Pre-Bidder's Conference

11/03/16

Attendees: Trish Blackmon, Nicole Ness, Stacy Smith, Lisa DeCiantis, Kelli Carson, Jessica Rasino, Benny Locklear, Stewart Shirey, Robert Castle, Michelle Martin, Susan Lackey, Wanda Murphy, Jimmy Tries, Darleen Webb, Anthony Grimaldi, Ben Milsaps Scott Lisnet, Robert (last name on web), Robin Henderson-Wiley, Barbara Hallisey, Susan Lackey, Shauna Baruta, Colleen Kinslow, Tara Conrad, Trish Blackmon, Robin Soderna, Benny Locklear, Karen Timke, Ken Marsh, Rob Bell, John Waters, Donna Bost, Michelle Martin, Susan Brown, Jesse Smathers, Tara Alley, Karen Salacki.

Question	Answer
Can applications be submitted electronically?	Yes, as long as it is by the date/time stated (Wednesday, November 23, 2016 by 5:00 PM EST to stacy.smith@dhhs.nc.gov)
Instead of limiting to one behavioral health provider, could there be more than one provider?	Yes, as long as the application clearly details how implementation across multiple providers will happen.
These are state funds; can they contract with for-profit entities (hospitals) is this allowed?	Yes
How will payments would transpire	Payment/reimbursement methodology will be established in the contract once a selection is made.
How do we address other services or connections – would folks be excluded? How do we handle folks on the IDD waivers?	The intended recipients of this service will have primary mental health or substance use disorder. Individuals that do not have a primary mental health or substance use diagnosis will not qualify for services under this pilot project.
Are there any billing responsibilities at this time?	We don't see any billing responsibilities at this time.
Is the Comprehensive Case Management to happen while the patient is in the E.D.?	Once a LME-MCO, hospital, and provider have been selected, parameters around the provision of this service while an individual is still receiving services in the emergency department will be established in the contract.
If staff is working in the hospital they would have to be credentialed by the hospital?	Once a LME-MCO, hospital, and provider have been selected, parameters around the credentialing/licensing requirements of CCM staff will be established in the contract.
Will the CCM team be expected to provide services to individuals that reside outside of the identified service delivery area, or neighboring LME-MCOs?	Once a LME-MCO, hospital, and provider have been selected, parameters around the geographic coverage area of this service will be established in the contract.
Draft Service Definition under Eligibility- had they have had to be in the E.D. at least 4 times within the last six months. Does Mobile Crisis figure into the eligibility criteria?	The Draft CCM for AMH/ASU Service Definition is to be considered in development for the purpose of this pilot. The LME-MCO, hospital, and provider will have the opportunity to make suggestions as to edits during pilot implementation.

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Will a comprehensive clinical assessment be required to determine medical necessity?	Some form of assessment will be required to help determine the contributing factors that lead the individual to seek behavioral health services from the hospital emergency department. The type of assessment is negotiable, but one will need to be completed.
What is meant for "all payers"?	For the purpose of the pilot, any individual that meets the entrance and clinical criteria for the service will be eligible to receive it, regardless of their current insurance coverage.
Is there a budget section for the current fiscal year and next? How long is funding in place to support this?	A budget template has been uploaded to the DHHS website. Funding will be available through SFY 18 and will be in an account until expended.
Are we able to put other types of services in the budget?	No, the funds are intended to cover the services and supports identified in the draft service definition.
Is there an allowance for administration and oversight of the grant?	There is an allowance for a 3% administrative/oversight fee.
Is the funding going to be up front?	No. Funds will be distributed based on monthly FSRs that the selected LME-MCO will remit to DMHDDSAS.
Will there be one awardee or will there be more?	At least one (minimum of one) award will be administered that will not to exceed $9.75 million.
What is the commitment time?	This pilot will implement starting the remainder of SFY 2017 and all of SFY 2018.
Is there anything in place to hold the care management team accountable for patients that are frequent flyers (return to the hospital multiple times)? Increased hospital direct care costs, is there any way to increase or offset these costs?	The selected hospital will not be able to receive payment for 'frequent fliers.' Funds are intended to support CCM for AMH/ASU service implementation and delivery.
With the training that is outlined- will that be part of the budget or outside of it?	DMHDDSAS is going to identify the training internally or develop training for: Comprehensive Case Management, Case Management Planning, and ED 101 for CCM teams. CCM teams are responsible for ensuring staff completes the additional identified trainings (Crisis Response, Motivational Interviewing, Person Centered Thinking) as well as any addition trainings required by the agency's license/contract with their LME-MCO, and any trainings required

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	by the partner hospital. These training costs should be reflected in the submitted budget.
Can this model work with people being discharged from the hospital?	This would be covered as it would impact repeat admissions. Engagement could start when the individual enters the emergency department and continue if the individual is transferred to a unit in the same hospital. This can be clarified in the contract.
Will Person Centered Plans be required for individuals? Is that up to us- to set up the staff for this?	CCM teams should not duplicate an existing Person Centered Plan. They may add to an existing plan so that it includes the goals they will be working on. In cases where an individual is not linked to resources, a PCP will need to be developed.
Can a Case Management Plan can be used in place of a Person Centered Plan.	We can evaluate and potentially adjust the PCP to be a Case Management Plan. A Crisis Plan would need to be included if a plan other than the PCP is approved for use.
If a person is about to go to the E.D. / are we allowed to use the service – i.e. pregnant and using opioids. (Mobile Crisis Management, Primary Care Physician Referrals)	Pilot funds are available for individuals that are seeking behavioral health and/or substance use services in a hospital emergency department only at this time. The selected site will be asked to track external requests for CCM to determine the potential need for service expansion.
If members already had a CCA done that's recent as of the prior 12 months- do they still need an assessment?	Some form of assessment would need to be completed to reflect the individual's current life situation and contributing factors that led to hospital ED admission.
Considering we are doing insurance-blind starting out, will there be state funding available (to be billed) after SFY 2018?	No. Funding for this pilot opportunity is only assured through FY18.
Will this change as Medicaid Reform and potential Medicaid Expansion happens?	We are unable to speak to the possibility of Medicaid Reform and/or expansion at this time.
Who is at the helm and driving services on behalf of the patient to ensure coordination is met and retention is happening? Who is ensuring that individuals will	The individual is always driving service delivery. CCM staff should coordinate care with the individual taking. If the patient continues to access the hospital emergency department, the CCM team should talk with the individual about possible services to link to that could prevent future hospitalization, or different service providers.

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In past iterations of the Case Management model, the lead Case Manager was never "off duty". Will this be similar, with an on-call process?	The Draft CCM for AMH/ASU Service Definition is to be considered in development for the purpose of this pilot. The LME-MCO, hospital, and provider will have the opportunity to make suggestions as to edits during pilot implementation.
Are consumers in a three-way hospital excluded?	No.
Can we extend the due date for this application?	No.
Is there a timeline for implementation?	Yes, the timeline was reviewed during the bidder's conference, and is also detailed in the application. These dates could change, but would require approval.
Can only hospitals refer? Could primary care or other referral sources engage?	Yes, only hospital emergency departments can refer at this time.
On the application on page. 9. There seems to be an error re: organizational capacity where an LME-MCO is managed (in the hospital section).	This is an error. Please disregard.
The application asks to address sustainability. Should we anticipate a service definition to be approved in this time frame?	Yes.
The application refers to EPDST. Does this apply to adults and children?	This pilot is only available to individuals 18 years and older.
Can funds be used to purchase a vehicle under the capital expenditure budget line item?	No.