Mobile Crisis Management Q&A  
RFP# 2016-104

1. How is Alliance planning on dividing the MCM territories between 2 providers that are chosen? Are you thinking geographically and if so, what would that look like?
   A-We would like to see the two providers be primarily assigned to a geographic area. However, because we are required by the state to offer choice, if an individual requests an alternative organization other than the one primarily assigned, we would want you to provide if necessary.

2. The services outlined in the RFP are significantly more structured and require a higher level of staffing/staff credentials than what is allowable under the Medicaid service definition. Will this service be billed at the current Medicaid rate or will an enhanced rate be offered?
   A-We expect the providers to cost model the service as written in the RFP as part of the proposal.

3. Can the location of the centralized dispatch unit receiving calls be outside of the catchment area?
   A-Yes.

4. If agency has an active plan of correction in place that has not been approved by Alliance, will they be considered?
   A-Yes.

5. The RFP calls for the dispatching agency to maintain equitable distribution of dispatches between the two providers. How will this be monitored given possible concerns about fair distribution of calls from various funding sources, locations within the catchment area, etc....
   A-We will monitor through our ongoing data collection and analysis.

6. One outcome states that 100% of updated PCPs will be shared with current provider and updated in Alliance's Alpha system. Is this referring to the crisis plan revisions or changes to the PCP itself. What is expected if the current provider cannot be reached during the MCM event or at all?
   A-Crisis plan revisions and updated PCP’s will be in Alpha as frequently as they are submitted through authorizations. We expect the MCM provider to contact Customer Service if the current provider cannot be reached during the MCM event to alert, and for the MCM provider to work through the crisis with the consumer.
7. Will the dispatching provider be given access to the Alliance Alpha system to know if a consumer in crisis already has a first responder? How should this info be obtained?
   A-We will explore potential ways to make this information accessible to the dispatching provider, including granting access to Alpha.

8. Will Alliance provide any technical assistance in regard to the crisis rating scale as a single scale has not been identified by the state as specified in the current service definition?
   A-We expect the applicants to identify the rating scale they will utilize in their proposals.

9. Will crisis prevention activities and follow-up on crisis events be billable under this scope of work?
   A-Yes.
   If so, what documentation will be required for prevention activities and follow-up activities?
   A-Standard service notes documenting services provided on behalf of the consumer.

10. Will Alliance provide technical assistance in further developing the care algorithm?
    A-Yes, to an extent. During the implementation process, we will work with the selected providers to identify care algorithms, with the expectation that the providers will prioritize this ongoing development within their clinical function.

11. The required elements call for a licensed clinician for assessment and on-site therapeutic support. Does this mean that a licensed clinician must be dispatched on every call to conduct the assessment and be available for support?
    YES
    Can this staff be provisionally licensed or do they need full licensure? YES

12. A peer support person is also required for “bridging and navigation” purposes. Is it expected that a licensed staff and Peer Support person participate on site in every MCM event?
    A- Yes.

13. Another element says the provider agency must have the licensed professional staffing capacity to begin the involuntary commitment process. Does this mean that the agency must have a licensed person on hand 24/7 who can conduct a QPE? Is it referring to the petition process?
    A-Yes, this refers to the Clinician Petition first evaluation of the IVC process.

14. Would it be possible to get some numbers on the volume of calls for the past 2 or 3 years?
15. In light of State discussions about the potential to require all mobile crisis staff be licensed, how will this impact the provider who is awarded the contract?
   A-If this requirement is enacted upon at the State level (via the Clinical Coverage Policy), it will be required of all mobile crisis providers including those awarded the contract, upon the identified effective date.

16. If there are changes to the service definition during the contract period will the provider be given adequate time to make necessary adjustments?
   A-Yes.

17. How is the Alliance catchment area currently using the service? What is the anticipated volume?
   A-Currently, there are several providers providing this service across the catchment area. This RFP process will select two providers to cover the catchment area. The graph above displays the service utilization for FY14-16.

18. What additional funding, if any, will be given to the provider who in addition to providing mobile crisis services will also house the centralized dispatch?
   A-There will be a separate reimbursement model for the dispatch services from the mobile crisis management services rate. We expect you to give us a budget in your proposal if you are applying for both MCM and dispatch services.

19. Is there a cap on the UCR contract? Is there a Non-UCR amount for services already established?
   A-No Non-UCR amount will be contracted for this service. The rate will reflect the expectations of the services. We are unable to answer the question about the UCR at this time.
20. The RFP states start-up funds are limited. Is there a range designated for start-up funds?
   A-We will make that determination based on the selected providers’ submitted budgets.

21. Can you please provide all interested respondents with data indicating number of MCM referrals (or # of billed events) annually, per each of the covered counties?
   A-We will need additional time to pull this data. We will get it out ASAP.

22. The RFP indicates the need for integration of Certified Peer Support Specialists (PSS). The current NC MCM Service Definition does not specifically include the Peer Support Specialist as a qualified staff for the team-based composition. Please clarify if you envision the PSS to participate as part of the MCM service, or if PSS services are to be included supplementally/under current Peer Support service definitions.
   A-Yes, we envision the Peer Support Specialist being an integral part of the team. We would expect them to be Certified PSS or certified within 6 months of hire.

23. If the PSS participates within the MCM service definition, will they be required to have 1 year experience providing crisis management services?
   Yes.

24. Are changes with the MCM service definition on the horizon that will require a 1 hour face-to-face MCM response time?
   A-We do not know what the proposed changes to the MCM service definition are at this time, as that is still in development.

25. Please confirm you are seeking for 2 providers, each of which must be able to respond to all locations in your catchment area within a 1 hour time frame. Additionally - Are you open to discussing with selected providers other possible options, such as dividing the area between the providers based on geographic regions?
   A-Please see answer to Q1 and we have not required a one hour response time in the current RFP.