

Mobile Crisis Management (MCM) RFP Provider Questions

****Once we move into the RFP process, we will close the Q&A period on the specified date****

1) What counties does Alliance cover?

- Cumberland, Durham, Johnston, Mecklenburg, Orange, Wake

2) When would Providers be expected to go live with the service?

- Providers are asked to include an implementation plan and time frame for the service provision in the RFP response.
- With providers currently contracted there is time for implementation.
- There is no firm timeline
- There is more urgency for Wake County to have the provider selected because of the co response model with EMS

3) Is the service provided 24/7 365 as that will effect the cost modeling

- Yes

4) Since the RFP references the SAMHSA National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit is there an expectation for follow up with members post crisis response?

- There is some follow up outlined in the Mobile Crisis Management Clinical Coverage Policy.
- If you would like to include your own post crisis, follow up process please include this in your response.

5) For a two-person response would Alliance allow for one of the members to be support the response telephonically or through telehealth or are both members expected to be on sight?

- Alliance follows the Clinical Coverage policy and that is what defines the service delivery.
- Alliance is not requiring additional requirements however we are open to new ideas that would be beyond the minimum requirements.

6) Is Alliance looking for providers to propose the best service delivery model and cost model for the service?

- Yes, to both.

7) What is the volume of crisis calls? What percentage of the volume are Medicaid versus State Funded? Based on calls and responses. Billable events. This is only Alliance members not Standard Plan data.

Medicaid		
	FY2022	FY2023 (July - Dec)
Cumberland	64	23
Durham	33	26
Johnston	30	15
Wake	94	43
*Orange	18	13
*Mecklenburg	246	110

*12/1/21-6/30/22

Uninsured		
	FY2022	FY2023 (July - Dec)
Cumberland	37	18
Durham	23	26
Johnston	23	6
Wake	185	73
*Orange	15	14
*Mecklenburg	842	558

*12/1/21-6/30/22

8) Can providers propose recommended qualifications outside of the licensed clinician to expand the workforce, like QP's?

- Yes, if they are in addition to the staffing requirements included in the MCM Clinical Coverage Policy.

9) Will the process of enrolling members with Alliance for State funds remain the same? With a different payment model would we still need to enroll members with Alliance for State Funds?

- Yes, we are not anticipating any changes in the enrollment process.

10) What is the State Mobile Crisis Reporting requirements?

Below is what is included in the Alliance Health monthly MCM report.

- Number of Requests for Services
- Time of Request for Services
- Referral Source
- Service Location
- Number of Crisis Responses
- Time from request to face to face contact
- Number of Emergent, Urgent and Routine responses
- Length of Service
- Disposition
- Number of Crisis Response by funding type
- Number of individuals with MH, SUD and IDD diagnosis with a disposition of admission to State Hospital, Community Hospital and Diverted to a Community Placement.

11) With the possibility of having two providers in each county is there an expectation to share records for continuity of care?

- If the member is a Tailored Plan Member the provider will need to contact the Care Manager.
- Otherwise, the provider will need a consent with the other MCM team and for other service providers.

12) Is there a point person or place to submit questions?

- Yes, AllianceRFP@alliancehealthplan.org

13) Is First Level Commitment Examiner Certification required for the involuntary commitment process?

- Not required but would be value added.

14) Are you looking for two budgets one for the standard Mobile Crisis Services and the Wake County EMS Co responder model?

- Yes

15) Is Alliance wanting the EMS Co Response model for other Counties outside of Wake? Should providers anticipate other counties moving to an EMS co response model?

- Right now, EMS Co Response is just in Wake County
- We are not yet aware of other counties looking at the EMS model

16) After proposals are submitted do we anticipate holding provider interviews?

- The Scoring Team decides if they want to conduct provider interviews.
- An interview process is not required in the RFP process.

17) How does the dispatch process work with two providers in the County when crisis calls come into the Alliance Call Center? Is there a primary agency?

- Call Center staff can give first call to each provider
- Then whichever provider answers and can respond within the 2-hour window will receive the “warm handoff” from the Call Center.

18) If we apply, can we apply for the entire catchment or only for certain counties?

- Yes, you can apply for all the counties or only certain counties.

19) Are you planning to choose two providers and both providers will cover all the counties

- Not necessarily all the counties, we just need two providers per county

20) What response time is expected for general Mobile Crisis and Wake County EMS co response?

- According to the Clinical Coverage Policy for Mobile Crisis it is 2 hours.
- Wake County EMS and Mobile Crisis co response time is 30 minutes

21) If Wake County is paying for the EMS Co response is there already a detailed budget?

- The County has appropriated some funds
- We are looking for what it will take to fund and create a “fire house” model
- There are some limited start up funds so will be asking for a start up budget and ongoing cost budget

22) Fee for service was mentioned but what is the other term used?

- A “Fire house” model is when staff are paid while waiting for a call versus only being paid when the call occurs

23) Will Alliance be looking for the least expensive budget?

- Alliance is looking for creative cost modeling and the budget portion is not included in the RFP Scoring.

24) With the requirement of contacting the Tailored Care Manager after the crisis event occurs, how will we know if a member is receiving TCM?

- The member may know, providers can call the Alliance Call Center, the Provider Portal, and in NCTracks.
- If the member has TCM with a Provider, the Alliance Call Center may only know the agency providing TCM and not the specific Care Manager assigned for the member.

25) Since the RFP references the SAMHSA National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit and it seems to mirror a new State Service definition is Alliance looking for services that look like the SAMHSA tool kit or the proposed modification to the State Service Definition? If so a model like this would greatly impact the budget.

- Yes, Alliance would like to lead services in the direction of the SAMHSA toolkit and any proposed changes to the Service Definition.
- Budget is not going to be the deciding factor. The budget is not scored in the RFP.

26) Can someone expand upon the two person response since that is what the service definition is leaving towards?

- We have the same information that is the SAMHSA toolkit and the rescinded service definition. Having two people response is best practice.
- Alliance will not require more than the minimum number of staff response
- We would like to see providers shift towards an incremental two-person response

27) With the changes in the Clinical Coverage policy how will Alliance be scoring the proposals?

- Scoring will be based on what is in the current clinical coverage policy

28) Could we include additional staff outside of the Mobile Crisis response team in our proposal for example staff who monitor Admission Discharge and Transfer alerts through Tailored Care Management from the hospitals when there was not engagement and have them respond to prevent post discharge crisis?

- Yes, that is valued added and can be included.

29) Why is Alliance asking for 2 providers in each County?

- We are asking for two because of the State Requirements of offering member choice

30) If capacity increases could an additional provider be added?

- We would have to assess capacity of current providers first.

31) Do providers need to submit separate proposals for each County they want to serve, for example one proposal for Mecklenburg and one proposal for Wake?

- No one proposal can include all the Counties

32) What might bring an increase to the MCM service volume going forward?

- As Tailored Care Management becomes more widely available to members, we may see an increase in utilization of MCM services. In addition, if providers improve on the two-hour response time with a faster response to the crisis member engagement may improve as well as utilization of the service.

33) The RFP includes max page limits. Do those limits exclude any attachments?

- Attachments are excluded from the page count.

34) Within the RFP document, under Scope of Proposal, there is a reference to the duration of a MCM episode of care which ranges from brief to multiple weeks of continued engagement. However, the current NC Medicaid Clinical Coverage Policy states the maximum length of service is 24 hours per

episode. Can you elaborate on the vision Alliance Health has for the MCM service to be utilized (billed?) over multiple weeks for a single episode of care?

- With a change in how we may pay, depending on the proposals, value-added services to improve the use of MCM may not be limited to exactly what is in the definition but in addition there may be other supports a different model of staffing could provide.

35) If the provider submits their proposal electronically, including the scanned original signature, then there is no expectation for the provider to additionally provide and deliver to Alliance Health a hard copy of the proposal with the provider's original authorized signature?

- That is correct an electronic submission with the scanned original signature emailed to AllianceRFP@Alliancehealthplan.org on or before 5:00 p.m. on April 27, 2023 meets the submission instructions. A hard copy of the proposal is not required. A scanned copy of the original signature is required to be included in the electronic submission.
- If a provider would like to submit their proposal by mail (not electronically) they need to make that request in an email to the AllianceRFP@alliancehealthplan.org

36) The RFP document mentions certain disclosures that are required of the applicant. It is stated that sanctions and disciplinary actions (under licensure or regulatory agencies) must be reported for the past 5 years/ or currently pending. In the sentence above that, there is mention of Medicaid/Medicare paybacks, lawsuits, insurance claims/payouts—are these specific items to be reported for all-time, or only for the past 5 years/ or currently pending?

- The Medicaid/Medicare Paybacks, lawsuits, insurance claims/payouts disclosures are for all time.
- A full history, without regard to age of action, sanction or resolution, of pending and final sanctions issued by the Medicare or any state's Medicaid program. "Sanctions" should be interpreted by the provider for all disclosures as including paybacks, lawsuits (including administrative contests such as North Carolina Office of Administrative Hearings), insurance claims or payouts; and
- A 5 year history of sanctions, including both resolved and pending, by disciplinary actions issued by applicable licensure boards; and
- A 5 year history of adverse actions, including both resolved and pending, by regulatory agencies.

37) As there was discussion of the current known service volume being lower than one might anticipate (based on events billed to Alliance Health), could you share some numbers for what you would like to see the MCM service volume grow to be for each county? Based on either % growth from where we are currently, or based on what data might project the need is in terms of annual MCM events per county given your data on enrolled membership."

- Answer: Alliance does not have a target for a crisis call volume increase. We just know this appears to be low compared to our population size and we do not know the volume of calls for Standard Plan members.

38) In terms of the requirement for “100% of updated Crisis Plans will be shared with current providers”. Realistically, it is feasible that some members will give consent to share their Crisis Plans, but over a time period of hours, days or months, dynamics can change, and those members can no longer be in agreement to have their Crisis Plans shared. How would such scenarios be handled as to avoid a HIPAA breach, specifically with updated Crisis Plans?

- The provider will document the plan was shared with the Tailored Care Management agency and document the member declining consent to share the crisis plan.

39) Can we get clarification on the role of LP being required to start the IVC process? Currently QPs are able to initiate. Is this related to first eval or some other requirement?”

- We are clarifying the answer and will have the answer to the Q and A no later than 4/19/23.

40) Is there any more information about the Firehouse model? Is it going to be a requirement to have responders at a central location? We currently have our responders in multiple locations throughout the counties that we serve to decrease drive and response time- would this fit in the firehouse model or are you looking for something new.

- For Wake County EMS co response model
 - Co-location at a Wake County EMS station is not a requirement. Co-location at the EMS Stations is an available solution to help the mobile crisis team be geographically distributed and help with their EMS co response time.
- For all other counties there is no requirement to have staff in a central location. However, we are looking for the provider to outline how they will utilize staff for a “firehouse” model while responding quickly to crisis calls.