**STATE OF MAINE REQUEST FOR PROPOSALS**

**RFP AMENDMENT # 1, RFP INFORMATIONAL MEETING, AND**

**SUBMITTED QUESTIONS & ANSWERS SUMMARY**

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| **RFP NUMBER AND TITLE:** | RFP#202501011 Network of Behavioral Health Crisis Receiving Centers |
| **RFP ISSUED BY:** | Department of Health and Human Services, Office of Behavioral Health |
| **INFORMATIONAL MEETING LOCATION:** | ZOOM Meeting |
| **INFORMATIONAL MEETING DATE/TIME:** | March 3, 2025, 11:00 am local time (EST) |
| **SUBMITTED QUESTIONS DUE DATE:** | March 5, 2025, no later than 11:59 p.m., local time (EST) |
| **AMENDMENT AND QUESTION & ANSWER SUMMARY ISSUED:** | March 20, 2025 |
| **PROPOSAL DUE DATE:** | April 10, 2025, no later than 11:59 p.m., local time (EST) |
| **PROPOSALS DUE TO:** | proposals@maine.gov  |
| **Unless specifically addressed below, all other provisions and clauses of the RFP remain unchanged.** |
| **DESCRIPTION OF CHANGES IN RFP:**1. All references to *“leveraging additional/existing resources”* and *“contributed resources”* is removed in its entirety.
2. Part II, K.1. language is revised.
3. Part V, B.1. language is revised.
4. **Appendix G** Response to Proposed Services is amended.
5. **Appendix H** Cost Proposal and Budget Narrative is amended**.**
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| **REVISED LANGUAGE IN RFP:**1. *Part II, K.1. language is amended to read:*
	1. Employ and/or contract an adequate number of staff to provide in person 24/7/365 Crisis Services, including but not limited to:
		1. [Mental Health Rehabilitation Technician/Crisis Service Provider (MHRT-CSP);](https://cfl-muskie.org/certifications/mental-health-rehabilitation-technician-crisis-service-provider-mhrt-csp/)
		2. Certified or Provisionally Certified Intentional Peer Support Specialist(s) (CIPSS);
		3. [Registered Nurse(s)](https://www.maine.gov/boardofnursing/);
		4. Psychiatrist(s) or [Physician’s Assistant(s)](https://www.maine.gov/md/licensure/pa-license) or [Psychiatric Nurse Practitioner(s)](https://www.maine.gov/boardofnursing/index.html);
		5. At minimum, one (1) [Licensed Clinical Social Worker](https://www.maine.gov/pfr/professionallicensing/), [Licensed Master Social Worker – Clinical Conditional](https://www.maine.gov/pfr/professionallicensing/), [Licensed Clinical Professional Counselor](https://www.maine.gov/pfr/professionallicensing/professions/board-of-counseling-professionals-licensure), or [Licensed Clinical Professional Counselor-Conditional](https://www.maine.gov/pfr/professionallicensing/professions/board-of-counseling-professionals-licensure).
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| 1. *Part V, B.1. is amended to read:*
	1. **Scoring Weights:** Proposal scores will be based on a 100-point scale and will measure the degree to which each proposal meets the following criteria:

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| **Section I.** | **Preliminary Information**Proposal materials to be evaluated in this section: all elements addressed in Part IV, Section I of the RFP. | **(No Points – Eligibility Requirements)** |
| **Section II.** | **Organization Qualifications and Experience** Proposal materials to be evaluated in this section: all elements addressed above in Part IV, Section II of the RFP. | **20 points** |
| **Section III.** | **Proposed Services** Proposal materials to be evaluated in this section: all elements addressed above in Part IV, Section III of the RFP. | **55 points** |
| **Section IV.** | **Cost Proposal and Budget Narrative**Proposal materials to be evaluated in this section:all elements addressed above in Part IV, Section IV of the RFP.* 1. Proposed Start-up Costs (10 points)
	2. Crisis Center Services Cost Proposal (10 points)
1. Budget Narrative (5 Points)
 | **25 points** |

1. ***Appendix G*** *Response to Proposed Services is replaced in its entirety:*

**The revised response to proposed services form may be obtained in a Word (.docx) format by double clicking on the document icon below.**1. ***Appendix H*** *Cost Proposal and Budget Narrative is replaced in its entirety:*

**The revised Appendix G, Budget Form, Budget Instructions, and Narrative forms may be obtained in a Word (.docx), Excel (.xlsx) and PDF (.pdf) formats by double clicking on the document icons below.** |

**Provided below are questions asked at the Informational Meeting and the Department’s answers.**

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| **1** | **RFP Section & Page Number** | **Question** |
| N/A | Does the specific location of the Receiving Center need to be identified or can an intent to find a location be described? |
| **Answer** |
| The specific location of the Crisis Receiving Center must be identified within the Bidder’s proposal, refer to the amended **Appendix G** at the beginning of this document.  |

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| **2** | **RFP Section & Page Number** | **Question** |
| Part II, K.Page 16 | Is there a minimum number of staff required per license type? |
| **Answer** |
| It is at the Bidder’s discretion to propose an adequate number of staff to provide in person 24/7/365 Crisis Services which comply with Crisis Center Standards, Licensing, and Operations.  |

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| **3** | **RFP Section & Page Number** | **Question** |
| Part IV, Section IV, 2.c. Page 28 | 1. Will the contract be Cost Settled?
2. If so, how do contributed resources factor into the budget form?
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| **Answer** |
| 1. Yes.
2. Refer to the amended language at the beginning of this document
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**Provided below are submitted written questions received and the Department’s answer.**

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| **4** | **RFP Section & Page Number** | **Question** |
| Not Provided | Will there be a need for sensory room/calming furniture and equipment needed for this project? |
| **Answer** |
| It is at the Bidder’s discretion.  |

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| **5** | **RFP Section & Page Number** | **Question** |
| Part II, B.1.f. Page 12 | If an organization already has MOUs in place for their CCBHC with all community partners listed, will they count as the MOUs needed for the Crisis Receiving Center? |
| **Answer** |
| No, MOUs must be through the BH Crisis Receiving Center. However, Bidders are welcome to amend existing MOUs to include the BH Crisis Receiving Center.  |

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| **6** | **RFP Section & Page Number** | **Question** |
| Part II, K.Page 16  | Can the services outlined be provided via telehealth? |
| **Answer** |
| Telehealth may only be provided when psychiatric and/or nursing staff are not available on-site, refer to Part II, I of the RFP.  |

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| **7** | **RFP Section & Page Number** | **Question** |
| Not Provided  | Will we be expected to admit clients on both a voluntary and involuntary basis? |
| **Answer** |
| Clients may only be admitted through voluntary means.  |

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| **8** | **RFP Section & Page Number** | **Question** |
| Part I, A. Page 8 | Is this considered a high intensity or moderate intensity behavioral health crisis center according to the SAMHSA model referenced on page 8? |
| **Answer** |
| The services are considered as a moderate-intensity Behavioral Health Crisis Center, with an adaption to include access to on-site medication dispensing, as indicated in [SAMHSA’s Model Definitions for Behavioral Health Emergency, Crisis, and Crisis-Related Services](https://library.samhsa.gov/sites/default/files/model-definitions-pep24-01-037.pdf). |

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| **9** | **RFP Section & Page Number** | **Question** |
| Part 1, A. Page 9 | The RFP states: “The Department anticipates receiving additional funding, although not determined, to support the annual provision of ongoing services for Penobscot County and Androscoggin County.”1. When and how will the Department determine if additional funding is available to support the annual provision of ongoing services?

The Crisis Receiving Center in Cumberland County is funded at a different level; 1. Do you anticipate that the additional funding would match the amount provided in Cumberland County to support the annual provision of ongoing services, and if not, at what level does the Department anticipate the additional funding?
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| **Answer** |
| 1. The Department has requested additional funding for these services as part of the biennial budget to be approved by the Maine State Legislature.
2. Refer to the [Bureau of the Budget](https://www.maine.gov/budget/home), General Fund Recommended Biennial Budget 2026-2027, [Part A](https://www.maine.gov/budget/sites/maine.gov.budget/files/inline-files/2026-2027%20GF%20Budget%20Part%20A%2001-10-25.pdf), page 362, “*Initiative: Provides funding to annualize funds received in Public Law 2023, chapter 643 to operate 2 behavioral health crisis receiving centers, 24 hours per day, 7 days per week, in Penobscot County and in Androscoggin County*.”
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| **10** | **RFP Section & Page Number** | **Question** |
| Part 1, A. Page 9 | The RFP states: “Due to the limits on the current available Department funding, Bidders are encouraged to leverage additional/existing resources to support the implementation and delivery of a BH Crisis Receiving Center (Crisis Center/Center) and its services.” 1. Is it anticipated that Bidders will need to leverage additional resources to support the ongoing delivery of the Crisis Receiving Center for all contract periods?
2. When does the Department anticipate that additional funding may be available and at what level?
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| **Answer** |
| 1. No, refer to the amended language at the beginning of this document.
2. Refer to the answer to question 9.a. of this document.
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| **11** | **RFP Section & Page Number** | **Question** |
| Part IV, Section IV. 2.c. Page 28-29 | The RFP states: **“Contributed Resources:** Due to the limits on Department funding, Bidders are encouraged to leverage additional and/or existing resource(s) excluding MaineCare and/or private health insurance reimbursement. Acceptable examples include utilizing an existing facility, real estate acquired by the Bidder, sharing staffing arrangements, etc. If leverage resource(s) are proposed, the Bidder must describe the specific resource(s) and how the resource(s) will provide additional support for the implementation and delivery of the Crisis Center and related services. All contributed additional and/or existing resource(s) must be represented by a specific dollar value.”Do the contributed resources need to be confirmed at the time of proposal submission, or can the Bidder include pending/anticipated supports that match the budget submitted? |
| **Answer** |
| Refer to the amended language at the beginning of this document. |

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| **12** | **RFP Section & Page Number** | **Question** |
| Part V, B.3. Page 31 | The RFP states: “Bidders who propose leveraging additional and/or existing acceptable resource(s) will receive 5 points.” Please provide clarification and guidance on what level of leveraged resources will qualify for the additional points in scoring. Please clarify if/how any additionally leveraged resources may negatively impact the scoring of our start-up and ongoing budgets submitted as they are based on lowest bid. |
| **Answer** |
| Refer to the amended language at the beginning of this document. |

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| **13** | **RFP Section & Page Number** | **Question** |
| **Appendix H** Page 43 | The RFP states: “The Department anticipates receiving additional funding to support the provision of ongoing services in Penobscot and Androscoggin Counties.” When does the Department anticipate receiving additional funding to support the provision of ongoing services, and at what level of funding? |
| **Answer** |
| Refer to the answer to question 9 of this document.  |

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| **14** | **RFP Section & Page Number** | **Question** |
| Part I, C.Page 10. | The "Eligibility to Submit a Bid" section of the RFP specifies that a provider must have a current Mental Health Agency license issued by the Maine Division of Licensing and Certification. 1. Can you please clarify whether this requirement precludes new and/or out-of-state providers from submitting a bid?
2. If an out-of-state provider is interested, is there an allowance for a licensing contingency, or must full licensure be obtained prior to bid submission?
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| **Answer** |
| 1. All entities currently enrolled as a MaineCare provider with a current State of Maine Mental Health Agency license are eligible to apply.
2. All Bidders must currently be enrolled in MaineCare and have a current State of Maine Mental Health Agency license.
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| **15** | **RFP Section & Page Number** | **Question** |
| Not Provided | Will the Behavioral Health Crisis Receiving Centers established under this RFP be authorized to provide services to both voluntary and involuntary individuals in crisis?  |
| **Answer** |
| Refer to the answer to question 4 of this document.  |

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| **16** | **RFP Section & Page Number** | **Question** |
| Part I, A.Page 9 | Can you confirm whether the $450,000 in operational funding is provided annually for the duration of the contract period or if this is a one-time operational payment intended only for the initial year of service? |
| **Answer** |
| The Department anticipates providing up to $450,000 in annual financial support for the provision of Crisis Services for each contract period outlined in Part I, D. of the RFP, refer to [H.P. 1420 – L.D. 2214](https://legislature.maine.gov/backend/App/services/getDocument.aspx?documentId=107302).  |

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| **17** | **RFP Section & Page Number** | **Question** |
| Not Provided | 1. Which CPT/HCPCS codes are expected to be billed for crisis stabilization services provided at the Behavioral Health Crisis Receiving Centers?

We would like to ensure that H2011 (Crisis Intervention, per 15 minutes) is the primary billing code or if alternative/additional codes should be considered for reimbursement. 1. Furthermore, are there any applicable limitations or guidelines regarding billing these services under MaineCare?
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| **Answer** |
| 1. The applicable H2011 code.
2. The awarded Bidder(s) will be required to follow all applicable licensing requirements, including Crisis resolution/Crisis services module related requirements indicated in Chapter II, [Section 65 BH Services](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s065.docx) and [10-144 C.M.R. Chapter 123](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/10-144%20CMR%20Ch%20123%20Behavioral%20Health%20Adopted%20Rule%202-6-24_1.pdf).
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| **18** | **RFP Section & Page Number** | **Question** |
| Not Provided | To allow for fully comprehensive Crisis Receiving Center services, will the Department allow for walk-in assessment and treatment services (behavioral health urgent care) and bed-based Crisis Stabilization Unit services at the Penobscot and Androscoggin locations, in addition to the 23-hour Observation Outpatient Chairs, to be articulated/proposed in an RFP response?  |
| **Answer** |
| Crisis Receiving Centers require delivery of walk-in on-site assessment and treatment, as indicated in Part II, B.2. of the RFP. Crisis Receiving Centers solely allow for 23-hour Outpatient Chairs and does not include bed-based Crisis Stabilization Unit services, which is a different service.  |

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| **19** | **RFP Section & Page Number** | **Question** |
| Part I, A.Page 8 andPart II, G.Page 15 | The RFP indicates that the “Receiving Center…active treatment until Warm Handoff to the appropriate service”. It also specifies that participants are allowed to stay up to 23 hours.1. Can the receiving center limit stays to under 23 hours to accomplish a Warm Handoff in the community? This would be particularly true when an admission occurs late in the evening.
2. Is it a correct assumption that the crisis system, including CSU’s, are appropriate resources to discharge an individual when the crisis is not resolved within 23 hours (based on clinical needs)?
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| **Answer** |
| 1. Yes, the maximum length of stay for a Participant at the BH Crisis Receiving Centers is twenty-three (23) hours.
2. Yes.
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| **20** | **RFP Section & Page Number** | **Question** |
| Part I, A.Page 9 andPart IV, 2.c. Page 28 | The RFP states, “The Department anticipates receiving additional funding, although not determined, to support the annual provision of ongoing services for Penobscot County and Androscoggin County. Due to the limits on the current available Department funding, Bidders are encouraged to leverage additional/existing resources to support the implementation and delivery of a BH Crisis Receiving Center (Crisis Center/Center) and its services”.1. If the Department does not intend to provide 100% funding to operate the Receiving Center, is it within the scope of the RFP to specify the allowability or constraints on billing existing services within Section 65?

Financial support of $450,000 per year will only cover less than 40% of the anticipated operating costs. The RFP alludes to but does not specify how/if this program fits into existing MaineCare regulations.1. Is it the intent of the RFP for providers to submit a proposal that includes a budget which supplements the entire gap between the program cost and the $450,000 funding without the inclusion of other treatment billing?
2. Does a Receiving Center fall within any of the existing MaineCare services defined under Section 65?
3. Do individual services delivered within a Receiving Center fall within any of the existing MaineCare services defined under Section 65?
4. What are the requirements for seeking authorization from Accentra for Receiving Center services?
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| **Answer** |
| 1. The awarded Bidder(s) will be required to bill for Section 65 Crisis Resolution services through MaineCare, refer to the answer to Question 17 of this document.
2. Bidders must include in their cost proposal all expected revenues and expenses for the initial period of performance.
3. Refer to the answer to question 20.a. of this document.
4. Refer to the answer to question 20.a. of this document.
5. The awarded Bidder(s) will be required to follow all applicable Section 65 Crisis Resolution requirements.
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| **21** | **RFP Section & Page Number** | **Question** |
| Part IV, 2.c. Page 28 | The RFP defines “Contributed Resources” as, “Due to the limits on Department funding, Bidders are encouraged to leverage additional and/or existing resource(s) excluding MaineCare and/or private health insurance reimbursement. Acceptable examples include utilizing an existing facility, real estate acquired by the Bidder, sharing staffing arrangements, etc. If leverage resource(s) are proposed, the Bidder must describe the specific resource(s) and how the resource(s) will provide additional support for the implementation and delivery of the Crisis Center and related services. All contributed additional and/or existing resource(s) must be represented by a specific dollar value”.1. What is the definition of “sharing staffing arrangements”?
2. Will the $450,000 be in a cost settled contract?
3. If the $450,000 is in a cost settled contract, will the dollar value of the Contributed Resources have to be included on the cost settled budget?
4. If yes, does the dollar value include non-personnel expenses?
5. Will the Department remove expenses dollar for dollar based on the specific dollar value of the contributed expenses?

If the $450,000 is part of a cost settled contract these questions are in scope as the answer determines the way a provider can accurately respond to the RFP.  |
| **Answer** |
| 1. Refer to the amended language at the beginning of this document.
2. Refer to the answer to question 3.a. of this document.
3. Refer to the answer to question 3.b. of this document.
4. N/A
5. N/A
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| **22** | **RFP Section & Page Number** | **Question** |
| Part II, K.Page 16 | CSP staff are not required in this proposal. Peers are not able to develop crisis plans or referrals. 1. Are these functions completed by the RN or Clinician?
2. What is the definition of “an adequate number of staff to provide in person 24/7/365 Crisis Services”?
3. Does the Receiving Center fall under a specific section of the licensing regulations?
4. Is the Receiving Center considered an outpatient or residential service?
5. Is it a requirement to have the required staffing positions on-site 24/7/365?
6. Is there an overlap in Receiving Center Services and Crisis Services delivered by the mobile crisis provider?
7. If yes, will there be conflicts/restrictions in reimbursement or engagement of both services?
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| **Answer** |
| Refer to the amended language at the beginning of this document. Additionally, MHRT-CSPs are included as required staff, per Part II, K.4. of the RFP.1. Functions completed by staff must be appropriate according to Chapter II, [Section 65 BH Services](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s065.docx) and [10-144 C.M.R. Chapter 123](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/10-144%20CMR%20Ch%20123%20Behavioral%20Health%20Adopted%20Rule%202-6-24_1.pdf).
2. It is at the Bidder’s discretion, and to ensure staffing aligns with Chapter II, [Section 65 BH Services](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s065.docx) and [10-144 C.M.R. Chapter 123](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/10-144%20CMR%20Ch%20123%20Behavioral%20Health%20Adopted%20Rule%202-6-24_1.pdf) requirements.
3. Yes, BH Crisis Receiving Centers fall under the Crisis Services Module in [10-144 C.M.R. Chapter 123](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/10-144%20CMR%20Ch%20123%20Behavioral%20Health%20Adopted%20Rule%202-6-24_1.pdf) requirements, and the awarded Bidder(s) will be required to become licensed through this module and follow the relevant requirements.
4. Outpatient services.
5. Yes.
6. BH Crisis Receiving Centers and Crisis Services delivered by a Mobile Crisis provider are distinct services that may work collaboratively.
7. Agencies may not duplicate services provided.
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| **23** | **RFP Section & Page Number** | **Question** |
| Part II, A.Page 11 | Are there specific licensing requirements that providers need to reference regarding the physical structure that needs to exist to serve minors and the adult population? For example, can Receiving Centers deny access when there is a known issue of an individual being on the registry?  |
| **Answer** |
| Per licensing requirements indicated on [10-144 C.M.R. Chapter 123 Section 2, E. 13 and Section 20, B.](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/rule-2024-02/10-144%20CMR%20Ch%20123%20Behavioral%20Health%20Adopted%20Rule%202-6-24.pdf), Bidders must contact the local municipally in which the BH Crisis Receiving Center will be located to determine the types of approvals needed for licensure. Bidders must ensure services are provided safely to all individuals seeking BH Crisis Receiving Center services, regardless of age. Per Part II, A, i. and j., Bidders must ensure services provided to Transition Age Youth are separated by sight and sound from Adult Participants, including a separate room for Transition Age Youth Outpatient Chairs.  |

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| **24** | **RFP Section & Page Number** | **Question** |
| Not Provided  | 1. How does the Receiving Center fit within a CCBHC structure?
2. Can CCBHC services be delivered within the structure or is this service considered an independent service?
 |
| **Answer** |
| 1. The BH Crisis Receiving Center and CCBHC are separate and distinct services and programs.
2. CCBHC services must be delivered following applicable CCBHC requirements. BH Crisis Receiving Center services are separate and distinct from CCBHC.
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| **25** | **RFP Section & Page Number** | **Question** |
| Part II, B.1.g. and h.Page 12 | The RFP states, “Contract with a pharmacy(ies) to ensure continued availability of psychiatric and/or SUD medications, as applicable. * Ensure safe storage of medications through storage in a secure automated medication dispensing system or emergency box.

Establish policies with other prescribers about prescription access, coordination, and communication and treatment to support Participants’ safety and to decrease the risk of diversion.* Provide prescriptions for Participants who require immediate access to medication(s) and complete a referral to a long-term medication provider prior to the Participant’s discharge.”

The storage and administration of medications is regulated by the type of facility/licensure. 1. How is a Receiving Center categorized within Maine licensing rules?
2. Are Receiving Centers expected to cover the cost of medication within their budgets for individuals who do not have the means to pay for a prescription?

The only way to identify the need for prescriptions is to have a prescriber on staff 7 days/week. 1. Is this the expectation of the RFP?
2. What constitutes compliance with completing a referral to a long-term medication provider prior to discharge when that discharge occurs after hours or on weekends?
 |
| **Answer** |
| 1. Refer to the Crisis Services Module section of [10-144 C.M.R. Chapter 123](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/10-144%20CMR%20Ch%20123%20Behavioral%20Health%20Adopted%20Rule%202-6-24_1.pdf).
2. Yes, Receiving Centers are expected to cover medication costs while the Participant is at the Center. Bidders are welcome to include any relevant necessary costs in their submitted cost proposal, including anticipated medication costs.
3. Yes, refer to the amended Staffing Requirements at the beginning of this document.
4. Referrals must be completed and submitted prior to discharge, which does not include the time needed for referral processing for the receiving entity.
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| **26** | **RFP Section & Page Number** | **Question** |
| Not Provided  | Are there any restrictions regarding the structure that a provider establishes to determine the level of care in crisis management and consultation decisions (does it require the involvement of a specific discipline such as a prescriber)? |
| **Answer** |
| It is at the Bidder’s discretion. |

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| **27** | **RFP Section & Page Number** | **Question** |
| Not Provided  | 1. What are the limitations on the use of telehealth services vs on-site resource?
2. Is it expected that a certain percentage of the telehealth resource be provided on-site?
 |
| **Answer** |
| 1. Telehealth may only be provided when applicable and clinically appropriate, and only when psychiatric and/or nursing staff are not available on-site.
2. The Department expects the majority of Crisis Services to be provided in-person with limited telehealth service.
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| **28** | **RFP Section & Page Number** | **Question** |
| Page 10 | The initial period of performance is July 1, 2025. Construction of a facility cannot begin until a contract is in place.1. Does the Department expect services to be delivered on July 1, 2025?

Construction can take time to make sure that the space conforms to the requirements of the RFP. 1. What amount of time is being allotted to providers to complete construction prior to delivering services?
2. What are the specific requirements needed to draw down the funding in support of construction costs?
3. Is there a template that can be provided to assist in developing an adequate response to the RFP.
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| **Answer** |
| 1. No, the Department and awarded Bidder(s) will negotiate the terms of the contract and when delivery of services is expected to begin.
2. It is at the Bidder’s discretion to propose timelines for both the construction/renovations and implementation of the BH Crisis Receiving Center Services, refer to **Appendix G**, Response to Proposed Services form, Part 3. Implementation – Work Plans section.
3. The Department and awarded Bidder(s) will negotiate the terms of payment to support construction costs.
4. No, as this is a competitive process, it is the Bidder’s responsibility to develop an adequate response to the RFP.
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| **29** | **RFP Section & Page Number** | **Question** |
| Not Provided  | Will providers be able to phase in service delivery as staffing resources are hired (e.g. open 3 days per week and build to 7)? |
| **Answer** |
| The Department and awarded Bidder(s) will negotiate the terms of the resulting contract, including the workplan, staff plan and readiness for opening or phased opening of the BH Crisis Receiving Center.  |