

EXTENDED OBSERVATION BEDS  
And  
INPATIENT PSYCHIATRIC HOSPITAL SERVICES  
RFP# 2016-07-06  
Frequently Asked Questions

ADDENDUM

To: All Interested Proposers  
from: Christina Gonzales  
Date: August 23, 2016

Subject: EXTENDED OBSERVATION BEDS  
And  
INPATIENT PSYCHIATRIC HOSPITAL SERVICES  
RFP# 2016-07-06

This Frequently Asked Questions document includes responses to all questions submitted to date. Any additional information required by interested vendors must be emailed to [cgonzales@ntbha.org](mailto:cgonzales@ntbha.org). RFP number must be on the "Subject Line" of the email. Failure to follow this requirement may result in questions being unanswered.

1. Will there be a RFP for Psych Emergency Room services?
  - a. If so, when should we anticipate that application?
  - b. If not, the application for Extended Observation Beds and Inpatient Psychiatric Hospital Services states on page 5 of the application, "Extended Observation Beds will be able to serve individuals that are of voluntary and involuntary status, thereby avoiding the need to take these individuals to the local emergency departments or inappropriate systems of care." Our department under the current system of NorthStar/ValueOptions, essentially operates as an Extended Observation Beds unit and meets all needs identified in this definition (with the exception that we are an ER, which would counter the intention of the program). If there is not going to be a Psych Emergency Room RFP, would it be appropriate for us to apply for the Extended Observation Beds application?

*RESPONSE: At this time, I do not know of additional RFPs for Psych Emergency Room Services being completed.*

- a. *Currently, there are no additional RFPs.*
    - b. *I would suggest an entity with an interest in providing such services as outlined submit an application through the RFP process.*
2. On Page 8, regarding Capacity and Patients Served: It reads that NTBHA is procuring 25 adult and adolescent psychiatric inpatient hospital beds (and observation beds). Is the application requesting that applicants identify a specific number of beds the facility is requesting that will solely serve the NTBHA population?
  - a. If a certain number of beds are approved for Entity (either through the Inpatient Psychiatric Intensive Care and/or the Extended Observation Beds), would those beds

have to be held only for NTBHA clients? For example, today if we have one bed remaining on the inpatient unit and a Pt presents to the ER requiring Psychiatry Inpatient level of care, and the Pt has private insurance or Medicare or another form of funding (or are unfunded and do not qualify for Northstar), then we may move the Pt into that bed. Would that be possible under this plan or would that bed need to remain open until a NTBHA patient qualified and was approved for the admission?

- b. We do want to confirm: NTBHA is only looking for 25 inpatient psychiatric hospital beds in the service area?

*Response: NTBHA has taken the average of the amount of beds currently used to provide such services, applicants will need to provide the capacity of beds that would be used solely to serve the NTBHA population.*

- a. *If NTBHA is providing funding for a set amount of beds, for example 5 beds those 5 beds would need to be available to NTBHA population. NTBHA is looking for innovative and new ways to serve the population and gain the best outcome for our clients. Utilizing the example given, what would occur if the next pt. to present were to be a NTBHA population client? What back up plan would your agency have, and be able to utilize.*
- b. *NTBHA is looking to procure the capacity in which each entity can safely and effectively serve our clients.*

3. On Page 8, it is indicated in section 1.06 Data Collection #12 that patient satisfaction is required using a nationally accepted program. Will you only accept a national vendor like Press-Ganey, or can we write and create our own survey?

*Response: NTBHA would prefer a nationally accepted program that is already in place be utilized, if awarded this may be something the successful applicant and NTBHA may review during the contract negotiation period.*

4. On Page 10, Exhibit C: number 8: We were under the understanding (or perhaps assumption) that the contract price would be a pre-determined rate set by NTBHA. Is that not correct?

*Response: Since this RFP has the possibility of combining services we ask applicants to provide innovative, and cost effective rates. If applicant choses to maintain the rates they are currently given through ValueOptions they will need to provide such rates. This is not a guarantee that those rates will be continued.*

5. On page 23, Attachment 1, there is a staffing standard that indicates an individual assessment must occur every 12 hours by a physician (preferably a psychiatrist). The standard has been every 24 hours. We are looking for some insight into why this standard was chosen and if there are exceptions?

*Response: NTBHA is under DSHS, the requirements in the RFP are from DSHS and can be found at <http://www.dshs.texas.gov/mhcontracts/FY-2016-Performance-Contract.aspx> under Information Item V. Crisis Service Standards.*

6. What are the definitions of QMHP-CS and LPHA and which professionals qualify for these different designations?

*Response: The following are the definitions of a QMHP and LPHA*

*a. Qualified Mental Health Professional-Community Services (QMHP-CS) -A staff member who is credentialed as a QMHP-CS who has demonstrated and documented competency in the work to be performed and:*

- 1. has a bachelor's degree from an accredited college or university with a minimum number of hours that is equivalent to a major (as determined by the LMHA or MCO in accordance with §412.316(d) of this title (relating to Competency and Credentialing)) in psychology, social work, medicine, nursing, rehabilitation, counseling, sociology, human growth and development, physician assistant, gerontology, special education, educational psychology, early childhood education, or early childhood intervention;*
- 2. is a registered nurse; or*
- 3. completes an alternative credentialing process identified by the department.*

*b. Licensed Practitioner of the Healing Arts or LPHA – A Texas licensed health care practitioner who, within the scope of State law, has the ability to independently make a clinical assessment, certify a diagnosis and recommend treatment for persons with a mental illness and who is one of the following:*

- 1. Physician; licensed as a physician by the Texas Medical Board in accordance with Texas Occupations Code, Chapter 155; or authorized to perform medical acts under an institutional permit at a Texas postgraduate training program approved by the Accreditation Council for Graduate Medical Education, the American Osteopathic Association, or the Texas Medical Board.*
- 2. Advanced Practice Nurse (APN); staff member who is a Registered Nurse approved by the Texas Board of Nursing as a clinical nurse specialist in psychiatric/mental health or nurse practitioner in psychiatric/mental health, in accordance with Texas Occupations Code, Chapter 301.*
- 3. Licensed Clinical Social Worker (LCSW); staff member who is licensed as a clinical social worker by the Texas State Board of Social Worker Examiners in accordance with the Texas Occupations Code, Chapter 505.*
- 4. Licensed Clinical Professional Counselor (LCPC); staff member who is licensed as a licensed professional counselor by the Texas State Board of Examiners of Professional Counselors in accordance with Texas Occupations Code, Chapter 503.*
- 5. Licensed Marriage and Family Therapist (LMFT) staff member who is licensed as a licensed marriage and family therapist by the Texas State Board of Examiners of Marriage and Family Therapists in accordance with Texas Occupations Code, Chapter 502*

- 7. On page 23, Attachment #1, Standards, is a narrative description being requested or would it be preferred that our department's policies specific to the standards were submitted?*

*Response: Please submit your department's policies specific to the standards.*

8. In regards to Attachment #2 on page 28, is the request for each of these Data Elements to be submitted with this application or is NTBHA only wanting documentation according to the posted schedule if the application is approved?

*Response: NTBHA is providing information to all applicants on some of the reporting schedules, this is only appropriate for once an applicant has been awarded the contract.*

9. Is there a possibility of two entities working together in partnership to manage the patient population effectively to reduce the need for inpatient care by the Psych ER by working closely together. Through some kind of capitated arrangement between the two organizations. Is there flexibility and opportunity for two organizations to work something like that out?

*Response: Yes! There is definitely flexibility in the new system. NTBHA is looking for innovative and new ways to serve the population and gain the best outcome for our clients. I would urge any organizations that can collaborate together to better serve the clients to do so. If you have any other questions about the RFP and responding, please do not hesitate to reach out.*

10. Section III. Services pg 18; Items i-l

These questions relate to information in the Standards (Attachment #1) which you have required us to also submit along with the proposal. Are we required to answer these questions twice? Please advise. Thanks.

*Response: There is no need to submit twice, when answering the second questions please respond with: Refer to attachment/pg # where the information can be found.*

11. Do you have a budget template that we should use for this proposal?

*Response: There is no template for the proposal, NTBHA is looking for innovative ways to serve our clients including being diligent on the cost for services. We urge all respondents to present a budget they feel is appropriate and lucrative to all parties involved.*

12. Risk Profile-Has the Respondent had any validated/confirmed client abuse, client neglect, or rights violations claims in the last three (3) years? If so, explain in detail

We have patients that make continuous claims of rights being violated. Are you asking for total number of everyone that made the claims or unduplicated number?

*Response: Please submit the number of unduplicated validated/confirmed by the state.*

13. Is there a specific number of beds that we should consider when writing the budget, or should we use an estimate based on cost per patient (MH)?

*Response: Please submit information for the amount of beds that you feel you will be able to provide to NTBHA clients.*

14. Cost Proposal-Describe your current capacity under current contracts. Are you referring to hospital wide, or department specific?

*Response: Please respond with the department specific capacity.*

15. Risk Profile-Identify any lawsuits or litigation involving clinical services to which you have been a party during the past five (5) years. Provide details on any judgments. We need additional clarification as to your definition of "clinical services" –do you have language that explains these terms?

*Response: Please only provide any lawsuits/litigation involving clinical services related to psychological inpatient and emergency department visits.*