

**RFP Questions received by deadline. Answers in bold below question.**

Question 1: SOW #1, "Provider Shall," 13, G states "All Service Provider therapy sessions will be held at facilities agreed to by both Department and the Service Provider." Is telehealth allowed for individual or group therapy?

**Telehealth services are approved if provider is approved through Medicaid funding to support such services however in person clinical treatment is preferred whenever possible.**

Question 2: SOW #1, Provider Shall," 17. Cost – Item C appears to be missing in this section. The section names 4 costs allowed in the proposal. However, the example in Appendix D, includes curriculum costs and potentially separate costs for DV and anger management. What separate costs are allowed in the proposal? Curriculum costs are not on the State Agency Fee schedule, so Appendix D seems to conflict with COMPENSATION, 1. CLAIMS. How will items without a CPS/HPCPS/Revenue code be billed?

**Curriculum costs can be included on the cost response forms which could be billed to the NMCD contract as Medicaid will not cover all expenses that a provider may have. The separate costs placed onto the cost response form are individual to the provider service and have to be determined by the provider as to what expenses they have in providing client services.**

Question 3: SOW #1, Eligibility for Services 1. B. "Be assessed as requiring services." Is this in the providers assessment or the referring party?

**PPD will submit referrals for clients to services that PPD believes the client may benefit from or that have been ordered by the Court or Parole Board in the clients Judgement and Sentence, however it is up to the clinical provider through an assessment to determine treatment services needed, length of treatment and treatment planning for each individual client.**

Question 4: SOW #1, Access to Care, "evenings and weekends." Does this mean all individual and group therapy must be offered both on weekends and evenings?

**This means that a provider service should make available some alternative times for clients to attend treatment services in order to accommodate those clients who may be working full time. This schedule can vary depending on how the provider would like to accommodate this request.**

Question 5: SOW #1, Reporting Requirements, 6., "However, the Provider must contact the Community Corrections office prior to extending a job offer to any candidate for employment that has a criminal history for review and consultation." Is this any candidate in the agency or only those providing therapy to the referred client? Who does this include or not include (reception, CPSW, Maintenance staff, etc.)? **This should include staff that has any interaction with clients or client services to include those who would have access to a client's file or personal information in anyway.**

Question 6: SOW #1 – Can non therapeutic elements (client resource needs, service needs assessment and service plan for non-clinical services and care, etc.) be provided by someone other than the clinicians listed and supervisory requirements? For example a case manager, CCSS worker, or CPSW. Also can CPSW and CCSS services for the client be billed under this contract or can they be billed to the clients insurance while they are receiving services under this contract?

**Additional client services can be provided as long as they are listed and explained in the response to the RFP. Those services including CPSW and CCSS should be billed to Medicaid if possible and should be included on the cost response form if there are intentions to bill those to the NMCD contract. Based on funding limitations, NMCD's first priority will be to direct treatment services for clinical staff to provide direct services.**

Question 7: SOW #1 – SUPERVISORY PROTOCOL – Do all therapists have to be nationally licensed? In NM LMSW is the master level non independent license. How are they treated in this SOW?

**Therapists under this RFP must meet New Mexico licensing requirements for the services they are intending to provide. Non-independent staff would need to be clinically supervised and have oversight while providing services to NMCD clients if they do not hold independent licensure.**

Question 8: SOW #1, COMPENSATION, 1. – “When the Provider submits claims for billing under this program, the Provider’s State Agency Fee Schedule will set forth the permitted billing codes, including but not limited to, CPT/HCPCS/Revenue Code/applicable modifier and/or any other claim code or modifier, and **Rates** under which the Provider may submit claims for this program.” Are any of the rates proposed limited by the State Agency Fee Schedule?  
**No they are not.**

Question 9: SOW #3 PROGRAM DESCRIPTION, “An optional but not required value-added program will provide services to identified clients up to 180 days prior to release from NMCD correctional facilities and continue services upon release.” Does this proposal include services prior to release or only after release?

**It can include services for both or just for services after release in the community. It is up to the individual provider to determine if they would like to work with inmates prior to release as well as when they are in the community or if they would prefer to provide services just to those clients in community.**

Question 10: SOW #3, 2. FINANCIAL ASSISTANCE, Is this reimbursed directly? Is there an administrative fee added? Or can such a fee be included in the proposal?

**Financial assistance is reimbursed directly and it is up to the provider to describe in the RFP and include in the cost response form what additional costs or fees would be associated with the service.**

Question 11: SOW #3, 5., What licenses would this require? CCSS and CPSW that may do this work are certified and not licensed. This state does not offer licensing for all individuals who may provide this type of service. What type of credentialing is required for these individuals with NMCD?

**This Scope of Work would not necessarily require specific licensure but licensure is included in the event that the provider does have a license or certification in any area as NMCD would like for that to be included in the response. If a life skills class for example was instructed by a CPSW, NMCD would like to see their certifications. This is also in place as some therapeutic providers may respond to multiple scopes of work and licensures would need to be provided in responses.**

Question 12: SOW #3, 7. “Service Provider shall provide individualized and group counseling services to individuals referred by the Department.” Does this mean individual and group life skills training/coaching? Or is there an additional requirement for therapeutic behavioral health counseling?

**This Scope of Work would be individual life skills training or coaching. This does not have to include clinical counseling services as the client may also be receiving additional therapeutic behavioral counseling during the same time period with another provider. This is included as some providers will be bidding on multiple scopes of work and could be providing multiple services at the same location.**

Question 13: SOW #3, 17., A. Cost per therapeutic Group Session, These are not therapeutic services. Which costs are allowable? What are the guidelines in this section for the financial assistance? Should there be a budget? Would it be per individual or per year for the program?

**For Group Sessions for Life skills classes, the costs would be up to the provider to determine based on their specific program. NMCD cannot dictate how costs would be calculated for each client and that would need to be determined by the provider based on the type of program they were proposing. Costs should be calculated based on the expenses**

of each individual client as NMCD can only cover costs for services provided to an individual. Provider should make clear in their cost response forms how many clients they can serve or plan to serve under their budget proposals.

Question 14: SOW #3, ELIGIBILITY FOR SERVICES, 3., A., A clinical assessment and treatment plan for clinical services – As these are not clinical services is this still required. If so can it have its own individual rate in the Cost section?

**If no clinical services are being provided along with the life skills scope of work, an assessment and treatment plan would not be needed. If clinical services are being provided by the same provider who is also doing life skills classes, a clinical assessment and treatment plan should be inclusive of all services being provided to the client.**

Question 15: SOW #3, ELIGIBILITY FOR SERVICES, 4. – Is Job search assistance required to use and evidence based practice? What evidence based practices could be used for financial assistance? This does not seem like an appropriate requirement for some of the services in this SOW.

**Job search assistance should be a part of the life skills scope of work as many NMCD clients struggle in this area. NMCD would like the provider to use best practices when providing services to our clients. While employment assistance is not technically a program, there are many evidence-based avenues to follow in assisting to prepare formerly incarcerated individuals in finding long term stable employment including assisting them with technical and soft skills, working on resume building and other work readiness components that could make a client more successful in their pursuit of employment. Financial assistance could also include assistance for a client with financial literacy or assistance with budgeting. NMCD would like the provider to propose how they would like to structure their individual program for these services in their response to the proposal.**

Question 16: SOW #3 SUPERVISORY PROTOCOL. Do all services have to be billed under a licensed provider even if they are not therapeutic in nature?

**No. Only clinical services would need to be billed under a licensed provider. None therapeutic services can be billed by the contract awardee.**

Question 17: ALL SOW. INVOICE is there a timeline for reimbursement and payment of clean invoices?

**Once received an invoice is reviewed for accuracy and submitted to NMCD for payment. This process on average takes anywhere from 1 to 3 weeks to complete. The timeframe is dependent on the number of invoices being processed at one time and could vary.**

Question 18: SOW #3 COMPENSATION, 1. CLAIMS, What CPT/HCPCS/Revenue codes would be used for life skills and financial assistance? These are not listed on the State Agency Fee Schedule. If these services fall under CCSS and CPSW codes these reimburse at different rates would the agency be able to propose different rates based on the qualifications of the service provider or is it a flat rate?

**In the cost response form, the provider can submit their proposed costs at whatever rates they would like to see reimbursed for the service being provided. It is up to the program to determine how they would like to bill for services and the costs associated with the services they are wanting to provide.**

Question 19: SOW #4, 1. – Does this only cover services deemed medically necessary and authorized by the clients insurance? Can you clarify this paragraph? (Particularly “that meet the specific needs of the client as well as the terms and conditions for coverage pursuant to the Member’s Benefit Plan, including such conditions as Medically Necessary and proper authorization,”) If the PO requests services that aren’t deemed necessary by insurance will it still be covered?

**NMCD will submit referrals to services based on orders of the Court and Parole Board as well as the client’s individual needs. These services should first and foremost be billed to Medicaid if possible and if not possible, the costs can be billed to the contract.**

Question 20: SOW #4 – 15. COST, “At no time will the Department pay for services when other payments for the clients’ treatment have been provided.” Does the clients insurance need to be billed first before billing NMCD? If it is billed to insurance how are the additional Costs to include all typed and signed documentation/reports to the Department. Administrative expenses and communications with the Department, the Courts, referral source, or other agencies covered?

**These services should first and foremost be billed to Medicaid if possible and if not possible, the costs can be billed to the contract. This section is saying that the provider cannot bill Medicaid for 1 hour of therapeutic treatment and bill the NMCD contract for the same hour of treatment as that would be constituted as fraud. In the providers cost response form, the provider should detail costs that could potentially need to be billed for services and costs that Medicaid may not cover but at no point should both insurance and NMCD be billed for the same costs.**

Question 21: SOW #4 REPORTING REQUIREMENTS, 2., A., Does the intake have to be in 2 days or do they have to have an appointment schedule for some future date within 2 days?

**NMCD would like contact to occur as soon as possible with a client and as long as the provider has been in contact with the client to schedule a time within 2 days, that will satisfy this requirement. Due to the high needs of the clients that we serve, NMCD would like clients to receive services as quickly as possible.**

Question 22: SOW #5 – PROVER SHALL PROVIDE 1. The program shall include the following, but is not limited to individual and group counseling, self-help groups, and relapse management. These components are mandatory for every client enrolled in this type of programming. –Is this saying that all clients must receive/participate in all 4 of these services regardless of individual treatment plan? (individual counseling, group counseling, group self help, and relapse management.)

**NMCD is requiring the program have these options for our clients however each client’s individual needs will differ and that should be determined by the provider through an assessment and treatment plan. It is not required that each person attend all types of programming provided.**

Question 23: SOW #5- 15. COST. – Can there be different rates for different types of groups? For example IOP vs. seeking safety.

**The provider should determine in their cost response form how they would like to bill for each service that they provide.**

Question 24: SOW 9 and 10 - Transitional Housing and Gender Specific Transitional Living Centers – Can this be limited to substance abuse needs?

**The provider can determine how they would like to run their individual program and what type of population that they would like to serve and this should be detailed in the response.**

Question 25: SOW #9, PROGRAM DESCRIPTION, Are all of the services listed in the second paragraph of this section required? Particularly what are the expectations regarding transportation provided?

**The program description is what NMCD would like to see provided to our clients however, the provider can describe what services they would be able to offer in their response for consideration.**

Question 26: SOW#9, PROGRAM AND PERFORMRANCE MEASURES, 1. TRANSITIONAL HOUSING, D., What if there is no capacity for referred clients?

**If no current capacity exists for referred clients, the provider can carry a waitlist and assist in dictating when beds may become available. Clients can also be referred to other programs if waitlist become too long.**

Question 27: SOW #9 2. Do client prepared shared meals need to be approved by a licensed dietician or does this not count as the food provided by the program?

**If the program provides a menu and food costs are included in the RFP cost response as part of the clients housing expenses, then meals should be approved by a licensed dietician. If client's purchase their own food and prepare it as a group or use the kitchen to make their own individual meals, then a licensed dietician would not be required.**

Question 28: SOW #9, 8., A. – How is 24 hour supervision by staff for all clients defined? How much clients be supervised while they are at work? How must clients be supervised in the middle of the night? Does there have to be staff at each location at all times? Can supervision be provided remotely or can a staff person rotate among facilities?

**The provider would need to submit their plan for their individual program on how they would propose to do supervision. This can vary based on the size of the program, number of clients in the program as well as program location set up. Some programs have staff on site 24/7 while some providers have house managers who live on site but might not be there 24/7 as the residents may be out working during the day. The provider is not expected to be watching a client who is at work however should have a tracking method established to be able to know when clients are at work and when they are not. The provider would need to also consider the population that they are serving in making determinations on how to meet this requirement and should provide details in their response on how they intend to monitor clients.**

Question 29: SOW #9, 8., H. – Can clients prepare meals?

**Clients can prepare meals for themselves. If the program is providing food, clients can assist in cooking meals as long as the menu is approved through a dietician.**

Question 30: SOW #11, PROGRAM DESCRIPTION – The inclusion of “medically monitored evaluation care and treatment” makes this comparable to ASAM 3.7 level of care. Is that the expectation for this SOW?

**Depending on the program, this could be comparable to ASAM 3.7 / 3.5 / 3.3 / 3.1 levels of care for some clients however, how the program chooses to run can vary based on how the program would be set up by the provider. Some providers could choose to work directly with nursing staff on site or with a staff psychiatrist to assist in treatment planning and care while others may choose to use community providers and referrals to outside providers to meet the needs of the clients with the program being clinically managed. The provider should submit in their response how they would run this Dual Diagnosis residential program.**

Question 31: SOW #11, 16. COST – RTC is typically billed as a daily bundled service. Would this SOW have the billing for RTC be based on units of therapy? What other elements can be included room, board, education, peer support, etc.?

**Provider could bill for services under a daily client bed rate which would be inclusive of all treatment, room, board, etc. The break down of how the provider came to the daily bed rate should be included in the cost response form to show in detail the costs for the client.**

Question 32: SOW #11 PROGRAM AND PERFORMANCE MEASURES, 1. H., What is the expectation for employment assistance while in an intensive residential program?

**Transition planning should be a part of the assistance provided in this setting as clients will leave the program and need the skills to be able to find employment as they transition to independence in the community. This measure will be based on the individual program and how the program is set up but should be inclusive of help with job readiness, resume writing, interviewing skills and potentially assisting with job searches in the area in which the client will be returning at the completion of the program. Some programs may even allow the clients to work part time in the community in the later stages of their treatment as a stepping stone to independence and program completion.**

Question 33: SOW #11 – Is the typical expected length of stay correct in this level of care? Paragraph 8. E. says length of stay will be reviewed every 6 months, but that is longer than a normal length of stay at this level of care. Is it possible for it to be less than 6 months?

**Residential placements are for a minimum of 6 months based on the expectations of the Court and Parole Board. Prior to entering a residential treatment program, many clients have already attended outpatient treatment and even IOP in the community and continue to abuse substances. The treatment term will not be reduced however could be extended based on client need. If provider is proposing a different programming term, please detail that in the RFP response for review by NMCD.**

Question 34: SOW #13 – Is there a comparable ASAM level of care that is similar to this SOW?

**This is dependent on how the provider would like to develop and run this program and would be determined based on the providers response to the RFP requirements. At a minimum it would need to be clinically managed like in level 3.1, 3.3 and 3.5 or if the provider would like it could be medically managed like in level 3.7.**

Question 35: SOW #15 – Do all of the staff providing these services have to be CPSWs?

**No, however the program should have peers (individuals formally involved in the criminal justice system) on staff.**