



RFP-BH-20-01

Children Services RFP – Mandatory Bidders Conference

October 9, 2020

The meeting began at 1:15 P.M.

- **Official Roll Call –**

1. Troy Foster, Remi Vista Inc.
2. Sarah Feingold, Youth for Change
3. Katie McCullough, Victor Community Support Services
4. Erna Friedeberg, Northern Valley Catholic Social Service
5. Gary McDonald, Lighthouse Counseling and Family Resource Center
6. Russ Hansen, Environmental Alternatives Family Services
7. Nancy Jorth, Youth for Change
8. Cathy Morrison, Lighthouse Counseling and Family Resource Center
9. Andy Martinez, Youth for Change
10. Beth Parsons, Youth for Change
11. Shannon Pierce
12. Michael Logan, Children First FFA
13. Isobel Osgood-Cooper, Children First and Lassen Counseling

Tehama County Health Services Agency Staff –

1. Betsy Gowan, Behavioral Health Director
2. Deanna Gee, Assistant Executive Director
3. Bianca Wilburn, Compliance Officer
4. Brandon Arnold, Administrative Assistant

- **Q&A -**

Q1: Will the new ICC / FSP services as contracted possibly replace existing contracted behavioral health services or other existing services in the county?

A1: The existing contracted services will not be impacted. There may be some clients that are currently being served through existing contracted services who will be referred to this new contracted service. However, there will still be a need for the existing contracted services.

Q2: There is a 10% admin expectation. Is that negotiable, and is a 15% admin expectation agreeable?

A2: The 10% is 10% of the total budget. At this point, Tehama County Health Services Agency (TCHSA) does not see that as negotiable.

Q3: Can you give an estimate of the budget breakdown for clients served by FSP vs. EPSDT?

A3: TCHSA is combining all funds to make one program. It will be one program called intensive services that will be funded by EPSDT and MHSA. There will be two areas for this in the budget. There will be the



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standard Medi-Cal billing which is the EPSDT, and the MHSA funding will be the match for that. The other part of the budget that the contractor is being asked to create is a budget for things which Medi-Cal EPSDT wont cover, but MHSA will cover.

When you submit claims to TCHSA, and the claims are for Medi-Cal billing, you will need to identify the services that were done for MHSA FSP. There is not a specific percentage that TCHSA expects in one category vs. the other. The way that the reimbursement comes will be determined by the types of services that are provided and subsequently coded.

Q3: What is the estimate for TBS clients served in 1 year?

A3: The total estimate for clients in this RFP is 90-110 unique children. They will not all need TBS services. The recommendation is to look at those who you are currently providing intensive services for, and how many of those have TBS. Use that when estimating the number of TBS services that will be needed in this RFP.

Q4: What types of documentation will be needed from staff, and how much time will they have to complete that documentation?

A4: In terms of clinical charting, you would adhere to the Tehama County Health Services Agency Behavioral Health documentation handbook. That would be the standard for the documents. This handbook is in line with documentation standards for EPSDT Medi-Cal Specialty Mental Health Services.

We are not anticipating a significant change in documentation from what the agencies currently contracted with TCHSA are doing. You will need to include codes that identify the types of services that are being delivered, so TCHSA can bill the applicable services to MHSA. TCHSA only needs one additional code to do that.

Q5: Is this a contract for new services or is this replacing existing services?

A5: This contract will be replacing some of the existing TAY services. TCHSA is giving the contractors full range to make it a new program as long as it is in line with the trauma informed services needed for continuum of care reform and the foundational philosophies of MHSA FSP services. The expectation is to see a program that provides intensive services for both populations, and it would include services for the families. It will include the family child team meetings. You will be getting TAY that are involved in child welfare and probation. You will be getting children and TAY involved in those systems and children not involved in those systems. All will need the same structure, so if you have children not involved in either system you would still conduct CFTs and provide intensive services as needed.

Q6: Is the RFP one program that will be awarded to one agency?

A6: That is most likely the case. However, agencies can apply for either the TAY or Children services. You do not have to apply for both. If one agency has a really good proposal for a TAY program, and another agency has a really good proposal for a Children program, TCHSA might choose to contract with both agencies. TCHSA does not want the agency to subcontract out to another agency.



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Q7: Does the agency need to provide 24/7 services? Can that be referred or does staff need to be on call 24/7?

A7: The agency does need to provide 24/7 services. You do not need to have staff on call 24/7 to visit a client in person. It does mean staff need to be staff available for a phone call 24/7. There may be times when staff need to go out on a call, or by phone help the client get to crisis services. It is important that the individuals on call are familiar with and understand the issues of the families they are serving.

Q8: Once the pandemic is over, is telehealth still on the table?

A8: THCSA believes that it will be. TCHSA will look to Medi-Cal standards to make that determination. Contractors will be required to code those types of services in a specific way.

Q9: What is the county currently doing for TAY?

A9: The services have included a full range including case management, therapy, med support, rehabilitation services and more, mostly delivered at the TAY center.

Q10: Does the county do a IOS program that is separate?

A10: The county does not do one, but there is one in the county.

Q11: Does the location need to be in Red Bluff or Corning? Is the county targeting specific areas?

A11: TCHSA would be fine with it being in Red Bluff or Corning. TCHSA wants it to be in the most convenient place for the most people to access.

Q12: Is there an established Medi-Cal rate?

A12: The contractors are being asked to provide their current Medi-Cal rates and include a completed budget sheet.

Q13: There are caseload estimates included in the RFP. Can you confirm those numbers?

A13: TCHSA has never done a children's FSP. We have had a TAY FSP. The estimates in the RFP are TCHSA's best estimate based on past history of both TCHSA FSP, and Tehama County Child Welfare and Juvenile Probation cases. If the caseload moves way beyond those number or are substantially less, we will reevaluate whoever is providing the services.

Q14: Is there a length of stay expectation?

A14: TCHSA is asking the contractor to identify that in their program.

Q15: Is the contractor expected to utilize an EHR?

A15: There would not be a direct connect to TCHSA's EHR. If the contractor utilizes an EHR, TCHSA can work with the contractor, so they can import their data.

Q16: Will TAY that are in transitional housing programs be eligible for services?



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A16: Yes, they will be eligible.

Q17: How will the county cost settle at the end of the year? Are you settling to the maximum or the established rate?

A17: The county will settle to the established rate.

Q18: Does the county have a maximum allowable rate for EPSDT?

A19: The county has maximum rates that are established by the state.

Q20: Will there be 0-5 age youth referred?

A20: Yes

Q21: Can PCIT be offered in an office setting?

A21: Yes

- Follow Up Questions –

If you have additional questions, you can submit them to Brandon Arnold at brandon.arnold@tchsa.net. Those questions will be answered, and that information will be shared with everyone. That information can also be found on the TCHSA website. TCHSA can not guarantee that questions submitted after November 10, 2020 will be answered.