Q1. As the solicitation indicates that a provider could submit for a single county or more than one county in the same proposal, how would the scoring work for this? As might be expected for [provider x], we will only consider submitting for [county x] County services at this time. If a competing organization offers a proposal for multiple counties including [county x] County, how will that proposal be graded against [provider x]? An aggregate score of multiple counties against the single score of one county would not seem to offer a fair basis for comparison. After all, an organization might have a strong presence in every other county but [county x] County. In the least, there would an inequality when scoring the 25 points under the category: Ability of the agency to develop and implement project. Short of another organization within [county x] County bidding, it is hard to imagine how an external, multi-county organization could score better than [provider x] within [county x] County.

A1. We will have a maximum score of 100 points for any proposal, whether it is a single or multi-county response. For multi-county responses we will have individuals from each proposed county on the review team and their scores will reflect their determination of whether or not a multi-county program would be the best solution for their community. Part of the scoring is to rate the applicants’ ability to implement the program in a way that is responsive to community needs. It will be up to the reviewers to determine whether the benefit of combining and leveraging the allocations for multiple counties outweighs the benefits of a single county model.

Q2. Is the anticipated contract amount for year one the total amount for twelve months? Or, is this prorated to reflect the first-year term of seven months vs. twelve? And, if it is the full amount for twelve months, will these dollars be subject to carry forward?
A2. The funding listed in the procurement is an annual amount. The full amount will be available for the remainder of this fiscal year, allowing for start-up costs on a one-time basis. The funds are state funds and therefore can be carried forward with DCF approval.

Q3. Is this recurring funding?

A3. Yes, it is recurring funding.

Q4. When receiving a Mobile Crisis call, is the intent to screen for a priority population before responding to the call?

A4. It is the intent that the program will triage calls and respond appropriately. Collaboration with community partners such as school and law enforcement will be critical in the design of the response protocol.

Q5. And, upon responding, is it the intent to conduct a financial screening to determine funding eligibility?

A5. We do not expect screening for financial eligibility at the time of the initial response however the model includes follow up for a 72-hour period during which insurance/Medicaid information may be obtained. Most MMAs are reimbursing for mobile response and successful proposals will address how to leverage those resources.

Q6. What is the anticipated reimbursement methodology, i.e. case rate, fee for service, availability, etc.?

A6. Method of payment will be fixed rate/price, with quarterly reconciliation of program expenditures. Entering of all encounter data into the data system will be required.

Q7. Is LSFHS considering extending the application deadline? The hurricane warnings/evacuations in some of our counties have already affected the timely ability to obtain reference letters and MOUs, as law enforcement and other public offices have had to prioritize public safety, and some school systems are completely closed until Thursday or Friday.
A6. LSFHS has received permission from DCF to extend the application date to October 26, 2018 for the counties in Circuits 3 & 8 only. Proposals for all other counties will be due on October 19, 2018.

Q8. Is it acceptable to request a letter of reference as a business partner from LSF for this RFP?

A8. No, it would be a conflict of interest for us to supply such a letter.

Q9. Referencing RFP, p. 9, item A. Title Page shown below, does this indicate that the application requires one or two title pages? Does the reference to the Procurement Manager Name refer to the agency’s signing official?

A9. There are two documents required, the cover sheet or title page listing the agency name, Procurement Manager and contact information. The Procurement Manager is the signing official and single point of contract for the proposal. The second document is essentially a cover letter to the LSF contact listed in Section 2 of the solicitation.

“Agency’s response must include a coversheet or title page detailing the agency name, Procurement Manager Name and contact information along with a title page addressed to the contact indicated in Section 2 of this solicitation.”

Q10. Is the funding that is proposed by county for 7.5 months, since the contract does not begin until November 15th?

A10. The funding is an annual amount, but the entire amount will be amended into the contract for this year.

Q11. Should the proposal reflect an annualized budget or a budget that is reflective of the funding and or 7.5 months?

A11. The budget should be for the remainder of this year. As a start-up year, some of the funds may be used for one-time startup expenses.

Q12. Does response time of 1-hour specifically mean face-to-face if not specifically warranted?
A12. If you refer to the DCF Framework it gives some context for the 1-hour response time. It is expected that calls will be triaged, and the provider will determine if phone or telehealth response is appropriate in place of or until face to face contact can be made.

Q13. What time is the proposal due on 10/19/18?

A13. Section 2.VI. – “Proposals must be received by LSF Health Systems by 5pm on the assigned date in accordance with the Schedule of Events and Deadlines.”

Q14. Can an MRT respond to calls outside of their county line?

A14. We intend to pay these new MRT contracts on a fixed rate basis, with a quarterly expenditure reconciliation and entry of all encounter data into the system. If we have providers who can collaborate across county lines, to better achieve the 1-hour response time, it would be a very good thing for our system. You would want to have appropriate procedures and MOUs in place, but with “no wrong door” and fixed rate payments it would not matter who billed for the service.