DETROIT WAYNE MENTAL HEALTH AUTHORITY

REQUEST FOR PROPOSALS
FOR
ACCESS CALL CENTER

CONTROL #2016-001 ADDENDUM NO. 4

ADDENDUM ISSUE DATE: THURSDAY, OCTOBER 29, 2015

This Addendum is being issued prior to the acceptance of RFPs to allow for the following changes, additions, clarifications, and/or answers to questions:

MODIFICATIONS AND ADDITIONS:

1. **CHANGE** the PROPOSAL DEADLINE from Thursday, November 12, 2015 at 4:00.p.m. local time to **Tuesday, November 17, 2015 at 4:00 p.m. local time**.

QUESTIONS AND ANSWERS:

1. Page 7, RFP Section 2 – SOW, Item 2:
   a. Please provide daily, weekly, or monthly historical call volume for the last 6 to 12 months.
   b. Please also provide information on average call lengths and the number of transfers and outbound calls to assist with staffing projections.

   ANSWER: The utilization chart will be an attachment to Addendum.

2. Page 7, RFP Section 2 – SOW, Item 4:
   a. How much weight will be given for the "Preferred Qualifications"? (If a vendor doesn't meet all four of the criteria, what is the maximum number of points allowed for the Experience and Qualifications rating?)
   b. Does DWMHA have a preference for a local or in-state vendors? If so, are responses sought only from those vendors who will provide a local or in-state solution?

   ANSWER: a. The weight is a component of the evaluation criteria listed under Experience and Qualifications. The maximum number of points allocated is 30.
   b. No, since this is federally funded there are no preference.

3. Page 8, RFP Section 5 – Scope of Services:

a. Will DWMHA consider contracting with a vendor that is not currently accredited provided the vendor agrees to obtain accreditation prior to the end of the initial contracting period? Or, is DWMHA seeking to only receive responses from vendors currently accredited?

ANSWER: Accreditation is not a mandatory requirement; however it is a Preferred Qualification. Therefore, it will be taken into account in review of Experience and Qualifications.

4. Page 9, RFP Section 5 – Scope of Services:
   a. Does DWMHA have a preferred "electronic method" (i.e. VPN, FTP) and format for the clinical summary reporting data?
   b. How long will the vendor have to archive this data and how many records are expected to be stored?
   c. Please clarify what is meant by "interface with the current DWMHA data collection system and EMR". Does the vendor have read and write access? How does the vendor access DWMHA's system? Are any special licenses or user agreements required for access?

ANSWER: a. Right now we move data through an FTP-server with the MCPNs.
b. Technically the vendor will be bound by the legal retention of clinical records – ten years after the last service with an individual.
c. We can set that up when we are ready to go, no license issues. Separate log-in.

5. Page 14, RFP Section 3 – Evaluation Criteria and Submittal Requirements, Item e Compensation:
   a. Will DWMHA accept a fee schedule that includes implementation costs (training, IT coordination, etc.) and/or monthly base fees or guaranteed minimum usage?

ANSWER: Please include all relevant costs associated with respondent's proposal.

6. General Questions:
   a. How long has Pioneer served as your crisis line vendor?
   b. What is the estimated annual budget for the crisis line or your budget for this project?

ANSWER: a. Since 2002.
b. The current contract with Pioneer is all-inclusive and has a host of services. Therefore, it is difficult to determine the budget. The future budget will be based on new contract as a result of the procurement process.

7. P 8 Specific Call Center Requirements – is there a list of AAS equivalent accreditations?

ANSWER: There is not a list of equivalent accreditations.

8. P 11 sec 2, b - Beyond the requirement of "simply and economically" are there any specific page limitations to the submission?

ANSWER: No, there aren't any specific page limitation to the submission.

9. P 11 sec. 3, a,1 - If a thorough response is provided to the NEXT section (preferred qualifications) would reference to that response satisfy this criteria?

ANSWER: Yes, as long as the information provided in section is thorough.

10. P 12 sec 3, a,7 - Is it necessary to submit information on all organization staff or just those who would be involved in this project?

ANSWER: It is necessary to submit information for those who are involved; however, the organization structure should include management and executive staff of organization.

11. P 12 sec 3, a,9 - For a nonprofit organization is a list of board members adequate for this?

ANSWER: Yes.

12. P 12 sec. 3,b,1 - Would consumer vignettes be an acceptable way to address this?

ANSWER: No, just looking for general discussion on the type of services that you provide and any tools or treatment methods that are used.

13. P 13, sec 3, b,13 - Can all policies/procedures (those mentioned here and the ones referenced in 3,b,2) be included in one unified appendix with an index?

ANSWER: Yes.

14. P 13, sec 3, b,14 - Should this read “English as a second language” (Note, I ask this because English as a first language is not generally considered an impairment but that’s how the sentence reads)

ANSWER: Yes

15. See last question - Is the bidder expected to address access for persons who do not speak English?

ANSWER: Yes

16. P 13 sec 3, c, 3 - Assume this means you want a summary report, not the actual Surveys?

ANSWER: Yes

17. P 14 sec 3, d, 2 - “categories” or “categorize”?

ANSWER: Categorize

18. P 14 sec 3,e,2 – Is there a specific budget template to use?

ANSWER: No

17. Can you please provide utilization reports for the previous 2 years including but not limited to:

- Total number of incoming calls
- Average length of calls
- Call breakdown e.g. the number of calls requiring EMS response, clinical calls, informational calls (non-emergent) and wrong number calls
- Total number of outgoing calls

ANSWER: See response to Question 1.

18. Define an incoming call? e.g. patient, family member, provider follow up

ANSWER: A call could come from anyone including the consumer attempting to seek services for an individual in mental health crisis.

19. Define an outgoing call? e.g. contact ems, coordinating referrals for treatment, transportation

ANSWER: Any call related to the coordination of call of the consumer. It could be 911, case manager, ACT provider, e.g.

20. What is the current pricing/rate methodology e.g. per call, per incoming call, per outgoing call or per case?

ANSWER: The current contract with Pioneer includes a whole host of services.

21. What is the current rate?

ANSWER: See response to Question 20.

22. Will the pricing/rate methodology change under the new agreement?

ANSWER: Yes.

23. Will the new Call Center vendor have access to the electronic medical record for closed and open case files?

ANSWER: Vendor will not have access to EMR but may have access to management system for recording purposes.

24. How were the Required Performance Standards derived?

ANSWER: Performance standards based on similar established contracts with other PiHP. Please feel free to comment on current proposal and / or to recommend other standards.

25. Will community providers notify the Emergency Response Call Center in order to outreach to provide a rapid response to early signs of relapse? Or does the Emergency Response Call Center identify those individuals?

ANSWER: Community providers will notify.

26. Are there any page limitations or other formatting requirements to the RFP response?

ANSWER: No.

27. Regarding providing a staff list, does this include just call center employees or all employees in the organization?

ANSWER: See response to Question 10.

28. Regarding demonstration of the "LMSW staffing mix" can the Department provide additional detail regarding its expectations on this mix? Are Volunteer's acceptable? B.A. Level? LLMSW? And if so, is there a minimally acceptable ratio within this staffing mix?

ANSWER: The intent is to provide the highest level of clinical expertise in order to meet the crisis needs of the consumer. At a minimum there should always be an LMSW, Psychologist, immediately available for crisis calls. Other supporting staff for less emergent calls is left up to the discretion of the respondent and their proposal. The reason we are looking for established call centers, with other supporting contracts, is to share the cost of having professional staff. LLMSWs are Limited License Master Social Workers.

29. Under "maintain staffing levels and competencies..." for purposes of defining a "...licensed, masters level mental health professional..." does the Michigan Limited License satisfy this requirement?

ANSWER: The RFP minimum requirements calls for a mix. Which will include Limited, Master's, and Fully License professionals.

30. In "General Information" the goal of the Behavioral Health Emergency Response Center is to …"markedly increases access" to services. What specific targets does DWMHA have in terms of increased access?

ANSWER: This metric would be measured through performance standards. The goal is to attempt to coordinate and link consumers' needs even if it is outside the CMH funded system. It would not be uncommon for the call center to assist at risk consumers who has insurance other than Medicaid/Health MI. The development of this strategy would occur over time based on data.

31. Who is DWMHAs Crisis Intervention Response Team provider?

ANSWER: This is a proposed new contract currently under review.

32. What is the average number of monthly calls that flow over from the Customer Services/Access Center?

ANSWER: See response to Question 1.

33. In Scope of Services, the RFP states the provider must have the infrastructure to be able to expand to handle any future expansion of the crisis line. What is the nature of the expansion that DWMHA envisions?

ANSWER: Publically funded health care in MI is in flux and changing rapidly. With the focus on integrated care future opportunities may present to expand this service, as an example. Other examples include new funding sources. The Authority is requesting a discussion on the respondents ability to meet these future opportunities.

34. What technology system does DWMHA use? Will call center staff have access to this program? Do other coordinating ACT teams, hospitals, mobile crisis teams have access to the same program?

ANSWER: We use two systems from a local, but large Michigan system vendor: PCE. Yes, we have a care-coordination system call Mi-Care Connect. Which will be used to share history across the treating providers.

35. Who is on the evaluation team and what is the evaluation process?

ANSWER: To protect the procurement process we are unable to answer this question.

36. Regarding subcontractors, does DWMHA favor organizations working with “disadvantaged business as subcontractors”?

ANSWER: Yes, the Authority encourages the use of disadvantage, minority and women owed businesses, and businesses located in Wayne County.

37. Presently, does DWMHA feel that it has the right mix of collaborative and contracted community partners to work with the call center to assure greater access to the appropriate level of care?

ANSWER: The Authority continues to evaluate depth and penetration of all Medicaid required services. Opportunities to improve community based crisis services has been identified as current priority.

38. Will the call center be measured on how many consumers are kept out of higher, more costly levels of care?

ANSWER: The call center will not be measured based on keeping people out of higher level of care. As with all services, we do have a goal to treat consumers in the most appropriate least restrictive setting. The number one goal is to identify consumers who are in crisis and get them into services.

39. What are the minimum qualifications of education, experience and licensure for the behavioral health responders who are answering the crisis calls?

ANSWER: Addressed above #28

40. When the RFP references LMSW staff, would other comparable licensed professionals such as LPC or LLP be allowed as well is this specifying that we are to use LMSW only? Also, is it a requirement for a full-license or will limited licensed professionals be acceptable?

ANSWER: Addressed above #28

41. Where the RFP references a “licensed, masters level mental health professional who is a professionally credentialed expert in crisis work or suicidology”, is there a specific credential, certification or training would be required to determine when someone is considered an expert?

ANSWER: The Authority is not requiring a specific credential.

42. In reference to the electronic method of storing clinical information and documentation of calls, is it the expectation that the vendor develop or purchase their own electronic record system with capability to interface with DWMHA’s MHWIN system or would DMWHA be providing access to the MHWIN system and developing modules within the system to document and view the required information?

ANSWER: We can look at both options. DWMHA system can be made available to the vendor to provide historical data on Consumers

43. In reference to the standard for call blockage – is this stating that in effect the caller should not receive a busy signal?

ANSWER: Yes

44. The RFP references that the vendor will assume and utilize current crisis numbers – currently all crisis calls for DWMHA originate at the Access Center and there is not a specific outside number for

crisis – would this process continue or would the calls be routed to a new number that would go directly to the crisis call center?

ANSWER: Crisis calls would be routed directly to the call center.

45. The RFP references referrals, would general information & referral services be provided under this RFP as it is currently provided by crisis line staff or would that continue to be a part of the Access Center contract?

ANSWER: Addressed above #30