

| QUESTIONS RELATED TO TCM/BHH RFP | RESPONSE |
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| <p>Last year the Network180 system served 2100 people in Targeted Case Management. The RFP says 4 teams of 400 – this is only 1600 people. Why difference in the number of people?</p> | <ul style="list-style-type: none"> • The rest of the consumers are in Network180 BHH. |
| <p>Are people in elderly case management included in the 2100 people served in the Network180 system?</p> | <ul style="list-style-type: none"> • This procurement for TCM in the BHH model includes clients in elderly case management, traditional case management, and BHH. As of July 2016 there were 2,382 consumers in all forms of case management in the Network180 system. |
| <p>This was also asked at the bidders conference, but I will ask it again. In the RFP, it indicates that there are approximately 2100 individuals who are receiving targeted case management. Does that 2100 amount include the older adult population that is currently being served in targeted case management by Pine Rest and RelianceCCP?</p> | <ul style="list-style-type: none"> • This procurement for TCM in the BHH model includes clients in elderly case management, traditional case management, and BHH. As of July 2016 there were 2,382 consumers in all forms of case management in the Network180 system. |
| <p>We recently received a referral in which the person served was requesting case management services only because she wished to keep her outpatient therapist through another provider. What would be the expectation for serving these individuals in the new model? Would a person in this instance automatically be excluded from TCM/BHH eligibility as the model has both case management and therapy?</p> | <ul style="list-style-type: none"> • This person would not be automatically excluded from eligibility. |
| <p>We currently have 450 people we serve. What do we do in terms of a bid? Do we bid for one team or two teams since 450 is between 400 and 800?</p> | <ul style="list-style-type: none"> • Write your bids for teams of 400 consumers. • This is a significant model change for the Network180 system. Transition will be the time for Network180 and chosen providers to work out some of this. You will know in June whether you have been selected and we will have until October to work things out. |
| <p>Is there a budget template for the RFP?</p> | <ul style="list-style-type: none"> • No. You can create the budget yourselves in whatever format works for you. |
| <p>400 is the number you are starting with. After that is it based on attrition, discharge, etc.?</p> | <ul style="list-style-type: none"> • We will need to wait until we see which teams and agencies are identified. |

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| | <ul style="list-style-type: none"> We are required to manage the system but can't control the number of SMI people who come in or leave the system. |
| Your staffing requirements say .8 FTE psychiatrist. Can mid-levels be used given the scarcity of psychiatrists? | <ul style="list-style-type: none"> Network180 will require that a psychiatrist complete all initial psychiatric evaluations. Subsequent to evaluation, an individual may receive medication management services at an interval determined by the psychiatric evaluation, and which may be performed by a psychiatrist, physician, psychiatric resident, physician's assistant (PA) or nurse practitioner (NP) under the clinical supervision of the psychiatrist. A nurse (RN) may not provide medication management services. |
| I believe this was asked at the bidders conference, but I will restate it here. In the RFP, it indicates in the staffing level that there be a .8FTE of Psychiatrist. The question is, given the lack of available psychiatrists in the area, may this function be performed in all or in part, by a mid-level provider such as a Physician Assistant or Nurse Practitioner? | <ul style="list-style-type: none"> Network180 will require that a psychiatrist complete all initial psychiatric evaluations. Subsequent to evaluation, an individual may receive medication management services at an interval determined by the psychiatric evaluation, and which may be performed by a psychiatrist, physician, psychiatric resident, physician's assistant (PA) or nurse practitioner (NP) under the clinical supervision of the psychiatrist. A nurse (RN) may not provide medication management services. |
| Network180 has a shift in philosophy with Targeted Case Management. Have expectations changed about seeing consumers? What about elderly case management and how it works differently? | <ul style="list-style-type: none"> Under the model in the RFP, there is no hard cap on how many contacts need to be made in the community. It is individualized. Providers must provide the service the person needs in the place that is most beneficial to the person. These issues will be addressed in the transition. Network180 will work with providers to make the model change. |
| Is there any more description on how to go from Targeted Case Management to the new model. How do we do that transition for current or new providers. What does discharge look like? Will there be any overlap in services? | <ul style="list-style-type: none"> Network180 will work with providers to make the transition. It will be different dependent on the provider. We want to make sure clients are taken care of appropriately. Typically, we have had a transition period when things have changed, agencies have left, etc. |
| What will the rate of admission be at the beginning of the contract cycle? How rapidly will intakes occur? | <ul style="list-style-type: none"> This will depend on who is awarded teams and how many teams the bidders are awarded. You will need to submit your budget and we will negotiate from what that looks like in terms of finances. |

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| | <ul style="list-style-type: none"> We acknowledge it will take some ramp up to get consumers into BHH programs. |
| Is there a rule about if you bid for 2 teams could you get 1 or is it 2 or zero? Is it a risk to bid for 2 if you serve between 400 and 800 clients? | <ul style="list-style-type: none"> There is no rule. Nothing in the RFP document says this is a risk. Providers may bid for two teams but be awarded one depending on the outcome of the RFP. |
| Is the intention providers will provide their own on-call? | <ul style="list-style-type: none"> Yes. |
| LRE and Network180 service descriptions don't look like they have changed. Have they? | <ul style="list-style-type: none"> The current service descriptions are posted. They are currently in the review and revision process at LRE. We have not been notified of any big changes. If we receive updated service descriptions, we will post them. |
| Were big changes made in the Behavioral Health Home service description from Network180? | <ul style="list-style-type: none"> No, it is similar to or the same as the previous version. |
| If a provider is awarded a BHH, is it a requirement of that provider to work with and/or have access to Great Lakes Health Connect? | <ul style="list-style-type: none"> If a provider does not already work with and/or have access to Great Lakes Health Connect, it must be willing to pursue linkage to Great Lakes Health Connect. |
| In Task #17, under program requirements, it states that the provider must be CARF accredited or working towards accreditation as a Behavioral Health Home. In other places/policies, network180 has listed other acceptable accreditations for providers. Are other accreditations acceptable besides CARF for this RFP? | <ul style="list-style-type: none"> All providers of targeted case management in the Behavioral Health Home model must be accredited by a body that accredits a program specifically as a Behavioral Health Home. We can accept accreditation from CARF or The Joint Commission. |
| From the Cost Reference Table: FY16 Average Case Management vs. Least Costly Behavioral Health Home: 1) Which provider (by name) is providing the least costly BHH? 2) What is the FY16 Inpatient cost for the most costly BHH program? 3) What is the FY16 Total Cost of All N180 Behavioral Health Services for the most costly BHH? 4) Which provider (by name) is providing the most costly BHH? 5) What is the least total network180 cost/consumer amount for a traditional TCM provider? | <ul style="list-style-type: none"> Data in this chart was provided for the sole purpose of serving as a point of reference for budget development. Data responsive to these specific questions will not be released during the procurement process. We have released some additional information that shows BHH costs by year, inpatient admission rates and inpatient costs per consumer per year. This information is posted on the network180 website and in the supplemental documents for the RFP. |

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| 6) What is the lowest inpatient psychiatric cost/consumer for traditional TCM? 7) Which provider (by name) has the lowest cost/consumer amount as a traditional TCM provider? | |
| QUESTIONS RELATED TO MEDICATION ASSISTED TREATMENT RFP | RESPONSE |
| For MAT, will there be on-site review before submission of the RFP or issuance of contract related to administrative requirements? | <ul style="list-style-type: none"> No. The administrative section is basically a desk audit evaluation. Any deficiencies would be addressed with the provider before contracting. |
| Does Network180 prescreen before referral for MAT? | <ul style="list-style-type: none"> Yes. People come to Network180 for authorization for MAT. |
| For MAT, do you want all three medications involved - Methadone, Suboxone and Vivitrol? | <ul style="list-style-type: none"> Yes. The contract requires all three. |
| For MAT - will Vivitrol billed to Medicaid directly or to Network180? | <ul style="list-style-type: none"> Directly to Medicaid. |
| For MAT – will Vivitrol provided on-site or approved by a physician and then provider off-site? | <ul style="list-style-type: none"> We will need to determine this on a case by case basis. It would be preferential to have a provider be able to administer Vivitrol on site. |
| For MAT – with Suboxone, will the provider both prescribe and dispense? | <ul style="list-style-type: none"> Yes. |
| For MAT – will primary care physician service be provided at the MAT clinic? | <ul style="list-style-type: none"> That would be great but is not required. If a bidder wants to propose something innovative, that's fine. |
| Does MAT include Allegan County? | <ul style="list-style-type: none"> An Allegan location is not part of this RFP process. However, if based on the client's location makes it easier for them to come from Allegan County to Kent County for services, we would arrange that. |
| QUESTIONS RELATED TO THE RECOVERY RESIDENCE SERVICES RFP | RESPONSE |
| In Recovery Residence Services you are looking for level 2 and 3. Is one level preferred over the other? | <ul style="list-style-type: none"> We have no preference between bids related to level 2 and level 3. |
| Is there a certain number of bidders they will select for Recovery Residence? | <ul style="list-style-type: none"> We will select no more than five providers. Providers can have more than one home. |
| Is there a certain number of beds you are looking for related to Recovery Residence? | <ul style="list-style-type: none"> No. |

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| Are you looking for bids only for serving adults in recovery residences? | <ul style="list-style-type: none"> • Yes. |
| What is your length of authorizations for Recovery Residence Services? | <ul style="list-style-type: none"> • Authorizations are a few months long typically, 2 months, and sometimes three months. • Recovery residence funding is a “jump start.” • People in a particular house may or may not be funded by Network180. |
| What is your length of stay for Recovery Residence Services? | <ul style="list-style-type: none"> • Usually 60-90 days. • The person is free to stay longer but we may not be paying for them at that point. • We look at whether the person has an ability to work. When our funding stops, hopefully the person is working. They may choose to stay at a home past our funding of them. |
| Are you primarily looking for Recovery Residence Services provided in Kent county? | <ul style="list-style-type: none"> • Yes, in Kent county. |
| For Recovery Residence Services, do you give feedback and/or guidance if there is a deficiency in the administrative section? | <ul style="list-style-type: none"> • Yes. |
| How do referrals happen for Recovery Residence Services? | <ul style="list-style-type: none"> • Referrals come from many different places – the jail, therapists, word of mouth, client choice, etc. |
| Will there be any need in the future for serving adolescents in Recovery Residence Services? | <ul style="list-style-type: none"> • In Kent County we have a kids’ residential provider. We don’t see a need for Recovery Residence Services for kids right now. |
| ADMINISTRATIVE AND TECHNICAL QUESTIONS | RESPONSE |
| On task #8, related to excluded and debarred – does that include vendors for monthly review? | <ul style="list-style-type: none"> • All employees and contractors, including vendors, must be reviewed for exclusion/debarment. Federal funds cannot be paid to any person or organization that is excluded or debarred. Vendors would be reviewed at the organizational level. |
| An updated Attachment I Training grid has been released by LRE and you have posted the old one. | We have not received word from LRE that this has been released. When we receive word there is an official version, we will post it. |
| People are unable to see anything after task one or two until they complete those tasks. Why is this? | <ul style="list-style-type: none"> • The current configuration requires that task #2 be completed before the subsequent tasks. |

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| Organizational charts – should they show staff? | Please be as complete as possible. |
| If there are changes in RFP language, how will bidders know? | We will note any changes on the FluidReview home page and try to use a track changes approach in the RFP itself. |
| Will we receive alerts for changes? | No. Please check the FluidReview homepage. |
| We can't get into FluidReview at all. | <ul style="list-style-type: none"> • Please email Mark.madrilejo@network180.org for assistance. In addition to contacting mark.madrilejo@network180.org, bidders can seek help directly (and more quickly) from FluidReview at support@fluidreview.com. Their staff monitors and replies to email 6am to 10pm EDT weekdays and 10am to 8pm weekends. Please mention network180-procurement.fluidreview.com in your email to help them better assist you. |
| Is there a way to link the RFP responses when more than one person from the same agency needs to work on the response? It doesn't appear they are linking. | <ul style="list-style-type: none"> • In the current version, different applicant accounts cannot collaborate on an application. If an agency plans to have several staff work on a submission, then the user/password credentials of a single account should be shared among those staff to enter materials within one application. |
| Is there a timeline for any plan of correction that may be related to deficiencies related to the administrative section? | <ul style="list-style-type: none"> • No. It would depend on the issue. The Network180 department involved would work with the provider on a plan and timeline. |