



RFP #DYS2010-01
The Multi-Systemic Therapy Pilot Project
Questions and Answers

1. Section 1.1, Purpose – “These intensive therapeutic services....at high risk of being committed to DYS”. How is “at risk of being committed to DYS” to be determined?

“At risk of being committed to DYS” is determined by either a judge or court staff member that has indicated a youth is being considered for commitment.

2. Section 1.4.1, Program Target Population – “Referrals will be from the juvenile courts or from DYS”. If DYS is referring the youth, doesn’t that mean the youth is already committed?

DYS referrals would be comprised of youth, currently engaged in an aftercare program, that become a risk for recommitment.

DYS would refer if it is an aftercare youth at risk of recommitment.

3. Section 1.7.1, Respondent’s Technical Components – bullet #11 states, “Respondent must clearly describe the geographical location....” – does this refer to individual judicial districts or can a respondent include multiple judicial districts in one (1) proposal?

Geographical location should be defined by identifying one or more judicial districts.

You may identify one or more judicial districts.

4. Given that all therapeutic services are per the MST and that all procedure information comes through them, what other consultation might be necessary?

Consultation with other community agencies or coalitions may be needed to coordinate services, for example System of Care (SOC).

Coordination with other community agencies and coalitions, for example SOC.

5. What percentage of counseling clients are anticipated to be Medicaid clients?

DYS anticipates the percentage of Medicaid client to be about 70%.

6. Section 4.3.3 states that therapeutic services for Medicaid clients are paid Medicaid rates. Is part of the proposal the rate price for non-Medicaid clients?

The price proposal should include the rate price for non-Medicaid clients. DYS will reimburse based upon applicable Medicaid rates.

The rate is based on Medicaid rate.

7. What is the current medicaid counseling rate?

Fee schedules are available on the Arkansas Medicaid Home page; <https://www.medicaid.state.ar.us/>, under Provider Information.

8. Section 1.7.1, Respondent's Technical Components – bullet #12 states, "For all CON....that are not aggressively appealed..." What constitutes "aggressively appealed"?

The contractor shall provide written evidence that timely appeals have been performed when a denial is received.

9. Section 4.3.3, Price – How can the Contractor be reimbursed for services if the client is not Medicaid eligible?

Reimbursements will be made by DYS for services provided by the contractor for a non-Medicaid eligible client. Reimbursement will be made based upon Medicaid rates.

10. Section 4.3.3, Price – "Contractor will not receive any other payment" – if a client is deemed in need of current services that are not Medicaid eligible for reimbursement, such as anger management, parenting classes, etc., does this mean that this MST grant may be billed for such services in 15 minute increments and at what rate?

DYS will reimburse these services based upon established and contracted time frames and rates.

11. Section 4.3.3, Price – If a service is provided that is not Medicaid eligible for reimbursement, can a DYS-CBP case be opened and the DYS-CBP be billed for such services (anger management, life skills groups, parenting, etc.)?

DYS encourages a contractor to use established Community Based Programs to provide needed services to these clients. The Community Based Provider will be DYS and reimbursement for services will be paid directly to them not the MST contractor.

12. Section 1.7.1, Respondent's Technical Components – bullet #12 states, "there will be financial sanctions applied". How will "financial sanctions" be determined?

DYS will determine that a financial sanction is required when the contractor is unable to address program deficiencies in an allotted period of time.

13. What is being requested in terms of price for the MST training? How does DHS want this proposed/stated? Given all of the undetermined variables in the training, i.e. distance necessary to travel, number of nights in a hotel, number of meals necessary, any flat training rate would be a gross under-estimate or over-estimate.

DYS will reimburse training expenses. MST Training will be provided by the MST Institute and estimated dollar amounts should be proposed based upon available information on the MST Institute website.

14. Will travel time be paid (beyond mileage) for Medicaid and non-Medicaid clients? If so, how should travel time to be integrated into the proposal?

Compensation for transportation will be in 30 minute increments which may occur for transportation services for both clients and family members.

15. What services would a RSPMI provide that would be required in the contract?

A RSPMI would provide Mental Health Services.

16. Program Deliverable 7, Performance Indicator 1, #3 – “The Contractor shall maintain...*the* therapists were available 24 hours each day”. Can we use our currently established emergency mental health on-call therapist as approved by RSPMI/Medicaid?

The contractor will be allowed to use their currently established emergency mental health on-call therapist in the event the therapist is trained in MST.

17. Section 1.6.1, Intensive Family Services and 1.6.2, Wraparound Care Coordination – If we are being asked to do the MST Model, why are the IFS and WRAP included as separate components?

IFS and WRAP are not considered to be separate components but are important components to MST that must be address in your proposed negotiation.

18. Section 4.3.3, Price – “Reimbursable” is unclear. Does this mean that DYS will reimburse the respondent for training costs, consultation, travel, etc., that is related to the MST Model Program expenses? Is there a maximum dollar amount for reimbursement for all trainings, consultations, etc.?

A maximum dollar amount will be determined during contract negotiation for reimbursements related to training costs, consultation, travel, etc.

19. Section 4.3.3, Price – Will DYS reimburse for any licensure fees with MST?

A maximum dollar amount will be determined during contract negotiation for reimbursement related to specific licensure fees.

20. Section 4.3.3, Price - Does an estimate of these costs need to be included in the cost proposal or will DYS reimburse for all required training expenses, travel, consultation, etc?

A maximum dollar amount will be determined during contract negotiation for reimbursements related to training costs, consultation, travel, etc.. All reimbursements will be made based upon DHS Travel Policy.

21. Referencing section 1.10, where can information be found on the WRAP training and what is the length of this training?

System of Care (SOC) provides this training and contact information will be provided.

22. Will travel time be paid (beyond mileage) for Medicaid and non-Medicaid clients? If so, how should travel time to be integrated into the proposal?

Compensation for transportation in 30 minute increments will occur for transportation services for both clients and family members.

23. Section 4.3.3, Price – “Compensation: Transportation in 30 minute increments”. Does this apply to staff or to transporting clients? At what rate?

Compensation for transportation in 30 minute increments will occur for transportation services for both clients and family members.

24. Does DYS plan to sign the contract with the MST Institute or are the individual providers required to sign the contract?

DYS will not be entering or signing a contract with the MST Institute on behalf of the provider.

25. Section 3.17, Awarding of Contract – “The Division/Office reserves...responsible response to this solicitation”. Could you please clarify this? Is DYS wanting to grant one (1) contract or multiple contracts?

DYS plans to award one or more contracts.

26. Section 4.2.7.4, Past Performance – If the respondent holds a current DYS contract, is any documentation necessary?

In the event a respondent holds a current or past DYS contract, no documentation is required to be submitted by the respondent related to past performance.

27. Where can information be found on the DYS Information Management System Rite Track?

Information related to Rite Track can be found at the following website: <http://www.handelit.com/> DYS provides guidance to contractors as to the use of this system upon award of contract.

28. Section 4.3, Cost Proposal Requirements – The box states, “Cost Proposal MUST be submitted...BOTH MUST be sealed”. In the past, only the Cost Proposal had to be sealed. Do you expect both the Technical Proposal AND the Cost Proposals to be sealed separately?

DHS Contract Support Services requires both the technical proposal and the cost proposal to be sealed separately.

29. Section 4.3.3, Price – What is the deal? What is meant by “On an annualized basis”? The way this reads, we are to propose for an amount to cover the period of time between 12-21-09 through 6-30-10. It sounds as if this 6-month price is the amount to be applicable for 12 month renewals during the life of the contract, if extensions are exercised. Can you please clarify this?

State contracts are not allowed to cover a period that extends over a fiscal year end; therefore, the price proposal to be submitted in response to this RFP should incorporate a six month period ending June 30, 2010.

30. Program Deliverable I, Performance Indicator 1, #3 – “The Contractor will work....to ensure that six (6) months of MST....” Does the timeline for implementation include startup and training requirements of the MST Program?

DYS would like for the provider to due diligence in acquiring MST Training and implementation of the MST program very quickly. Due to the earliest possible start date of the contract being December 21, 2009, a full six months of MST services cannot occur by June 30, 2010.

31. Program Deliverable 3, Performance Indicator 1, #1 – The Contractor including medical, dental, and acute psychiatric care and transportation”. Who pays for these services if the youth does not have Medicaid, insurance, etc.?

The Contractor should explore all possible options for funding for medical, dental, and acute psychiatric care and transportation. In the event no other funding source is available, DYS will reimburse up to the maximum negotiated dollar amount contained in the contract for these services.

32. Program Deliverable 3, Performance Indicator 1, #1 –medications....are administered and monitored by appropriately licensed personnel”. If a youth resides in his/her own home, how can medications be administered and monitored by appropriately licensed personnel?

This Program Deliverable and Performance Indicator should be omitted.

33. Program Deliverable 3, Performance Indicator 1, #3 – “this documentation....and proof of compliance with physician’s orders...” If a youth resides in his/her own home, how can proof of compliance with physician’s orders be demonstrated?

This Program Deliverable and Performance Indicator should be omitted.

34. Attachment A, Financial Terms of the Contract – There was no section outlining the Match Requirement. Is there a Match Requirement? If so, what is it?

No match requirement is required.

35. Section 5.2, Point Assignment – “The lowest computed price proposal will be awarded maximum value”. This conflicts with Section 5.3, Contract Award Process – “The contract willnot necessarily the one with the lowest cost”. Why would you give the lowest computed price the highest number of points when it may not be the most effective solution for the price quoted?

The Division shall award the contract to the responsible respondent whose proposal is determined in writing to be the most advantageous to the agency, taking into consideration cost, the other evaluation factors set forth in the request for proposals, and the results of any discussions with the respondents.

36. What is the ceiling on the award amount?

The award amount ceiling has not been determined by DYS.

37. On the bottom of page 55, #2 is an incomplete sentence. What is the rest of this sentence?

See page 56 on which #2 is completed.

38. We under the need/focus on the provision of wraparound services spearheaded by high fidelity to Multi-Systemic Therapy. Does the division anticipate that case management funded thru Medicaid may be utilized to fulfill these services should appropriate/community resources not be available?

DYS anticipate the majority of clients receiving MST services to be Medicaid eligible.

39. Please give more detail and discussion on “respondents must show their verifiable strategies for applying for a CON from Medicaid on all DYS juveniles”. Can the Division share current

statistics on current number of Medicaid covered youth? Also, does the Division have definition of “aggressive appeal” or “financial sanctions”?

Aggressive Appeal - The contractor shall provide written evidence that timely appeals have been performed when a denial is received.

DYS will determine that a financial sanction is required when the contractor is unable to address program deficiencies in an allotted period of time.

40. Will all RSPMI rules apply to the population being served this contract?

Each case will be reviewed independently.

41. What is the mechanism for the successful respondent to receive start up funding?

DYS funding will be received via the reimbursement method. No start up funding is anticipated.

42. Will start up funds, or any part of necessary start up funds, be available at the beginning of the contract period?

No start up funding is anticipated.

43. If only a portion or the money is available how will the amount and timing of the payment and any future payments be determined?

DYS will award contracts based upon secured funding.