

The Center For Health Care Services
2008 Procurement Cycle – Mandatory Bidder’s Conference
FAQs (10/29/2010)

Residential Services:

1. [Confirm how many facilities are needed for Residential Services.](#)

At minimum, two (2) facilities will be required. There must be a minimum of sixteen (16) beds per facility.

2. [Can I combine bid responses or do we have to submit a response for each proposal?](#)

You may submit one response that includes the two facilities.

3. [Would providing office space for Center staff to work out of our facility be counted as value added services?](#)

Yes.

4. [Are the rates in the RFP correct?](#)

Yes, the rates listed on the RFP document is the maximum rate the Center will reimburse for the specified services. Providers may bid lower than the published rates in the RFP for competitive bidding.

Adult Mental Health/Child Mental Health Services:

1. [Can providers form coalitions and subcontract services?](#)

Providers can form coalitions/alliances whereby they are providing services in combination as one contractor.

2. [Please clarify the rates](#)

Providers will be responsible for billing card services directly with 3rd party payors where the Center, as the Local Mental Health Authority will bill for rehabilitation services. Providers will be reimbursed 85% of the Medicaid rate for both funded and GR consumers.

3. [Who will prepare treatment plans?](#)

The Center will do the initial assessment and treatment plan and once transitioned (referred) to the contracted provider, the provider will assume the responsibility of the 90 day follow-ups and necessary treatment planning activities.

4. [Will there be Center employee without jobs due to the new planning efforts?](#)

Yes. The Procurement Document, under section I “Business Demographics” letter “E”, requests providers to describe their commitment to hiring Center personnel who will be qualified for the proposed vacancies of the Proposed contractor.

5. [If I do not meet my service targets, what happens?](#)

Contractors will be responsible for meeting service targets, performance measures, and outcomes. Penalties and sanctions will be imposed and will be outlined in contract document.

6. [What measures are in place to monitor the placement of consumers? What prevents one provider from ending up with a majority of Svc Pkg 1?](#)

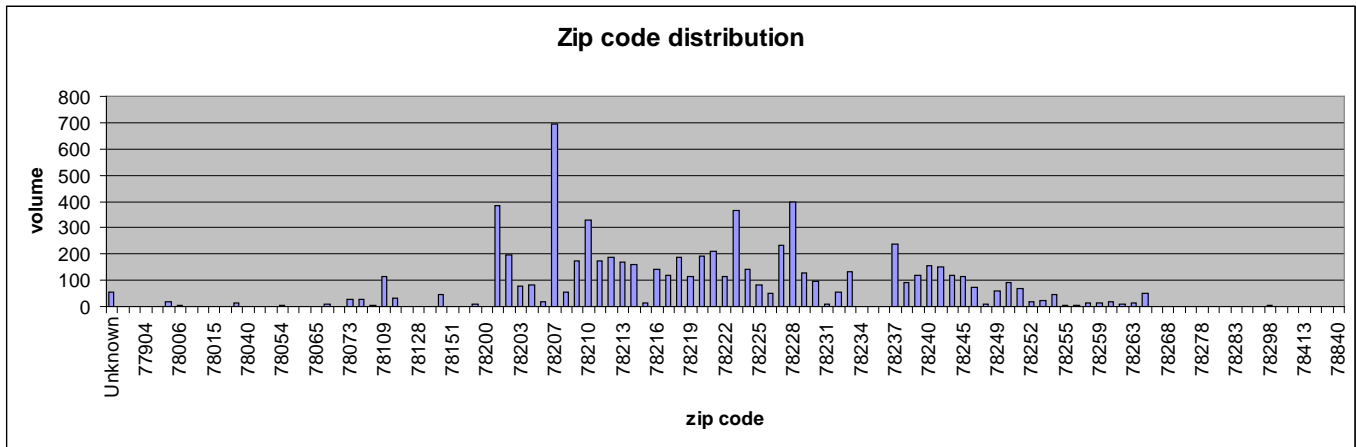
The Center will distribute choice forms to the consumers for placement and will monitor capacity through its utilization management division. The number of consumers per service package will be distributed based on percentage ratios identified in the RFP.

7. How many clinics does the Center have? Can you provide a chart of the consumers served by zip code?

Currently the Center operates four adult outpatient facilities and one child/adolescent facility which are located at:

Adult Outpatient:	
Harvard Place – East Clinic	1920 Burnet Street
Paul Elizondo MH Clinic – West Clinic	806 S. Zarzamora
Computer Drive - Northwest Clinic	9502 Computer Drive Suite 100
Fact Team (Forensic Assertive Community Treatment) – South Clinic	5802 S. Presa
Child/Adolescent Outpatient:	
Child/Adolescent Services Clinic	711 E. Josephine

Zip code chart



8. What area has the greatest need in Bexar County?

Bexar County is a large county with an estimated population of 1,651,448 (U.S. Census Bureau). The Center currently serves individuals throughout the entire county with offices located throughout. There is a need in all areas of Bexar County.

9. Will there be additional money paid to those providers who provide care to service package 4 consumers

No. The Center will seek providers that will provide comprehensive services from service package 1 through 4 and will reimburse at the 85% Medicaid rehabilitation rate.

10. Is the 10-1 client ratio discussed in the Adult Mental Health Rehab Services RFP speaking with regard to the ACT services? Yes.

11. Is technical assistance available to providers?

Technical assistance will be provided to providers once awarded a contract.

12. Will there be a time frame whereby the Center will bill for the provider until the provider is added to an appropriate insurance network?

Providers will need to be ready to provide and bill for services when awarded a contract.

13. Can a consumer choose to transition out of the Center if they are only receiving card services, and remain with the contracted provider?

Consumer may leave Center services and providers will be responsible to ensure closing of all case assignments from the Center. The Consumer will then be the sole responsibility of the provider.

14. Will there be two (2) charts for the consumer?

Providers will be responsible to maintain a medical record chart for each individual they serve. There may be a period of time where there may be more than one chart.

15. What type of database does the Center use? Do providers have to use that system?

The Center currently uses the Anasazi Client Data System. Providers will be required to use the Anasazi system for data entry of services details, diagnoses, uniform assessments, treatment plans, and recording potentially other information requested by the Center.

16. What is the anticipated start date for contracts after award?

End of summer 2011 and/or beginning of the Center's fiscal Year September 2011.

17. What are the training requirements for staff?

Staff will be required to complete both clinical and administrative training as required by the Center and the Department of State Health Services. Most of the clinical training is outlined in the Texas Administrative Code, Title 25, Part 1 Chapter 412(G) Mental Health Community Standards, 412 (I), Mental Health Community Service Standards and Chapter 419(L) Mental Health Rehabilitative Services.

18. How many hours per year do you anticipate will be needed for staff trainings?

There will be approximately 60-70 of training hours required dependant on adult or children services and dependent on licensure credential status.

19. Are there any other training requirements contractors will need to complete annually?

Providers and its staff will be required to complete all training required by State standards. Other training may require documentation, rehabilitation service standard, billing, utilization management, quality management processes and provider manual trainings. In some rare instances, audits will tend to highlight deficient areas that will require mandatory training to correct those deficiencies.

20. Can I request a decrease or increase in the number of consumers served?

Yes contractors may make this request. However, increases will be approved based on consumer need and are not guaranteed. The Center does not guarantee that a consumer or any number of consumers will utilize contracted services. The Center will provide its best effort to secure maximum utilization for each contractor. Amendments to contracts will be necessary and made accordingly.

21. Do you provide pharmacy and lab services?

The Center does not provide lab services, contractors will need to secure this service directly or through other contracts. The Center will assist with pharmacy services for New Generation Medication for non-funded consumers.

22. May qualified providers be subcontracted through our network of providers or *must we employ* LMHA providers from CHCS's network?

You may subcontract through your network of providers. You will be responsible for making sure all subcontracted providers through your network are credentialed, certified and trained according to the Center, DSHS, HHSC and TAC regulations.

23. How will Medicaid be able to determine that the services are for the Center's clients, and thus drop the rate from 100% to 85%?

Providers will only be allowed to submit data on a Center's Authorized Client to the Local Authority for reimbursement. The Local Authority will only accept and reimbursement the provider for services authorized and provided to Center's clients. All services billed to Medicaid through the Center, the Local Authority, will be Center clients only. The Medicaid reimbursed rate to the authority will be at 100%. 85% of that 100% rate will be passed to the providers the other 15% will remain with the Authority.

24. How does the State know to distribute the remaining 15% to the Center?

The Local Authority will bill Medicaid and upon receipt of payment, the Local Authority will reimburse the providers for authorized rendered services at 85% or the State Medicaid Rate.

25. If we decide to participate as a part of a coalition, would we get the 85% or would the Prime receive the 85%?

Providers will be allowed to form coalitions/alliances whereby services will be provided in combination, as one contractor. The one contractor will bill the Center and will be reimbursed the 85% of the Medicaid rate.

26. Does the 85% apply to just these services, or also to other Medicaid services?

The following outlines the payment structure:

- a. Rehab Services will be reimbursed at the 85% of the State Medicaid Rate for the Medicaid and General Revenue Funded Consumer
- b. Card Services (i.e. Physician Services, Counseling, Pham Management etc) will be reimbursed for the following:
 - i. General Revenue consumer 100% of the State Medicaid Rate from the Local Authority
 - ii. Medicaid consumer the provider must enter into a contract with the Medicaid HMO in order to received reimbursement.

27. In reference to lines 389-393, it appears to us that these are “incumbent” personnel that the Proposer is expected to take on. Where are these funds to be drawn from?

Although, the Proposer is encouraged to hire CHCS staff that are qualified to provide the needed services it is not a requirement. All staffing patterns and funding of those staffing patterns are the responsibility of the Proposer.

28. What are the specific CPT codes which will be used for the services provide? Please list by function, such as individual, family, initial session, follow-up

- a. The specific procedure that are authorized within the Resiliency and Disease Management (RDM) Utilization Management Guidelines January 2010 are as follows:
 - i. Psychiatric Diagnostic Interview Examination CPT 90801 Event
 - ii. Pharmacological Management: CPT 90862 Event
 - iii. Counseling Services (i.e. Psychotherapy):
 1. CPT 90804 Individual Psychotherapy 20-44 min
 2. CPT 90806 Individual Psychotherapy 45-74 min
 3. CPT 90853 Group Psychotherapy per hr
 4. CPT 90847 Family Psychotherapy per hr
- b. Please notes these procedure codes are subject to change based on the RDM Utilization Management Guidelines for Adult and Children Services

29. What is the ceiling price to be paid for each CPT code as aforementioned?

- a. Card Services (i.e. Physician Services, Counseling, Pham Management etc) will be reimbursed for the following:
 - i. General Revenue consumer 100% of the State Medicaid Rate from the Local Authority
 - ii. Medicaid consumer the provider must enter into a contract with the Medicaid HMO in order to received reimbursement.

30. Please clarify what defines “Admissions.” Does this refer to each client or each individual session?

Admission includes the intake process to include client enrollment, this refers to each client.

31. Can you define a specific distance requirement for clients to have access to public transportation to and from our servicing location? There is no specific distance requirement. However, this will be considered as added value.

32. Section B, page 13 refers to a table listing the admission and revenue sources. Is the data reflective of all encompassing revenue streams regardless if the service is offered outside of the program?

Yes, this table is to include all admission data and revenue streams.

32. What is the current total and distribution of clients served under each service package?

AMH	Volume	CMH	Volume
SP1	3006	SP1.1	333
SP2	238	SP1.2	132
SP3	1177	SP2.1	9
SP4	153	SP2.2	81
		SP2.3	53
		SP2.4	4
Total	4,574	Total	612