2017 PROVIDER RFP QUESTIONS

1. Q - I just wanted to clarify that agencies receiving block grant funding in the past still need to submit a letter and follow the RFP process, correct?
   A – Yes

2. Q - Scope of the target population: provider serves a significant number of foster children, adolescents and their families in Kansas. Are the expectations for this RFP to include individuals outside the current scope of the population we serve (e.g., to include those outside the family welfare system)?
   A – Our intent is to build a provider network to cover all areas of the state for all members. ***Providers should articulate which populations they feel qualified to serve but this in no way justifies a refusal of services to qualified members who the provider has the capacity to serve.***

3. Q - Will you please provide us with the current KDADS rates for service? This will help in our program and budget analysis.
   A – Please see the attached rate schedules.

4. Q - In order to provide greater services and grow the program as we move forward, can we add new license locations post-application submission? Or will this require an addendum change post-submission/post-award?
   A –The state is in charge of licensing but from Beacon's point of view, location additions are standard to our process as long as state licensing is in order. We do require a Beacon form known as a Service Location Addendum (SLA) but the facility may add locations later if selected for the network. Caveat: New locations do not equate to additional funds. Provider are responsible for managing their allocations accordingly.

5. Q - Are there any reimbursement allowances for non-client services (e.g., coded only for client billed services); as an example – staff training?
   A – Not presently.

6. Q - What are the floor/ceiling amounts for this grant?
   A – There is a limited amount of funding available. Please submit a proposal based on the type and volume of services the facility will provide.

7. Q - Do you have available additional info/tools for the LOI/Application process (e.g., templates, budget form, etc.). Or is this information available on grants.gov?
   A – No. This is a Beacon procurement. It is not posted on grants.gov

8. Q - Does a provider have to be in the Beacon network to be eligible for the grant?
   A – No, but providers need to be appropriately licensed by the state with the ability to be credentialed by Beacon for inclusion in the network.

9. Q - For providers with multiple program locations and/or types, are we to submit 1 proposal per contracted entity or 1 proposal for each program modality or location?
   A – 1 proposal per contracted entry. In other words, 1 proposal per provider with details regarding the different programs and modalities.

10. Q - Is Beacon Health Options requesting a budget be submitted or any reference to funding requested?

A – Yes

11. Q - To qualify for the “quality pool”, are providers to submit data to KDADS for the stated metrics or will KDADS/Beacon Health Options track that data on behalf of the providers?
    A – This has yet to be determined.

12. Q - In regard to the following item: Please include an attestation that you will perform a discharge within the State’s assessment system on every member funded through this RFP. Please confirm that this requirement does not apply to members who are transferring to another level of care.
    A – This requirement DOES apply to members who are transferring to another level of care. Providers are required to update member status in the KCPC.

13. Q - When determining the “quality pool” recipients for 10% of the Block Grant Treatment funds will Social Detoxification be included in the decreasing recidivism measure, and leaving against medical advice measure, and if so will it be weighted equally with other levels of care?
    A – Yes, all levels of care will be included in the measures. The formulas for those measures have yet to be determined.

14. Q - When determining the “quality pool” recipients for 10% of the Block Grant Treatment funds will interim services while clients are waiting for a Residential Treatment bed count as a higher level of care within 90 days?
    A – Yes, all levels of care will be included in the measures. The formulas for those measures have yet to be determined.

15. Q - When determining the “quality pool” recipients for 10% of the Block Grant Treatment funds what is the expected decrease in time that will be measured?
    A – That has yet to be determined.

16. Q - When determining the “quality pool” recipients for 10% of the Block Grant Treatment funds who and how will the quality metrics be tracked?
    A – That has yet to be determined.

17. Q - When determining the “quality pool” recipients for 10% of the Block Grant Treatment funds “the other important metrics such as the number of members served, percent over CAP, lack of licensing violations, etc.” Will these be weighted equally? And will they be weighted equally with the “approved quality metrics?”
    A – That has yet to be determined.

18. Q - Will a Vivitrol only Medication Assisted Treatment (MAT) protocol be considered for all points available under the project narrative section B. project plan?
    A – No

19. Q - What dollar amount of funds is available to increase the utilization of MAT?
    A – That has yet to be determined.

20. Q - What dollar amount of funds is available to increase the utilization of peer support?
    A – That has yet to be determined.

21. Q - Could you help me better understand how the CAP is determined in the Capitated FFS payment model? Is this something that would be part of what our RFP would contain?
    A – Selected providers will receive a set dollar amount based on their proposal and claims will be filed against that dollar amount as members are served throughout the year.

22. Q - What specifically are you asking for in attachment B?
    A – There was a typographical error on page 4, Required Documentation #3. Please provide Attachment C, Face Page for Application. Attachment B was provided for reference only.

23. Q - What are value based payments?
    A – Value Based Payments are a type of payment methodology. This payment methodology is used to incentivize providers for meeting certain quality standards.

24. Q - What does a “phased-in” approach mean when discussing re-imbursement through value-based payment options?
    A – The phased-in approach is described on pages 2 and 3 of the RFP.

25. Q - What is the FFS model?
    A – A Fee for Service (FFS) model is a type of payment methodology wherein a provider is paid a designated amount for a unit of service provided. For this procurement, selected providers will receive a set dollar amount based on their proposal and FFS claims will be filed against that dollar amount as members are served throughout the year.

26. Q - what is the Beacon/KDADS “quality pool” for allocation of block grant funds?
    A – The quality pool is an amount of funds that will be withheld by Beacon to reimburse providers for meeting certain quality metrics.

27. Q - What do you mean by “episodic bundle” and “sub-capitation”?
    A – These are types of value-based payment models that may be considered in future phases.

28. Is there a certain amount that providers are supposed to be requesting as it was not specified anywhere in the RFP?
    A – No, please develop your budget based on the type & amount of services your facility intends to provide.

29. Q - How are points assigned if all facilities are providing different services? I.e. question 10 and 11 in section b.
    A – Each question response will be weighted based on the quality of the response to the individual question. Different points may be awarded to different providers based on the services the respondent intends to provide.

30. Q - Can full references for cited sources be listed separately in the appendix, or must these be part of the body of the proposal?
    A – They may be listed separately.

31. Q - (Ref. Page 5, Q. 1) Do you want numbers served by specific modality or by ASAM levels?
    A – Either is appropriate. Please note which one you are using.

32. Q - (Ref. Page 2-3, Phase I) How will KDADS oversee quality pool audits and documentation, and how often will that occur?
    A – That has yet to be determined.

33. Q - What specific peer support services will be funded?
    A – Those listed in the attached fee schedule.

34. Q - What are the reimbursement levels for the following services?
    - Intermediate
    - Reintegration
    - Intensive OP
    - Individual Counseling

- Assessment
- Case Management
- Peer Support
- Social Detoxification

A – Please see the attached fee schedule.

35. Q - (Ref. Attachment B) Please clarify “licensed practitioner of the healing arts.” Who does this include (APRN, PA, LPN, RN, etc.)?
    A – Licensed practitioner of the healing arts are individuals licensed by the Kansas Behavioral Sciences Regulatory Board, practicing within the course and scope of their credential and professional license.

36. Q - (Ref. first sentence of Attachment B) A referral by “a physician or other licensed practitioner of the healing arts as medically necessary…” has not been required previously. Is the intent to significantly change the policy in members’ access to services?
    A – To receive SUD treatment services, an assessment must be completed by a physician or other licensed practitioner of the healing arts (a person licensed by the Kansas Behavioral Sciences Regulatory Board, practicing within the course and scope of their credential and professional license) to determine the medical necessity of recommended services.

37. Q - (Ref. Attachment B) What are the “medically necessary” criteria?
    A – Medical Necessity - Medically necessary services are those which are:
    1. Intended to prevent, diagnose, correct, cure, alleviate or preclude deterioration of a diagnosable condition (most current version of ICD or DSM) that threatens life, causes pain or suffering, or results in illness or infirmity.
    2. Expected to improve an individual’s condition or level of functioning.
    3. Individualized, specific, and consistent with symptoms and diagnosis, and not in excess of patient’s needs.
    4. Essential and consistent with nationally accepted standard clinical evidence generally recognized by mental health or substance abuse care professionals or publications.
    5. Reflective of a level of service that is safe, where no equally effective, more conservative, and less resource intensive treatment is available.
    6. Not primarily intended for the convenience of the recipient, caretaker, or provider.
    7. No more intensive or restrictive than necessary to balance safety, effectiveness and efficiency.
    8. Not a substitute for non-treatment services addressing environmental factors.
    9. Beacon Health Options utilizes The ASAM Criteria

38. Q - Will a specific tool for measuring client satisfaction be provided to assure uniformity among providers when comparing information?
    A – That has yet to be determined.

39. Q - (Ref. Page 8, Q. 6) Please describe or identify the “necessary software programs” referred to.
    A – Beacon requires access to the internet with a standard web browser. The state sets the technology requirements for KCPC access.

40. Q - On page two of the RFP it indicates that the poverty rate will be 200% of the federal guideline. However, KCPC figures the poverty rate at 180%. Will the KCPC be corrected to the 200%?
    A – Income eligibility is limited to individuals whose incomes fall at or below 200% of current federal poverty guidelines. KDADS has been notified of the question about a reported discrepancy in the KCPC.

41. Q - Page 4 of the RFP indicates that there is a 10-page limit for the Project Narrative, does this include all three sections of the narrative?
    A – Yes.

42. Q - In the Project narrative section A #1 at the first bullet point - asking for "numbers served per year per modality and funding source" - do we submit the numbers for this past year, past five years or even since we have had a contract - we were unsure as to over how long of period is this question pertaining to?
    A – There is no set number of years for which information needs to be provided.

43. Q - I noticed the grant includes a 10-page minimum. Do you require the 34 statements that need to be answered as part of the 10 pages? Or would you like us to use subheadings and numbers with our answers that apply to the statements we need to answer?
    A – It is a 10-page maximum, not a 10-page minimum. To receive full points, you must answer each of the statement questions within the 10 pages.

44. Q - Is there an age grouping preference for this RFP?
45. A – No.

46. Q - May statistical information provided in a proposal be based on most recent data, or must it be based on data collected only in calendar year 2017?
    A – Most recent data.

47. Q - We currently have a KDADS treatment license for our substance use disorder program and staff who are KanCare eligible however do not bill Medicaid at this time due to their licensing regulations. If we were to pursue this RFP how could we submit the required data to you?
    A – We need your KanCare ID # and a current state license.

48. Q - Are there some samples of previous contracts or sample contracts available to help us conceptualize how best to present our agency when writing the narrative.
    A – No.

49. Q - How are the funds dispersed? Is it in a lump sum or per date of service? Are poverty guidelines used by providers to determine eligibility for services?
    A – For this procurement, selected providers will receive a set dollar amount based on their proposal and FFS claims will be filed against that dollar amount as members are served throughout the year. Eligibility guidelines can be found at: https://www.kdads.ks.gov/docs/default-source/CSP/bhs-documents/policies_regulations/eligibility-policy-for-aaps-funding---bg400.pdf?sfvrsn=0

50. Q - What does the authorization for service process look like?
    A – The authorization process is the state KCPC system.

51. Q - What will be the FFS reimbursement for the services authorized under this contract?
    A – Please see the attached fee schedules.

52. Q - I did not see anywhere in the RFP where it asked about what area the potential contractor will serve. Will there be a place where respondents to the RFP will designate the geographical area they are planning to serve with these funds? If not, how will this aspect of the contract be dealt with?
    A – Please see Section A, #2 of the RFP.

53. Q – Phase 1: Please clarify “FFS” model, does this refer to “Fee for Service” model?

A – Yes.

54. Q – Phase 1: Quality Incentives: Will Beacon establish a Standard Baseline for all providers and evaluate our agency as compared with other agencies in the State? In other words, will the formula for determining incentive allocations compare our agency's performance in relation to other agencies, utilizing a Standard Baseline?
    A – That has yet to be determined.

55. Q - Will our agency be evaluated against ourselves for incentive allocations?
    This approach would penalize agencies like ours, who have already worked very hard for several years to improve quality by decreasing recidivism and increasing access to care timelines.
    A – This has yet to be determined.

56. Q – Phase 2: Value-based Payment Methodology: Will identified providers receive more or less funding through case rates, episodic bundles, or sub-capitation?
    A – This has yet to be determined.

57. Q - Is the submission date January 5th or 25th?
    A – The deadline to submit Proposals is January 25, 2018.

58. Q - PROJECT NARRATIVE SECTION A: What is the timeframe for the information you want regarding previous activities by our agency?
    A – There is no set time frame regarding previous activities.

59. Q - PROJECT NARRATIVE SECTION A: What types of accomplishments are you referring to?
    A – At the discretion of the provider based on relevance to the RFP.

60. Q - Service Area Data: Will Beacon provide data as one data source for the target population in our service area and local problem/extent of need?
    A – No.

61. Q – PROJECT NARRATIVE SECTION B: Attestation: Is Beacon providing a specific Attestation Form or do we just make a Statement in the narrative, attesting that we will perform discharges within the State's assessment system for members funded in this RFP?
    A – Please make separate statements in the narrative consistent with specific items listed.

62. Q - Increase the Use of Evidence-Based Treatment Including the Expansion of Peer Support and Medication Assisted Treatment (MAT): Is Beacon Health considering expanding the types of medication covered for MAT?
    A – Yes.

63. Q - Increase the Use of Evidence-Based Treatment Including the Expansion of Peer Support and Medication Assisted Treatment (MAT): Heartland RADAC would like to utilize Peer Support to provide interim services with clients post assessment and while in treatment. Would Beacon Health consider a fee structure that is not a billable in 15 minute increments but rather a grant structure or a fee per person?
    A – Not presently.

64. Q - Increase the Use of Evidence-Based Treatment Including the Expansion of Peer Support and Medication Assisted Treatment (MAT): Are you considering paying for .5 early intervention services?
    A – Not presently.

65. Q - Phase One Quality-Pool Metrics: Clients Leaving Treatment Against Medical Advice (AMA) and Recidivism: How do you define AMA?
    A – An unexpected discharge pursuant to a decision by the client.

66. Q - Phase One Quality-Pool Metrics: Clients Leaving Treatment Against Medical Advice (AMA) and Recidivism: If clients access a lower level of treatment while waiting to access a higher level of treatment (that has been approved), is transferring into that higher level of treatment considered exiting treatment and re-entering a higher level of care within 90 days?
    A – No.

67. Q - Decrease Time Between Completed Assessments and Accessing Recommended Treatment (Access to Care): Heartland RADAC has been examining internal processes and procedures to improve access to care. We believe that there are situations that call for a different type of preliminary screening, initial contact, or triage, before a full clinical assessment is completed. Would Beacon Health consider proposals to fund a type of preliminary screening if a case could be made that doing so would result in a more efficient use of limited Block Grant and State Resources?
    A – Not presently.

68. Q - Interim Services: How does Beacon Health currently define interim services?
    A – Interim Services are services provided between the time of the assessment and the time the member enters a recommended level of care. Generally, this means someone is recommended for residential treatment but enters into an outpatient setting in the interim while they are waiting for the residential bed to open. Similarly, if there was a waiting list in the outpatient setting, some other service would be provided until an opening becomes available in a group or a counselor's schedule. This might include peer support or case management as examples. For the federal priority populations of pregnant women/women with dependent children and persons who inject drugs, minimum interim services include counseling and education about HIV and tuberculosis, the risks of needle-sharing, the risks of transmission to sexual partners and infants and about the steps that can be taken to ensure that HIV transmission does not occur as well as referral for HIV and TB treatment services. For pregnant women, interim services should include counseling on the effects of alcohol and drug use on the fetus, as well as referrals for prenatal care.

69. Q - Beacon Health and KDADS will Introduce New Quality Metrics at the End of the First Year: Where will these metrics come from?
    A – That has yet to be determined.

70. Q - Beacon Health and KDADS will Introduce New Quality Metrics at the End of the First Year: How would metrics be measured for clients that move between funding streams of Federal Block Grant dollars and Medicaid, DUI or self-pay?
    A – That has yet to be determined.

71. Q – Treatment Provider Data (last fiscal year): Can you provide us with the total number of individuals served by county and modality?
    A – No.

72. Q – Finances and Money: How do you plan to allocate dollars in year one?
    A – That has yet to be determined.

73. Q – Finances and Money: Do you expect organizations to request a specific amount of money?
    A – Yes, based on the type and amount of services you anticipate providing.

74. Q - Under new grant, will LSCSW be able to oversee the charts, including providing Medical Necessity, without also having T-LAC, LAC or LCAC?
    A – Providers must function within the course and scope of their credential and professional license as defined by the Kansas Behavioral Sciences Regulatory Board.

75. Q - Do separate proposals need to be submitted for separate locations of the same provider?
    A – No.

76. Q - Do separate proposals need to be entered for block grant and the felony DUI treatment. One additional question is
    A – No.

77. Q - In the event only the office is approved for continued block grant funding and the another office is not, does this eliminate the remaining office from providing services for felony DUI treatment funding.
    A – Providers will be approved as a whole. They will be eligible to use all funding for all of their locations as determined appropriate. The only caveat is that providers cannot shift funding from a Designated Women's Facility to a non-Designated Women's facility.

78. Q - We currently have two Licensed Clinical Addictions Counselor's (LCAC) who are also licensed mental health professionals providing services under our licensed substance abuse program. We also have 3 other licensed mental health professionals providing mental health services. Are these 3 licensed mental health providers eligible to provide SUD treatment under the supervision of a Clinically Licensed Addictions Counselor?
    A – Providers must function within the course and scope of their credential and professional license as defined by the Kansas Behavioral Sciences Regulatory Board.