



## **Anne Arundel County Mental Health Agency, Inc**

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### **Questions/Answers Related to Mental Health Case Management: Care Coordination for Children and Youth RFP Revised September 9, 2019**

Question 1: Is there any option for programs to be qualified that are accredited and licensed for OMHC, PRP, SUD treatment, Health Home, etc. but not for Case Management?

Answer 1: All qualifications are specified in the RFP document.

Question 2: What are the funding streams?

Answer 2: All Medicaid funding, there is no start-up funding associated with this RFP.

Question 3: If a provider is CARF accredited, do they still have to be certified?

Answer 3: Yes, all programs will need to be certified by the CSA or LBHA and BHA. The CSA/LBHA conducts an audit of the program using the State provided audit tool, then BHA approves the certification. Programs are certified for one year. There is an option for a plan of correction for programs that need it.

Question 4: When does certification need to take place?

Answer 4: If a program is not already certified, the process will take place as soon as possible after selection.

Question 5: Where can you find the audit tool?

Answer 5: The audit tool will be made available to the winning bidder prior to the audit.

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Question 6: Does the provider need a facility in the county they are serving?

Answer 6: Yes, the expectation is that the provider will have a physical location in each county served.

Question 7: How does the provider receive referrals for this service?

Answer 7: Referrals come through the CSA, local clinics, the school system, crisis response services, families, etc. The provider should expect to do some marketing for their program.

Question 8: Is there a separate billing code?

Answer 8: Yes, there is a separate billing code for Case Management for Children and Youth and authorizations go through the ASO.

Question 9: When is the ASO transition?

Answer 9: The ASO will begin the transition of vendors from Beacon Health to Optum in November, with a go live date of January 1, 2020.

Question 10: What is the 1915(i) waiver process?

Answer 10: If an individual qualifies for intensive, level 3 care coordination services, they should be screened for the 1915(i) waiver if the family is in agreement. CON documentation including a psychiatric and psychosocial are required for submission to CSA/LBHA who will conduct appropriate screening of ECSII/CASII. Documentation is then submitted to ASO for review. ASO sends for screening of FPL to CMS who ultimately determines whether individual meets FPL eligibility criteria. Changes to the criteria for the waiver are pending, but proposals should address the current 1915(i) criteria.

Question 11: How should the budget be submitted?

Answer 11: A DHMH 432 budget packet should be used to identify all budget line items and sources of revenue. Revenue should be described in detail, as required by the RFP document.

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Question 12: Does the program have to accept Medicare as well?

Answer 12: Medicare would not apply to the population served.

Question 13: On page 13, the RFP document asks for a response to the case vignette.

Answer 13: A complete response would take into consideration case planning, how a provider could engage a family and not just the child, etc.

Question 14: Is there a page limit?

Answer 14: There is no page limit specified in the RFP document, but a clear and concise proposal is appreciated.

Question 15: How many copies are required?

Answer 15: One original and 5 copies, for a total of 6 proposals are required.

Question 16: Is there a required structure for the proposal?

Answer 16: No, there is no required structure for the proposal, but should address all points outlined in the RFP.

Question 17: In reference to page 15, Item XIII. Proposal Evaluation Criteria, Section B, d. 1. Budget Analysis Score. Is it stating here that an offeror's potential overall score could be a total of 105 out of 100 points?

Answer 17: No, the total score is out of 100 points. 20 points are possible for the Qualifications, 75 points are possible for the Technical Proposals, and 5 points are possible for the Budget.

Question 18: Where is the DHMH 432 packet available?

Answer 18: The link to the packet can be found on the AACMHA website at:  
[http://aamentalhealth.org/rfp\\_rfi.cfm](http://aamentalhealth.org/rfp_rfi.cfm)

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Question 19: What documentation is required as proof the provider is a MH Case Management Care Coordination for Children & Youth Provider in the PBHS?

Answer 19: The selected bidder will have a site visit by the local CSA or LBHA, once BHA receives the appropriate reports from the CSA or LBHA, BHA will issue a certificate of approval to the selected bidder.

Question 20: You require a valid Medicaid Provider billing number. Are you referring to the NPI or Medicaid number?

Answer 20: Per the Beacon Health Options Manual, providers delivering more than one type of approved or licensed service must obtain separate Medical Assistance (MA) and NPI numbers for each Medicaid service and service location.

Question 21: One of the qualifications states “Must have the ability to bill the PMHS as evidenced by providing an MA billing number and willingness to apply for additional billing numbers if necessary to serve additional counties”. Does this apply to organizations applying to renew their contracts? If yes, what documentation is required?

Answer 21: A CCO that is currently providing the CCO service, would have a NPI and MA billing number, if selected, would not have to reapply for an NPI or MA billing number, unless they are expanding to additional jurisdictions.

Question 22: Is the following question referring to staff retention? How will the Offeror address the transition and employment of existing agency-based case managers?

Answer 22: The first part refers to the transition of individuals served and the second part is about staff retention.

Question 23: How many participants are served annually in Anne Arundel County and how many were eligible for the 1915(i) waiver?

Answer 23: In FY 19, 107 participants were served and 3 were eligible for the 1915(i) waiver. Pending changes to regulations on 1915(i) eligibility may increase the number served by the waiver.

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