioral health and will be available for consultation with the ALU and outpatient team.
3. Will you consider Baltimore City providers?
 - a. Yes, Anne Arundel and the contiguous counties will be considered.
4. Are clients already with a behavioral health provider or is it the ALU's responsibility to connect them with a provider?
 - a. If coming out of the State Hospitals, the discharge coordinator at the hospital will help with linkages to treatment, as well as the AACMHA program monitor. If the individual is coming out of residential rehabilitation program services, they may opt to stay with their current provider or wish to change. Again, the AACMHA program monitor will assist with these connections.
5. Is this procurement based on pricing, after the qualifications are met?
 - a. Yes, the IFB announcement gave a list of the contractual obligations and the grant award available.
6. What is the Home and Community Based Services (HCBS) Settings Rule?

Board of Directors

Lynn Krause; Chairman; Janet Owens, Board Emeritus;
Amal Awad; George Arlotto; Pam Brown; Sara Burden; Maria Casasco; Michele Green; Michael Irwin; Michael Maher;
Kathy Miller; Oscar Morgan; Livia Pazourek; Nilesh Kalyanaraman; Sheryl Sparer; Michele Staisloff; Ryan Voegtlin; Louis Zagarino
Frank Sullivan, LCSW-C, Executive Director, Emeritus

- a. In 2014, the Centers for Medicare and Medicaid Services (CMS) at the Department of Health and Human Services issued the HCBS Settings Rule to require that every state ensure that services delivered to seniors and people with disabilities living in the community – outside of institutions – meet minimum standards for integration, access to community life, choice, autonomy, and other important consumer protections. The HCBS Settings Rule was created to expand the availability of community-based services that maximize autonomy and choice for individuals with disabilities, and to address the problem of institutional-like settings receiving scarce HCBS dollars.
7. What does the HCBS Settings Rule require?
- a. The rule applies to all settings (i.e. place where seniors and people with disabilities live, work, or spend time) that receive HCBS funding, and requires that the setting:
 - is integrated in the greater community;
 - supports the individual’s full access to the greater community, including opportunities to seek employment, work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community;
 - is selected by the individual from among different setting options, including non disability specific options and an option for a private unit in a residential setting;
 - ensures an individual’s rights to privacy, dignity, respect, and freedom from coercion and restraint;
 - optimizes individual initiative, autonomy, and independence in making life choices, including in daily activities, physical environment, and personal associations; and facilitates individual choice regarding services and supports and who provides them.

The requirements are designed to ensure that people with disabilities living in the community have access to the same kind of choice and control over their own lives as those not receiving Medicaid HCBS funding.

8. Should the bid sheet be completed for each client?
 - a. No, the bid sheet should have the cost for all clients being served in the program.
9. If the provider is billing per month per client, how does the client’s income factor in?
 - a. Typically, the ALU/ALF becomes the representative payee for the client’s SSI or SSDI payment, after the check is received, a portion is set aside for the client’s incidentals, typically \$100.00 per month, and the remainder would go towards the cost of care. If the guardian of the client is the representative payee, they would give the SSI or SSDI payment, less incidentals, to the ALF as payment for the services.

Board of Directors

Lynn Krause; Chairman; Janet Owens, Board Emeritus;
 Amal Awad; George Arlotto; Pam Brown; Sara Burden; Maria Casasco; Michele Green; Michael Irwin; Michael Maher;
 Kathy Miller; Oscar Morgan; Livia Pazourek; Nilesh Kalyanaraman; Sheryl Sparer; Michele Staisloff; Ryan Voegtlin; Louis Zagarino
 Frank Sullivan, LCSW-C, Executive Director, Emeritus

10. What is the average age of the individuals being served, if they are over 50 years' old have they registered for the waiver?
 - a. The ages of individuals vary, the range is usually mid-50's to mid-60's, with some outliers. One of the requirements of this project is that the individuals being served need to be on the Community Options Waiver registry. Individuals coming out of the State Hospitals should already be registered, individuals moving from residential rehabilitation programs may need to be registered.

11. If the client has a day program, is it included in the grant funding?
 - a. If the day program is a Psychiatric Rehabilitation Program (PRP), then it should be covered by the PBHS fee for service system. If the day program is a medical daycare program, they will have to be approved through LTSS.

Board of Directors

Lynn Krause; Chairman; Janet Owens, Board Emeritus;
Amal Awad; George Arlotto; Pam Brown; Sara Burden; Maria Casasco; Michele Green; Michael Irwin; Michael Maher;
Kathy Miller; Oscar Morgan; Livia Pazourek; Nilesh Kalyanaraman; Sheryl Sparer; Michele Staisloff; Ryan Voegtlin; Louis Zagarino
Frank Sullivan, LCSW-C, Executive Director, Emeritus