

**Case Management / Individual Recovery Services RFP Questions and Answers**

- 1. Q: For those who are providing Supports Coordination (SC) for MI older adults under contract with KCMHSAS, do they need to shift the program from SC to IRS/CM and thereby respond to this RFP?**

A: No. This RFP is directed only at agencies interested in providing IRS/CM (Individual Recovery Services/ Case Management) services. It does not apply to Supports Coordination providers of any kind.

- 2. Q: Under Section V.B.3., Relevant Experience, the RFP requests a list of "similar projects". Is this referring to our agency's programs?**

A: This question is asking for evidence that the agency has prior experience providing either IRS/CM or a related service to adults with a mental illness/co-occurring disorder. Agencies can cite experience providing IRS/CM or a related service (such as supports coordination) for other CMHSP's or for KCMHSAS directly.

- 3. Q: Under Section V.B.4., Proposed Services for KMCHSAS, we are asked to "Provide a sample report for the services you are proposing." What type of report is this?**

A: After a review of the section, part A which asks for the report will be struck from the RFP.

- 4. Q: P. 3: IV. B, 4: "An official authorized to bind the vendor to its provisions must sign all proposals. Is there a statement that must be signed; or where is this designation demonstrated?"**

A: There is no statement that needs to be signed, but the proposal must be signed by someone authorized to enter into contracts. This section requires that a person empowered to enter into contracts for the bidding agency review, approve and sign the proposal. This is to ensure that all proposals are approved by the agencies management and by someone empowered to enter into contracts.

- 5. Q: P. 4: IV, G. Miscellaneous Provisions. Is this section simply for information purposes or is there some response required? Especially pertaining to #2: Non-Discrimination; and #3: Collusion. If so, what would proofs look like?**

A: This section does not need to be responded to. The intention is to inform potential providers that contracts signed with KCMHSAS will include the expectation that agencies not engage in discrimination or collusion.

- 6. Q: P. 5: V, A, 1. Administrative requirements—bulleted items. Billing Entity authorized to receive financial reimbursement payment—what does this mean?**

A: The billing entity is the agency authorized to receive payment for any services that are rendered under this contract.

- 7. Q: P. 5: V, A, 9. A statement agreeing to the rates in Attachment B. What is the obligation of agreeing to the rates? What other choices are there? Can the rates be acknowledged without a statement of agreement? Is MI-A funded Supports Coordination part of this RFP process?**

A: The expectation is that potential vendors include in their proposals a sentence agreeing to the rates listed in Attachment B. The rates are not negotiable and agreeing to them is required to submit a proposal. By agreeing to the rates, the agency is acknowledging that these codes and rates will be the ones including in their contract if they are chosen as a vendor. MIA funded Supports Coordination is not included in this RFP (see question #1)

- 8. Q: P. 5: V, A, 11. Demonstrate fiscal solvency. If your agency does not submit financial audits each year, please include your past three financial audits with the RFP submission. Is the first statement demonstrated by provision of 3 audits or is there something else needed here? If our organization has already submitted its audits, is a specific response needed? In any way do you need audits to be re-submitted as part of this RFP response?**

A: If the agency already submits audits to KCMHSAS, they do not need to be resubmitted. However, if the agency has completed an audit that has not been submitted to KCMHSAS please submit those. Agencies that do not have an audit should submit their year-end balance sheet and their revenues and expenses for the current year and the past two years. If desired, bidders can submit additional proof to demonstrate their agencies' solvency. Examples of this could include statements of revenue and expense, current balance sheets, or the current year to date statement of revenues and expenses.

- 9. Q: P. 5: B, 2. Personnel—vendor should identify personnel who would be working with KCMHSAS along with brief qualifications of key personnel. Our experience is the majority of our staff work with KCMHSAS. Can you be more specific in terms of the job titles/types of positions you expect to have detailed here? Is a resume for these individuals required or will qualifications, tenure, etc. suffice?**

A: Please provide the resumes of the agencies top management/leadership (i.e., Chief Executive Officer, Chief Clinical Officer, Chief Financial Officer, etc.) along with a brief description of their qualifications and experience working for both the bidding agency and other relevant experience. Also please submit a job description for both the case manager and peer support positions.

- 10. Q: P. 5: B, 3. Relevant Experience—the proposal should list 4 similar projects completed over the last three years. What do you mean by projects? Can you provide some examples? Does “similar” reference IRS/targeted case management services? Does this mean something that the IRS/case management service has done or does this reference something organization-wide?**

A: This question is asking for evidence that the agency in question has prior experience providing either IRS/CM or a related service. Agencies can cite experience providing a

related service (such as supports coordination) for other CMHSP's or for KCMHSAS directly. Similar projects might include services like Assertive Community Treatment, home-based therapy, out-patient therapy, youth case management, or psychiatric services.

- 11. Q: P. 5-6: B. 4. A. Proposed Services for KCMHSAS. Proposal for KCMHSAS addressing the needs outlined in I. A & B of this RFP. Provide a sample report for the services you are proposing. Can you clarify what you are referring to as outlined in I. A & B? Does this mean the 2 paragraphs that appear in the Introduction on p. 2; or does this mean Attachment A & Attachment B? What is meant by a sample report? Can you provide an example to clarify?**

A: Upon revision, Section A has been deleted from the RFP. See the answer to question 3 above for more detail

- 12. Q: P. 6: B. 4. C. 4. Identify program outcomes and submit demonstrated evidence of program outcomes—less than 2 years old—related to case management. Does this refer to the Performance Indicators collected by KCMHSAS, or is this anything we may track on our own, or both?**

A: This item refers to both any performance indicator that is submitted to KCMHSAS as well as any internal outcome data that the agency has collected, or is current collecting that relates to the effectiveness of the program.

- 13. Q: P. 7: B. 4. C. 12. Describe the organization plans to address interim behavioral support plans that utilize intrusive or restrictive interventions and how they will meet Behavioral Treatment Team requirements. See Attachment D for the template for interim behavior plans. Attachment D provided is intended to be used for interim purposes until a full functional assessment can be completed by an appropriate source. Will these be available to persons served through this contract?**

A: Yes.

- 14. Q: P. 7: B. 4. C. 14. If the organization does not currently hold a contract with KCMHSAS, please provide 3 funder or stakeholder references. These references will be contacted for information such as quality review results. If the organization is a current provider, information such as QMU audits, history of sanctions, Recipient Rights evaluations and other internal data will be reviewed. This review process will consist of 32 of the 80 points in the Proposal for Services section. If we are already contracting with KCMHSAS does this mean that no response is needed to this question? Is the reference to points here indicating that #14 equals 32 of the 80 points available for section B—Proposal for Services? Will you provide the scoring tool or scale that is being used for the entire RFP process?**

A: Agencies already contracted with KCMHSAS do not need to submit this documentation again.

Forty percent of the total points available in this section (32 of 80 points) are awarded based on this item alone. The scoring tool rates all items on the proposals on a four point scale. It awards 20 points based on a bidder's response to the Administrative Requirements section and 80 points for their response to the Proposal of Services section.

We do not plan to release the scoring tool itself.

**15. Q: The RFP states that KCMHSA "...may elect to contract with three or more selected providers..." (p 2 of 24). Does this mean that KCMHSAS will contract with at least 3 providers? Or could KCMHSAS decide to contract with less than 3 providers?**

A: KCMHSAS may elect to contract with one or more providers as a result of this RFP. The number three was an example of the number of providers we may contract with and was not meant to be prescriptive.

**16. Q: Could you clarify #11 on page 5. Is this a two-prong questions? If we already submit financial audits, do we still have to demonstrate financial solvency? Are these two separate things?**

A: Please see the answer to question 8.

**17. Q: In regards to the statement of independence from KCMHSAS, that is already in the contract. Do we need to more than that?**

A: A simple statement of independence is sufficient.

**18. Q: On page 7, number 14 when you ask for stakeholder references if we don't have a contract with KCMHSAS. Do you mean if we don't have any contract or if we don't have a contract for case management?**

A: Please provide stakeholder references if you do not have a contract of any kind with KCMHSAS.

**19. Q: Are IRS/CM providers responsible for providing psychiatric services? If we are providing psychiatric now, is the expectations that it would be included? How is this need covered?**

A: Psychiatric services are not part of the bundled IRS/CM service. KCMHSAS operates its own psychiatric clinic and many IRS/CM consumers receive their psychiatric services through this clinic. Other providers run their own psychiatric clinics as well and have separate contracts to provide psychiatric services directly. Having a psychiatric clinic is not required as part of this RFP.

**20. Q: Is the expectation that nursing, peer and other services remain bundled with CM/IRS?**

A: Yes. Please see Attachment B.

**21. Q: Do you have a total award (dollar amount) that we are looking for?**

A: No. We do not plan on awarding a specific dollar amount to a winner(s) of this RFP.

**22. Q: Is there a target caseload per case manager that you are looking for?**

A: No. Our expectation is that bidders will propose a consumer to case manager ratio and then explain why this ratio is ideal for providing IRS/CM in the most effective, efficient manner possible.

**23. Q: Would you like us to submit budget information in regards to the rates?**

A: No. The rates included in Attachment B are not open to negotiation so budget information need not be submitted.

**24. Q: Is there a trigger for when a Behavior Treatment Plan (BTC) is created? How is this tracked in specialized residential homes and in other services?**

A: Behavior Treatment plans are created when a consumer has a behavioral issue that is so severe that it must be addressed through intrusion/restriction. The plans must be submitted, reviewed and approved by the Behavior Treatment Committee before they are implemented. The primary clinician, working with other providers such as specialized residential homes, is responsible for collecting data. Target data is collected in the manner described in the plan.

**25. Q: Why is the BTC plan just an “interim plan?”**

A: BTC plans are labeled as “interim” when they do not meet the technical requirements for Behavior Supports Plans spelled out in the technical requirements of the MDHHS contract.

**26. Q: Is there a maximum number of pages for the RFP?**

A: No. There is not page limit to your proposal. However, please try to be comprehensive and concise at the same time.

**27. Q: Are we expected to reply to all the items in Attachment A? Are we expected to reply to all the items in Attachment C?**

A: Please provide a description of how the organization will provide the scope of services described in Attachment A. Additionally, the bidder should provide information requested in the rest of the RFP. There is no requirement to respond individually to the items in Attachment C.