RFP #15-630-8000-2000

Brain Injury Services RFP

Response to Offeror Questions:

Release Date: 4/24/15; Questions: 1 – 48

Responses to questions are provided in the order received. Identifying information of Offerors has been removed. The references to pages and sections appear as they were provided by the Offerers. In general, Offerors did not identify the service component under question; therefore, the responses pertain to the reviewer’s best guess and are noted in the parentheses that follow (SC-LSIC or CIS).

[ABBREVIATIONS KEY: Q=Question (bold); A= Answer (italicized); BIPM=Brain Injury Program Manager; CIS=Crisis Interim Services (Fiscal Intermediary); LSC=Life Skills Coaching; LSIC=Life Skills Independence Coaching; SC=Service Coordination].

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| Written Questions Submitted by 4/17/15 Deadline: | |
| Q1  A1 | At what time did the Brain Injury Services Fund change from a grant to a contracted service? (General question: No RFP page or section references provided)  *Services provided through the Brain Injury Services Fund (BISF) have always been contracted by the State. As such, contracts with State agencies are legally binding documents, whereby the contractor promises to deliver services and is paid for services that have been delivered.* |
| Q2  A2 | Regarding the statement: “In no case will contract(s), including all renewals thereof, exceed a total of four (4) years in duration”. Is the statement based upon FY 2015-2016 and beyond or will prior year contracts be included?  (No RFP page or section references provided)  *The question is referring to Section 1.C on Page 7. This RFP is requesting services for a new contract cycle and will not include prior contract years. The RFP is requesting services for an initial year following contract award, which may be renewed for up to 3 additional years. In total, and depending upon availability of future funding, the current RFP contract award cycle includes FY16 (July 1, 2015 – June 30, 2016),*  *FY17 (July 1, 2016 – June 30, 2017), FY18 (July 1, 2017 – June 30, 2018), and FY19 (July 1, 2018 – June 30, 2019).* |
| Q3  A3 | Is there a format in which you prefer to receive questions?  *All we ask is that you reference the Section, Article and page # in the RFP.* |
| Q4  A4 | Page 7 indicates services are for one year. Is that a lifetime maximum for an individual? If not, how are service time limits measured?  *With HSD’s written approval and following a written exception request through the Brain Injury Program Manager (BIPM), services for an individual, who remains in crisis with no other payer source, may be continued beyond one year, as defined by current regulations. Former Program Participants whose services had been inactivated may seek reactivation of services in the event that a new crisis arises, that cannot be addressed by other payer sources. In the event that reactivation is requested less than 6 months since inactivation, a written prior approval must be obtained through the HSD BIPM. Per the regulations, “lifetime limits” apply to funding through housing assistance (once in a lifetime), environmental modifications ($10,000 in a lifetime), total annual crisis interim assistance ($25,000) and total lifetime crisis interim assistance ($75,000).* |
| Q5  A5 | Page 8, the RFP states that services will be provided by professional social workers. Will the department consider allowing service coordination services to be provided by a case manager? (SC-LSIC)  *Current guidelines for staffing requirements are provided under the current regulations 8.326.10.10.D NMAC. Exceptions may be made in writing to the HSD by providing resumes documenting case management experience in lieu of professional social worker training.* |
| Q6  A6 | Please clarify the amount of funding available by region for service coordination. (SC-LSIC)  (No RFP page or section references provided)  *The question references Appendix G, pages 58-59.*  *The funding available for Service Coordination in each region is specified in the Funding Table, which appears on Page 59 of the RFP. The amounts by region appear in column “C”.*  *In the event that a single contractor is awarded a statewide contract, the total funding for Service Coordination shall not exceed $462,000, including personnel (salary/fringe) and administrative costs. In the event that multiple awards are issued, covering different service regions, the total funding shall not exceed the sum of the amount available for the awarded regions.* |
| Q7  A7 | How many 1099s were processed last year? (CIS)  (General question: No RFP page or section references provided)  *Fifty-one*. |
| Q8  A8 | How many different vendors received payment from the FI last year? (CIS)  (General question: No RFP page or section references provided)  *One hundred thirty-seven.* |
| Q9  A9 | How many participants were served by the FI last year? (CIS)  (General question: No RFP page or section references provided)  *One hundred seventy-seven.* |
| Q10  A10 | How many vendor payments were processed last year? (CIS)  (General question: No RFP page or section references provided)  *One thousand seven hundred sixteen.* |
| Q11  A11 | Are participants required to keep receipts of their purchases? (CIS; pertains also to SC-LSIC)  (General question: No RFP page or section references provided)  *Yes, this is required for any purchases or reimbursements that were pre-authorized through a referral to the Crisis Interim Fiscal Intermediary Agency. Ideally, these receipts would be collected by the Service Coordinator during the minimum monthly face-to-face visits and submitted by the SC to the Crisis interim Provider with a request for reimbursement.* |
| Q12  A12 | Are all checks issued to participants for payment to vendor, or are some/ all checks sent directly to vendors? (CIS) (General question: No RFP page or section references provided)  *Most payments are made to vendors directly. When participants have paid directly with prior authorization, they may submit receipts for travel to BI-related appointments, medications on the BI Formulary, and BI-related Physician co-pay reimbursements.* |
| Q13  A13 | What is the timeline for payment to the FI after the monthly invoice has been submitted? (CIS) (General question: No RFP page or section references provided)  *Usually two to three weeks after submission of monthly invoice.* |
| Q14  A14 | What is the current vendor payment schedule? (CIS)  (General question: No RFP page or section references provided)  *Monthly.* |
| Q15  A15 | Does this contract require a performance surety bond, and if so, what is that required bond amount? (CIS) (No RFP page or section references provided)  *See RFP Page 53 Section F. Please also see the Small Business Administration website for more information on this issue:* [*https://www.sba.gov/content/frequently-asked-questions-0*](https://www.sba.gov/content/frequently-asked-questions-0)  *Generally, the minimum amount of coverage is that which is required to cover the current contract amount and ideally all contracts for your organization.* |
| Q16  A16 | How many participants accessed Environmental Modifications last year? (CIS)  (General question: No RFP page or section references provided)  *None.* |
| Q17  A17 | Page 8. #1  Can the State provide funding totals for the Brain Injury Service Fund for multiple fiscal years?  *During the past RFP contract cycle (FY12-FY15), total contract funding for all BISF direct services combined (SC, LSC, and CIS) was as follows:*   |  |  | | --- | --- | |  | Total Contract Awards (Direct Services) | | FY12 | $1,472,440 | | FY13 | $1,472,170 | | FY14 | $1,426,000 | | FY15 | $1,191,175 |   *Notes:*   * *These values exclude the “Support” services contracted through the NM Brain Injury Resource Center.* * *The figures for FY12 and FY13 include separate contracts for Life Skills Coaching (LSC) for all regions.* * *In FY14 and FY15, SC and LSC services were combined under a single contract provider for the Metro, NE, NW, and SE regions.* * *Decreases in annual revenues necessitated across the board contract cuts between FY14 and FY15.* |
| Q18  A18 | Page 8. #1  What is the average monthly cost of each participant receiving Service Coordination services? (SC-LSIC)   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | FY14  Hours | FY14  # Served | FY14  Cost/ppt./mo | FY15 YTD Hours | FY15 YTD  # Served | FY15 YTD  Cost/ppt./mo | | Metro | 2770.00 | 114 | $111.37 | 1457.75 | 92 | $96.83 | | NE | 2115.25 | 79 | $122.72 | 1365.00 | 65 | $128.33 | | NW | 1206.50 | 49 | $112.85 | 935.00 | 42 | $136.04 | | SE | 543.75 | 29 | $85.93 | 602.75 | 25 | $147.34 | | SW | 1507.90 | 77 | $89.76 | 841.00 | 38 | $135.25 | | TOTALS Based on Billed Hrs. | 8143 | 348 | $107.24 | 5201.50 | 262 | $128.76 |   *The regional hours are as reported through quarterly reporting. The cost values do not include services and goods accessed through CIS. See answer for Q20 for CIS average monthly participant costs. (FY15 YTD is over 3 quarters or 9 months)* |
| Q19  A19 | Page 8. #1  “SCs hired by the contracted agency will be expected to complete certification in Life Skills Coaching, as such training is available through HSD or its assigns”. How often are these trainings offered and is there a timeline from time of hire that these trainings must be completed? (SC-LSIC)  *Currently, only a written Life Skills Coaching curriculum exists in PDF format, which was developed by a previous Program Manager, updated in 2013, and re-issued to all BISF Providers of LSC Services. A professional online training is currently being developed as part of the contractual requirements of the NM Brain Injury Resource Center (NMBIRC) through the HSD. This online training will be available beginning FY16 on the learning portal of the NMBIRC’s webpage at UNM’s Center for Development and Disability. Once the training is available, a Letter of Direction will be issued by the HSD to contracted providers of SC-LSIC notifying them of the requirements for completion by staff executing the Scope of Work. Most likely, a requirement will be issued for all staff to complete the training within 90 days of availability on the online learning portal; all new staff to complete the training within 90 days of hire; and staff recertification every 2 years. The link to the learning portal for professional development is* [*http://www.cdd.unm.edu/nmbirc/TrainingProfessionals.html*](http://www.cdd.unm.edu/nmbirc/TrainingProfessionals.html)*.* |
| Q20  A20 | What is the average monthly cost of each participant receiving Crisis Interim Services? (CIS) (General question: No RFP page or section references provided)  *$407.* |
| Q21  A21 | Page 35. #46  What governance activities does HSD envision being administered by the Board?  *The governing board responsibilities and activities of non-profit agencies or incorporated businesses are defined by the governing boards of those institutions and not by the HSD. These activities include, but are not limited to, electing members. A general expectation of State government for any organization with which it contracts, is that the organization’s leadership and membership body will effectively reflect an understanding of current challenges, issues and needs of the populations and communities it serves; respond effectively to the needs of its stakeholders; and evaluate its own performance in doing so. To that end, any organization providing brain injury services will be required under contract to HSD to include representation by a person living with brain injury, a family member of an individual living with brain injury, or a licensed professional who serves individuals with brain injury. (The types of representation for brain injury stakeholders as expanded in this answer will be reflected in amendments to the RFP.)* |
| Q22  A22 | Page 37  The SC agency is also tasked with providing Life (Skills) Independence Coaching Services when appropriate. Is LISC a distinct service for the client? Does this service need to be monitored and billed for by the CIS provider? (SC-LSIC)  *Historically, Life Skills Coaching (LSC) services were delivered under separate contract providers. Decreases in BISF revenues have necessitated streamlining the delivery of services. Other factors included relatively low utilization of LSC (fewer than 40% of all program participants), lack of qualified providers, frequent cancelations of LSC appointments by participants or providers, and the movement of more than 50% of Program participants into Centennial Care. Greater efficiency was established in the service delivery model by creating a hybrid service (SC-LSIC).*  *The SC will determine as part of the SC assessment whether LSIC services are needed to resolve the participant’s crisis. If so, an LSIC assessment will be conducted. LSIC services are intended to be delivered independently of SC services, i.e. in a discrete time period during a scheduled appointment, which may include both SC and LSIC services.*  *SCs providing this service in FY14 and FY15 have been required to track and report the number of individuals receiving LSC services. In Q3 of FY15, the percentage of enrolled participants receiving LSC services were Metro-19%; NE-30%; NW-54%; SE-16%; and SW-77%. Beginning FY16, they will also be required to track the number of hours LSIC services are delivered. The reimbursement and billing rates are the same at $55/hour, whether SC or LSIC services are delivered by an individual provider.* |
| Q23  A23 | Page 39. f & g  What proportion of participants are on Limited Service Coordination vs. Service Coordination? (SC-LSIC)  *Currently, in service:*   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | FY14 (Year-end totals) | | | FY15 (YTD through Q3) | | | |  | # on Limited SC | Total # on SC | % on Limited SC | # on Limited SC | Total # on SC | % on Limited SC | | Metro | 9 | 114 | 7.9% | 3 | 31 | 9.7% | | NE | 6 | 79 | 7.6% | 3 | 55 | 5.5% | | NW | 6 | 49 | 12.2% | 0 | 26 | 0 | | SE | 3 | 29 | 10.3% | 0 | 14 | 0 | | SW | 9 | 77 | 11.7% | 9 | 22 | 40.1% | | Total | 33 | 348 | 9.9% | 15 | 148 | 10.1% | |
| Q24  A24 | Page 39.  What is the average duration of a participant receiving Service Coordination services in days? (SC-LSIC)  *Average duration of services for BISF Program participants by region is as follows:*  *Metro – 543 days*  *NE – 410 days*  *NW – 421 days*  *SE – 753 days*  *SW – 500 days*  *Statewide Average: 525 days*  *Program participants remain on the program until their crisis has been resolved or another payer source has been identified. In the event that services must be extended beyond one year, Service Coordinators may submit an exception request to the HSD BIPM, who will review the documentation that supports the request for extended services. The BIPM will then issue a written approval or denial.* |
| Q25  A25 | Page 39.  What is the average hourly utilization per participant of Service Coordination? (SC-LSIC)  *The following figures combine SC and LSC services (again, fewer than 40% of individuals enrolled actually receive LSC services) and some participants require greater levels of assistance than others:*   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | FY14 | | FY15 | | |  | # in Service | Avg. Duration of  SC-LSC visits (hrs.)  (per billable contact) | # in Service | Avg. Duration of  SC-LSC visits (hrs.)  (per billable contact) | | Metro | 114 | 0.60 | 92 | 0.85 | | NE | 79 | 0.75 | 65 | 0.79 | | NW | 49 | 0.65 | 42 | 1.25 | | SE | 29 | 0.40 | 25 | 1.10 | | SW | 77 | 0.80 | 38 | 0.95 | | Total | 348 | 0.64 | 262 | 0.99 | |
| Q26  A26 | Page 39.  What is the average monthly utilization of a participant receiving Life Skills Independence Coaching in hours? (SC-LSIC)  *The change in reporting requirements on the hybrid LSC service began in FY15, so only FY15 data is available. For those receiving Life Skills Coaching through the Contracted Providers:*   |  |  |  |  | | --- | --- | --- | --- | | FY15 | # Receiving LSC | Avg. total hours / month (SC & LSC) | Avg. total hours/month (LSC hours only) | | Metro | 10 | 4.75 | 1.43 | | NE | 18 | 2.98 | 0.89 | | NW | 20 | 3.82 | 1.53 | | SE | 11 | 4.50 | 1.35 | | SW\* | 19 | N/A | 3.34 | | Total | 78 | 4.01 | 1.55 |   \*Currently, Life Skills Coaching in the Southwest region is provided by a separate contractor. |
| Q27  A27 | Page 40  In reference to 8.326.10.10.E(g), what are the conditions for prior approval to bill HSD for travel time to or from a participant's residence? (SC-LSIC)  *Please see the definition for “Hourly rate” at the top of Page 12, Section 1.E. Travel costs are built into the $55/hr. reimbursement rate and is included as part of administrative/overhead costs. To that end, exceptions have not been requested for travel to and from a participant’s home. The only Program exception is the allowance of one billable hour for travel in excess of 150 miles round trip when the following conditions have been met and documented: 1) An appointment had been scheduled with an out-of-town participant; 2) reminder calls (day prior and morning of appointment) were made by the provider; and 3) the participant canceled the appointment at the last minute or chose not to show. Also, transportation of individual participants is not allowable under any circumstances, and this language will be changed in amended regulations.* |
| Q28  A28 | Pages 44 and 96  Is the 1:30 ratio for Service Coordinators to participants approximately 30 or no more than 30? (SC-LSIC)  *At any given time, a single Service Coordinator may serve up to, but no more than, 30 participants. In the event that the number of individuals requesting services exceeds the maximum regional caseload, a waiting list is to be created by the provider as well as a methodology to triage the entry of those with greatest crisis needs. In the event that the majority of an individual Service Coordinator’s caseload constitutes Limited Service Coordination, an exception may be requested through the HSD BIPM to temporarily expand the caseload.* |
| Q29  A29 | Page 44 (Item 77)  What services and what level of services are expected to be included in the 24-hour emergency response system for the Service Coordinator contractor? (SC-LSIC)  *This item indicates that an Offeror agrees to maintain a 24-hour emergency response system that allows participants to contact them. An emergency response written policy should be provided to all participants and available for review by the HSD. It is at the discretion of the Offeror how these terms will be met. Strategies such as cell phones, relay services, rotating on-call staff, etc. may be some, but not all ways in which to meet this requirement. The Offeror should also be sure to either have or be willing to develop a written policy regarding emergency response for distribution to program participants and for review by the HSD.* |
| Q30  A30 | Pages 45 (Item 71)  What services and what level of services are expected to be included in the 24-hour emergency response system for the Crisis Interim Services contractor? (CIS)  *See the response to Q29 above.* |
| Q31 | Page 53. F  Define the limits required on insurance. |
| Q32 | Page 53. F2  Define the individual practitioners that surety bonding is required for. |
| Q33 | Page 53. F2  What is the value of the surety bond required? |
| Q34 | Page 53. F2  Please provide a copy of the surety bond form that would be required. If not available, define the obligation as it would be defined in the contract. |
| Q35 | Page 53. F2  Define the circumstances that would create a claim on the bond. |
| Q36 | Page 53. F2  Are there statutes or regulations that would address this type of bond? Please provide the citation if so. |
| Q37 | Page 53. F2  Would the (surety) bond be fixed term or continuous in nature? |
| Q38 | Page 53. F3  Define the agencies and group practices requiring dishonesty bonding. |
| Q39 | Page 53. F3  Will an insurance crime policy suffice for dishonesty bonding? |
| Q40 | Page 53. F3  If not, what is the value of the dishonestly bond required? |
| Q41 | Page 53. F3  Would the (dishonesty) bond be fixed term or continuous in nature? |
| A31 -A41 | *For Questions 31-41: The HSD contracts with entities who carry insurance policies that are standard to the business practices and operations of each entity. The Offeror is asked to please provide proof of any applicable insurance that it carries. In the event that the Evaluation Team has questions about the sufficiency of the coverage, these will be referred to reviewers, who will be able to provide additional technical assistance. Please also see the response to Q15.* |
| Q42  A42 | Page 97. #10  Is this a shared responsibility for the Service Coordinator and the Crisis Interim Services providers? This is included in the scope of work for both.  *The question is referencing the monitoring of expenditures for the regional allocations and other limits. Since these are cited in both contracts, they are a shared responsibility. (See Appendix I, Articles A.9 and A.10; Appendix J, Articles A.3. 5, 6, and 16)* |
| Q43  A43 | Page 100. #5  Is there an existing roster of service providers the BISF Program works with?  *Yes, this is a contractual requirement for both BISF providers as noted in each service provider contract [See Appendix I, Article A.3(x) and Appendix J, Article A.10]* |
| Q44  A44 | Page 100. #5  If there is an existing roster of service providers, will a new contractor (CIS and SC) have access to that list?  *In the event that a contract is awarded to a new provider, the existing provider will be required to transition all documentation for individual participants and other contractually required documentation. This includes, but is not limited to:*   * *Referrals for services/goods by the SC, which document the use of individual providers of those services/goods.* * *Service contracts/agreements by the CIS Provider with individual providers of services for individual participants.* * *The Resource List that is contractually required to be maintained by SC and CIS Providers.* |
| Q45  A45 | What is the average monthly census for Crisis Interim Services? (CIS)  (General question: No RFP page or section references provided)  *One hundred thirteen. (Averaged over FY12-FY14)*  *Note: Maximum monthly census for CIS depends upon full staffing of Service Coordination across the regions served; it also requires each Service Coordinator hired to have a full caseload.* |
| Q46  A46 | What is the average monthly utilization for Crisis Interim Services in dollars? (CIS)  (General question: No RFP page or section references provided)  *$46,000 (Averaged over FY12-FY14)*  *Note: Maximum monthly utilization of CIS depends upon full staffing of Service Coordination across the regions served; it also requires each Service Coordinator hired to have a full caseload.* |
| Q47  A47 | What is the average monthly census for Service Coordination? (SC-LSIC)  (General question: No RFP page or section references provided)  *Census varies by region and is further dependent on full staffing of SCs:*   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | FY14  Avg. Monthly in Service | Total # Served  in FY14 | FY15 YTD  Avg. Monthly in Service | Total # Served  FY15 YTD | | Metro | 51 | 114 | 43 | 92 | | NE | 79 | 79 | 46 | 65 | | NW | 28 | 49 | 25 | 42 | | SE | 13 | 29 | 15 | 25 | | SW | 42 | 77 | 21 | 38 | | TOTAL | N/A | 348 | N/A | 262 | |  |  |  |  |  | |  |  |  |  |  | |
| Q48  A48 | What is the average monthly utilization for Service Coordination in hours including Life Independence Skills Coaching? (SC-LSIC) (General question: No RFP page or section references provided)  *SC and LSC combined (i.e. total hours of service/month):*   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | FY14 | | FY15 | | |  | # in Service | Avg. total hours / month | # in Service | Avg. total hours / month | | Metro | 114 | 2.55 | 92 | 3.06 | | NE | 79 | 2.47 | 65 | 2.64 | | NW | 49 | 2.28 | 42 | 3.03 | | SE | 29 | 1.74 | 25 | 3.87 | | SW | 77 | 1.95 | 38 | 2.79 | | Total | 348 | 2.19 | 262 | 3.08 | |